



Leiden University Regulations on Reporting Malpractice 2024

Preamble

The Executive Board of Leiden University,

whereas:

The Executive Board considers it very important that suspicions of malpractice within the organisation can be safely reported.

The Executive Board deems it desirable, in the context of the university's integrity policy, to adopt regulations in respect of reporting suspected malpractice; the purpose of such regulations is on the one hand to offer legal protection to the reporting persons concerned, and on the other hand to offer Leiden University the opportunity to ensure that any possible malpractice within the organisation is thoroughly investigated, corrected and prevented in the future. The regulations are connected with article 2(1) of the Whistleblowers Authority Act, which came into effect on 1 July 2016. In line with this, the Leiden University Regulations on Whistleblowers 2017 were established. Partly in the light of experience with those Regulations, amendments were made, *inter alia* resulting in a new name, which were laid down in the Leiden University Regulations on Reporting Malpractice 2021. On the basis of new insights, the decision was then taken to amend article 3.2 of the Regulations, resulting in the Leiden University Regulations on Reporting Malpractice 2022. The decision has now been taken to amend the last-mentioned Regulations in connection with Directive (EU) 2019/1937 of the European Parliament and of the Council of 23 October 2019 (OJ L 305, 26.11.2019) on the protection of persons who report breaches of Union law, and the Whistleblower Protection Act (Bulletin of Acts and Decrees 2023, 29), which was adopted in the context of implementing that Directive and (partly) came into effect on 18 February 2023 (Bulletin of Acts and Decrees 2023, 52);

Resolves to adopt:

the Leiden University Regulations on Reporting Malpractice 2024

Chapter 1. General provisions

Article 1.1. Definitions

1. As used in these Regulations, the following terms have the following meanings:
 - a. university: Leiden University;
 - b. Executive Board: the Executive Board of the university;
 - c. Board of Governors: the Board of Governors of the university;
 - d. Committee: the committee referred to in article 3.1 of these Regulations;
 - e. University Council: the University Council of the university;
 - f. the Act: the Whistleblower Protection Act;
 - g. malpractice: a malpractice within the meaning of section 1 of the Act (in Dutch: *misstand*; translated there as 'abuse');
 - h. reporting person: a natural person who reports, publicly discloses or makes public a suspected malpractice in the context of their work- or study-related activities;
 - i. work- or study-related activities: future, current or past activities in the public or private sector through which, irrespective of the nature of those activities, persons acquire information on



- malpractices and in which those persons could suffer a detriment as referred to in section 17da of the Act if they reported such information;
- j. employee: a person who performs work at the university pursuant to a civil-law employment contract or an appointment under public law, or a person who otherwise performs work at the university for payment in a subordinate relationship;
 - k. student: a person who is or – no more than twelve months ago – was registered as a student with the university;
 - l. manager:
 - where the reporting person is an employee: the manager of the organisational unit within which the malpractice is suspected;
 - where the reporting person is a student: the Programme Director of the study programme within which the malpractice is suspected; and
 - where the reporting person is neither an employee nor a student: the person within the university who acts as the contact person in relation to the work-related activities of a reporting person;
 - m. competent authority: an authority as referred to in section 2c of the Act;
 - n. Confidential Counsellor for Malpractice: a person who has been designated as such by the Executive Board.
2. Requirements for establishing a suspicion of malpractice are that the suspicion is based on reasonable grounds resulting from the knowledge gained by the reporting person in the context of their work- or study-related activities at the university or from the knowledge obtained by the reporting person through their work- or study-related activities at another business or organisation.
 3. An act or omission with regard to which the public interest is at stake, as referred to in section 1 of the Act, is also understood to mean: an act or omission with regard to which a substantial interest of the university is at stake.
 4. The proper functioning of the public services or an undertaking, as referred to in section 1 of the Act, is also understood to mean: the proper functioning of the university or an affiliated service or undertaking.
 5. Malpractice within the meaning of these Regulations does not include a violation of academic integrity within the meaning of the Leiden University & Leiden University Medical Center Academic Integrity Complaints Regulation. Malpractice within the meaning of these Regulations also does not include a complaint as referred to in the Leiden University Regulation on Complaints Relating to Unacceptable Behaviour.

Article 1.2. Advice and counselling by the Confidential Counsellor for Malpractice¹

1. In the context of these Regulations, the Executive Board designates one or more Confidential Counsellors for Malpractice.
2. The tasks of the Confidential Counsellor for Malpractice are:
 - a. to assist, advise and support reporting persons who suspect malpractice;
 - b. to inform reporting persons about the various routes open for finding a solution to the problem or for reporting suspected malpractice;
 - c. to counsel a reporting person if this person would like to have mediation in the case or wishes to report the case to the manager or the Committee;

¹ <https://www.medewerkers.universiteitleiden.nl/veiligheid/begeleiding-en-advies-bij-problemen-op-het-werk?cf=bestuursbureau-expertisecentra&cd=bestuursbureau>.



- d. to refer a reporting person, if this person so wishes, to experts in the area of the suspected malpractice;
 - e. to act as a contact person with a view to ensuring that reporting persons do not suffer detriment;
 - f. to register reports of malpractice and to provide the Executive Board with anonymised Annual Reports on these.
3. The Confidential Counsellor for Malpractice reports to the Executive Board concerning the performance of these tasks.
 4. Where there is sufficient cause, the Confidential Counsellor for Malpractice who was contacted by a reporting person will advise that the suspected malpractice should be reported.

Chapter 2. Internal reporting and procedure

Article 2.1. Internal reporting to the manager

1. A person who has a suspicion of malpractice may report this to the manager.
2. The manager sends a confirmation of receipt to the person who has reported a suspicion of malpractice within seven days; this confirmation contains a description of the reported suspicion and the time at which the person reported the suspicion.
3. The manager ensures that the president of the Executive Board is immediately informed of a reported suspicion and of the date on which the report was received.
4. On the basis of the report of suspected malpractice, the manager immediately conducts an impartial and independent investigation.
5. Notwithstanding the provisions of the previous paragraphs, the reporting person can report suspected malpractice directly to the Committee, if the application of those paragraphs cannot reasonably be required of the reporting person.
6. If the report pertains to suspected malpractice committed by the Executive Board or by one or more of its members, the report will be made to the Board of Governors. In that case, the Board of Governors has its own responsibility to handle this report. The Committee is not competent to handle a report of this nature.
7. The report can in any event be made in the following ways:
 - a. in writing; or
 - b. orally by telephone or other audio messaging system; or
 - c. upon the reporting person's request, within a reasonable period in a face-to-face conversation at an agreed location.
8. If a report is made using a telephone line or other audio messaging system, or if a reporting person makes a report in a face-to-face conversation at an agreed location, the report must be registered by:
 - a. recording the conversation in a permanent and retrievable form; or
 - b. drafting a complete and accurate written account of the conversation.
9. For the recording of a conversation referred to in the eighth paragraph, subparagraph a, the prior consent of the reporting person is required.
10. The reporting person is given the opportunity to check, correct and show agreement by signing the written account of the conversation referred to in the eighth paragraph, subparagraph b.
11. The report must in any event contain a clear description of the malpractice and must state the date and – unless the provisions of article 2.2, third paragraph, are applicable – the reporting person's name, position (where relevant) and contact details.
12. Anonymous reports will not be accepted for processing, unless the provisions of article 2.2, third paragraph, are applicable.
13. An internal report does not affect the legal obligation to report a criminal offence (where relevant).



Article 2.2. Internal reporting via the Confidential Counsellor for Malpractice

1. A reporting person who suspects malpractice but does not wish to personally make a direct internal report of that suspicion can ask one of the Confidential Counsellors for Malpractice to do this for or on behalf of them.
2. The Confidential Counsellor for Malpractice will forward this person's report in accordance with the provisions of article 2.1.
3. At the reporting person's request, the reporting via the Confidential Counsellor for Malpractice can take place anonymously, provided that the Confidential Counsellor for Malpractice knows the reporting person's name, position (where relevant) and contact details.
4. In the case referred to in the previous paragraph, the manager will send the confirmation of receipt as referred to in article 2.1, second paragraph, to the Confidential Counsellor for Malpractice, who will forward the confirmation of receipt to the reporting person.

Article 2.3. Registering a report in a register

1. The Executive Board establishes a register, as referred to in section 2a of the Act, in which reports of suspected malpractice are registered.
2. The manager registers the report of a suspected malpractice in the register referred to in the first paragraph. If the report is made directly to the Committee pursuant to article 2.1, fifth paragraph, or the report is made to the Board of Governors pursuant to article 2.1, sixth paragraph, the Committee or the Board of Governors respectively is responsible for registering the report.
3. The data from reports in the register referred to in the first paragraph is destroyed once it is no longer needed in order to comply with the requirements of the Act or with other requirements laid down by or pursuant to law or Union law.

Article 2.4. Standpoint of the manager

1. Within a period of eight weeks from the time of the internal report to the manager, the reporting person will be informed in writing by or on behalf of the manager of a substantive standpoint concerning the reported suspicion of malpractice.
2. If the standpoint cannot be given within eight weeks, the reporting person will be informed of this by or on behalf of the manager, with an indication of the period within which a standpoint can be expected.
3. The reporting person can report the suspicion of malpractice to the Committee if:
 - a. the reporting person does not agree with the manager's standpoint; or
 - b. the reporting person has not received a standpoint of the manager within the period referred to in the first and second paragraphs; or
 - c. the period referred to in the second paragraph is unreasonably long, taking account of all the circumstances; or
 - d. the reporting person takes the view that the situation falls under the provisions of article 2.1, fifth paragraph.
4. If the reporting person does not report the suspicion to the Committee, a copy of the manager's standpoint will be sent to the Executive Board.



Chapter 3. The Leiden University Committee on Whistleblowing and the reporting procedure

Article 3.1. Establishment and task of the Committee

1. Leiden University has a Committee on Whistleblowing.
2. The Committee's task, as part of the internal reporting procedure, is to investigate suspected malpractice reported by the reporting person and to advise the Executive Board thereon.

Article 3.2. Composition of the Committee on Whistleblowing

1. The Committee consists of a chair, who is also a member, and at least four other members. The Committee appoints one or more vice-chairs from among its members. With a view to proper fulfilment of its task, at least one member of the Committee is not (or was not recently) connected with the university.
2. The chair or, in the chair's absence, a vice-chair decides on the composition of the chamber of the committee that will investigate the report. This chamber comprises three committee members, including the chair or a vice-chair, who will also act as chair of the chamber.
3. Members of the Committee who are or were involved in any way with the persons or facts to which the report pertains will not participate in handling that report.
4. The chair and members of the Committee are appointed by the Executive Board for a term of three years, at the end of which they can be reappointed for subsequent terms of three years. The Executive Board can also decide to appoint reserve members.
5. The members of the Executive Board, the members of the Board of Governors, the members of the Faculty Boards, the chairs and directors of faculty institutes and the directors of expertise centres of the university are not eligible for appointment.
6. Discharge before the end of the specified term will take place at the member's own request. A member can also be discharged before the end of the specified term by the Board of Governors, in consequence of unsatisfactory performance as a member of the Committee.

Article 3.3. Secretary

The Committee is assisted by a secretary appointed by the Executive Board, who must have sufficient legal knowledge.

Article 3.4. Confirmation of receipt and the investigation

1. The Committee sends confirmation that it has received a report of a suspicion of malpractice to the person who reported the suspicion to the Committee, and informs the president of the Executive Board about the report.
2. If the Committee deems this necessary for performing its task, it will conduct an investigation. The Committee can assign the investigation to one of its members, who will then act on its behalf.

Article 3.5. Powers of the Committee

1. The Committee is authorised to obtain information from all employees, students and bodies of the university. It can demand inspection of all documentation and correspondence that it deems important for assessing the report.
2. The Committee can consult experts, whether or not employed by the university.



3. The Committee creates a file for each report that it handles. No confidentially given information contained in this file will be disclosed to others, except with the permission of the individuals concerned.

Article 3.6. Inadmissibility

1. The Committee will declare the report inadmissible if:
 - a. it does not pertain to a suspicion of malpractice within the meaning of article 1.1, second paragraph; or
 - b. the report pertains to a violation as referred to in article 1.1, fifth paragraph; or
 - c. the reporting person does not demonstrate that the suspicion was first reported internally to the manager, as prescribed in article 2.1, first paragraph, unless the situation falls under the provisions of article 2.1, fifth paragraph; or
 - d. the reporting person has reported the suspicion internally to the manager, as prescribed in article 2.1, first paragraph, but a reasonable period has not yet elapsed since the internal report.
2. A reasonable period, as referred to in the first paragraph, subparagraph d, has elapsed if:
 - a. a standpoint of the manager has not been given to the reporting person within a period of eight weeks from the time of the internal report to the manager, unless the manager has informed the reporting person that a standpoint cannot be expected within a period of eight weeks; or
 - b. the manager has not set a period as referred to in article 2.4, second paragraph; or
 - c. the period set by the manager, referred to in article 2.4, second paragraph, has elapsed and a standpoint of the manager has not been communicated to the reporting person; or
 - d. the period set by the manager, referred to in article 2.4, second paragraph, is not reasonable, taking account of all the circumstances.
3. The Committee will inform the Executive Board and the person who reported a suspicion of malpractice to the Committee that the report is inadmissible, stating the reasons for this.

Article 3.7. Procedure of the investigation

1. If an investigation is to be conducted, the Committee will inform the reporting person and/or the Confidential Counsellor for Malpractice, and also the person(s) to whom the report pertains, unless this could be detrimental to the interests of the investigation.
2. The Committee will, if it so wishes, assign part of the investigation to one or more investigators who are independent and impartial and have expertise in the matter, and will in any case not assign the investigation to persons who possibly are or were involved in the suspected malpractice. An employee who is asked by the Committee to act as an investigator can claim exemption by stating, with reasons, that fulfilling this task would (possibly) create a conflict of interests.
3. The Committee can, if necessary, consult an (external) expert or ask an (external) expert to make investigations.
4. In conducting the investigation, the principle of hearing both sides will be observed.
5. The design of the investigation, the method of conducting the investigation, including any consultation of experts, and the results of the investigation will be set down by the Committee in its advice, as referred to in article 3.8; this will also be done if the Committee assigned part of the investigation to one or more other parties.



Article 3.8. Advice of the Committee

1. If the reported suspicion of malpractice is admissible, the Committee will set down its findings concerning this in advice addressed to the Executive Board as soon as possible.
2. The person who reported a suspicion of malpractice to the Committee will receive a copy of the advice, taking due account of the possibly confidential nature of information given to the Committee and the applicable regulations.
3. The advice will be published, in anonymous form and taking due account of the possibly confidential nature of information given to the Committee and the applicable regulations, on the Committee's website,² at least in so far as compelling interests do not dictate otherwise.

Article 3.9. Standpoint of the Executive Board

1. The Executive Board will adopt a substantive standpoint within two weeks after receiving the advice as referred to in article 3.8 and will communicate this standpoint in writing to the reporting person and, if necessary, the Confidential Counsellor for Malpractice and the Committee as soon as possible, also stating the steps to which the report has led or will lead.
2. If the Executive Board's standpoint cannot be given within the specified period, the Executive Board will inform the reporting person and, if necessary, the Confidential Counsellor for Malpractice and the Committee about this in writing, also stating the period within which the standpoint can be expected. If the total period, calculated from the Committee receiving the report to the Executive Board giving its standpoint, thus amounts to more than twelve weeks, an explanation will also be given of why a longer period is necessary.
3. Further deferment is possible in so far as:
 - a. the reporting person consents to this; or
 - b. this is necessary for compliance with statutory procedural requirements.

Article 3.10. Annual Report and advice

1. The Committee will produce an Annual Report every year.
2. This Annual Report will state, in anonymised terms and taking due account of the applicable regulations:
 - a. the number and nature of the reports of suspected malpractice;
 - b. the number of reports that did not lead to an investigation;
 - c. the number of investigations conducted by the Committee; and
 - d. the number of times the Committee issued advice and the nature of the advice.
3. This Annual Report will be sent to the Executive Board. The Executive Board mentions this Annual Report in the annual report referred to in article 2.9 of the Higher Education and Research Act (*Wet op het hoger onderwijs en wetenschappelijk onderzoek WHW*).
4. The Annual Report will be published in the university's annual report, as referred to in the third paragraph.

² <https://www.organisatiegids.universiteitleiden.nl/universitaire-commissies/commissie-misstanden>.



Chapter 4. External reporting

Article 4.1. External reporting after a prior internal report

1. After making an internal report, the reporting person can make an external report of suspected malpractice to or via the Whistleblowers Authority (*Huis voor klokkenluiders*) or a competent authority as referred to in section 2c of the Act if:
 - a. the reporting person does not agree with the Committee's decision, as referred to in article 3.6, first paragraph, that it will not further handle the report; or
 - b. the reporting person takes the view that the internal procedure has not led to satisfactory measures to eliminate the suspected malpractice; or
 - c. the handling of the report has not been completed promptly (within twelve weeks) by the Committee and the Executive Board and a deferment has not been agreed in accordance with article 3.9, second paragraph.
2. If there is a reasonable suspicion of a criminal offence or a serious risk to public health, safety or the environment, the reporting person can report this directly to the relevant competent authority.

Article 4.2. Immediate external reporting

A reporting person who has a suspicion of malpractice can, pursuant to the Act, also make a report to or via the Whistleblowers Authority or a competent authority as referred to in section 2c of the Act without making a prior internal report. However, it is preferable that an internal report is made before making an external report.

Chapter 5. (Legal) protection

Article 5.1. Protection of the reporting person and other involved parties against detriment

1. The reporting person must not suffer any detriment within the meaning of section 17da of the Act during and after the report of a suspected malpractice, and during and after the public disclosure of that suspected malpractice, provided that the condition(s) stated in section 17e or section 17ea of the Act respectively are fulfilled.
2. The first paragraph is applicable *mutatis mutandis* to a facilitator of the reporting person and to concerned third persons within the meaning of section 1 of the Act.
3. The Executive Board will ensure as far as possible that the reporting person also does not otherwise suffer detriment in performing their duties or following their studies as a result of making a report properly and in good faith.
4. The Executive Board will also ensure as far as possible that the persons involved in handling a report of suspected malpractice, including the Confidential Counsellor for Malpractice, do not suffer any detriment to their legal status, or otherwise in performing their duties, as a result of making statements or performing tasks specified in these Regulations in good faith.
5. If a decision is taken to dismiss a reporting person, or not to promote this person to a higher position or salary scale, the Executive Board must give reasons to substantiate that this decision is not related to the report made in good faith. This protection will last in any case until three years after the handling of the report has been completed in the manner referred to in articles 3.6, 3.9, 4.1 and 4.2.



Article 5.2. Confidential treatment of the report and the reporting person's identity

1. Any party that is involved in handling a report of suspected malpractice will not disclose the reporting person's identity without that person's explicit permission and will treat the information about the report confidentially.
2. If the suspected malpractice has been reported via the Confidential Counsellor for Malpractice and the reporting person has not given permission for their identity to be disclosed, all correspondence about the report will be sent to the Confidential Counsellor for Malpractice, who will immediately forward it to the reporting person.
3. The Executive Board will ensure that the information about the report, including the information in the register as referred to in article 2.3, is stored in such a way that it is physically and digitally only accessible to persons who are necessarily involved in handling the report.

Chapter 6. Final provisions

Article 6.1. Effective date

1. These Regulations enter into effect on June 1 2024 and replace the previous Leiden University Regulations on Reporting Malpractice 2022.
2. Reports of suspected malpractice that were received before the effective date will be handled in accordance with the Leiden University Regulations on Reporting Malpractice 2022.

Article 6.2. Official title

These Regulations may be cited as the Leiden University Regulations on Reporting Malpractice 2024.

Adopted by the Executive Board on May 7 2024.



EXPLANATION

Article 1.1. Definitions

Malpractice (in Dutch: *misstand*; translated as ‘abuse’ in the official English translation of the Whistleblower Protection Act) The term ‘malpractice’ is widely used on the university website and also in the title of the Confidential Counsellor for Malpractice; it is also widely used on, for example, the gov.uk and parliament.uk websites.

In section 1 of the Whistleblower Protection Act (*Wet bescherming klokkenluiders* WBK), the term ‘abuse’ (Leiden University term: ‘malpractice’) is defined as:

- a. a breach or risk of a breach of Union law, or
- b. an act or omission with regard to which the public interest is at stake in connection with:
 - 1° a breach or risk of a breach of a statutory regulation or of internal rules that impose a specific obligation and have been established by an employer on the basis of a statutory regulation, or
 - 2° a risk to public health, public safety or the environment, or an improper act or omission that jeopardises the proper functioning of the public services or an undertaking.

A public interest is in any event at stake if the act or omission affects more than just personal interests and is either part of a pattern or structural in nature, or is serious or broad in scope.

In section 1 of the Whistleblower Protection Act, the term ‘breach of Union law’ is defined as an act or omission that:

- a. is unlawful and relates to the Union acts and areas falling within the material scope referred to in Article 2 of Directive (EU) 2019/1937 of the European Parliament and of the Council of 23 October 2019 (OJ L 305, 26.11.2019), or
- b. defeats the object or the purpose of the rules in the Union acts and areas falling within the material scope referred to in Article 2 of the Directive.

Article 2 of Directive (EU) 2019/1937 of the European Parliament and of the Council of 23 October 2019 (OJ L 305, 26.11.2019) on the protection of persons who report breaches of Union law reads as follows:

1. This Directive lays down common minimum standards for the protection of persons reporting the following breaches of Union law:

- a) breaches falling within the scope of the Union acts set out in the Annex that concern the following areas:
 - i) public procurement;
 - ii) financial services, products and markets, and prevention of money laundering and terrorist financing;
 - iii) product safety and compliance;
 - iv) transport safety;
 - v) protection of the environment;
 - vi) radiation protection and nuclear safety;
 - vii) food and feed safety, animal health and welfare;
 - viii) public health;
 - ix) consumer protection;
 - x) protection of privacy and personal data, and security of network and information systems;



- b) breaches affecting the financial interests of the Union as referred to in Article 325 TFEU and as further specified in relevant Union measures;
 - c) breaches relating to the internal market, as referred to in Article 26(2) TFEU, including breaches of Union competition and State aid rules, as well as breaches relating to the internal market in relation to acts which breach the rules of corporate tax or to arrangements the purpose of which is to obtain a tax advantage that defeats the object or purpose of the applicable corporate tax law.
2. This Directive is without prejudice to the power of Member States to extend protection under national law as regards areas or acts not covered by paragraph 1.

Reporting person

The definition of ‘reporting person’ used in the Regulations is aligned with the legal definition of ‘reporting person’ (in Dutch: *melder*), as set down in section 1 of the Whistleblower Protection Act.

Work or study-related activities

The term ‘work or study-related activities’ includes many and varied work and study situations. It covers not only employees and students but also, for example, independent contractors (‘freelancers’), volunteers, interns, temporary employment agency workers, job applicants, contractors and subcontractors, board members and suppliers (cf. Parliamentary Papers II 2020-2021, 35 851, no. 3 (Explanatory Memorandum), pp. 4-5).

Article 3.2. Composition of the Committee on Whistleblowing

It is very important to emphasise the independence of the members of the Committee on Whistleblowing. The procedure stands or falls on a report being handled as carefully and independently as possible. To reinforce this independent position and to prevent any appearance of conflict of interests or partiality of the Committee members, the first paragraph of article 3.2 now includes the stipulation that *at least one member of the Committee is not (or was not recently) connected* with the university. The term ‘was recently connected’ in the first paragraph of article 3.2 is understood to have the following meaning. When appointing a member of the Committee who comes from outside the organisation – and who was formerly connected with Leiden University (by means of an employment contract) – it is necessary to observe a period such that the candidate has been able to take sufficient distance from the organisation. The purpose of this period is to enable the candidate to become detached from the university and then to participate in a Committee that fulfils its task as independently as possible. This period can range from at least one year to two years after the employment contract has ended, depending on how long the person was employed by the university: if this was for a short time, a period of one year will be sufficient; if it was for a longer time, then a period of two years will be observed.

Administrators within the university organisation, such as those specified in article 3.2, fifth paragraph, are not eligible for appointment as a member of the Committee. This applies during the time they are fulfilling their administrative role. When this is no longer the case, it is possible for them to become a member of the Committee on Whistleblowing. It is also important for this group that they first observe a period that allows them to take distance from their administrative role. The same considerations as for external members will therefore be applied to how soon former administrators can become a member of



the Committee. This period can range from at least one year to two years after the administrative role has ended.

Article 3.2, third paragraph, stipulates that members of the Committee may not handle a report if they are or were involved with the persons or facts to which that report pertains. This is intended to guarantee the independence of the members who are involved in handling a report. This requirement, and the principles to which it gives rise, are therefore brought to the attention of all members of the Committee in their appointment letter, which states: ‘Your appointment as a member of the Committee on Whistleblowing means that you commit yourself to the following principles, pursuant to article 3.2, third paragraph.

- You will not be a member of the committee that handles a report originating in your own faculty or unit;
- You will not be guided by personal interests;
- You will ensure that even the appearance of a conflict of interests cannot arise;
- You will fulfil your membership of the Committee in a completely independent and impartial manner.’

Artikel 4.2. Immediate external reporting

Section 2c of the Whistleblower Protection Act lists the following ‘external reporting channels’ as the authorities that are responsible for receiving and following up on reports, in so far as they are competent in the areas set out in Article 2 of the Directive:³

1. the Netherlands Authority for Consumers and Markets;
2. the Dutch Authority for the Financial Markets;
3. the Dutch Data Protection Authority;
4. De Nederlandsche Bank N.V.;
5. the Dutch Whistleblowers Authority;
6. the Health and Youth Care Inspectorate;
7. the Dutch Healthcare Authority;
8. the Authority for Nuclear Safety and Radiation Protection; and
9. organisations and administrative authorities, or units thereof, designated by an order in council or a ministerial order which have tasks or powers in one of the areas referred to in Article 2, paragraph 1 of the Directive.

Contact details for these authorities are given at the end of this Explanation.

Article 5.1. Protection of the reporting person and other involved parties against detriment

It follows from section 17da of the Whistleblower Protection Act that detriment is in any event understood as:

- a. dismissal or suspension;
- b. a fine as referred to in article 650 of Book 7 of the Civil Code (*Burgerlijk Wetboek BW*);

³ Directive (EU) 2019/1937 of the European Parliament and of the Council of 23 October 2019 (OJ L 305, 26.11.2019) on the protection of persons who report breaches of Union law.



- c. demotion;
- d. withholding promotion;
- e. a negative assessment;
- f. a written reprimand;
- g. transfer to another location;
- h. discrimination;
- i. intimidation, bullying or exclusion;
- j. defamation;
- k. early termination of a contract for the provision of goods or services; and
- l. revocation of a permit.

It is further evident from this section of the Act that detriment is also understood as: a threat of or attempt to cause detriment.

Conditions for protection

Sections 17e and 17ea of the Act specify the conditions for protection of the reporting person. In essence, these amount to the requirement that the reporting person has reasonable grounds to believe that the information provided about the suspected abuse ('malpractice') was correct at the time of reporting or public disclosure.

In the case of *public disclosure* of a suspected abuse, section 17ea gives a number of additional conditions for protection of the reporting person. In that case, the reporting person must *inter alia* have reasonable grounds to believe that: i) insufficient progress has been made in the investigation of an abuse being carried out by a competent authority (as referred to in section 2c of the Act) or an administrative authority, agency or other body (as referred to in section 2j of the Act); ii) the abuse constitutes an imminent or manifest danger to the public interest; iii) in the case of reporting to a competent authority or another competent body, there is a risk of a detriment; or (iv) there is a low prospect of the abuse being addressed effectively.

For the precise formulation of the conditions for protection of the reporting person, please see further the text of the Act.

Group of protected persons

Pursuant to section 17ec of the Act, there is a broad group of protected persons. In addition to the reporting person, 'concerned third persons' are also protected. A 'concerned third person' is: i) a third person who is connected with a reporting person and who could suffer a detriment at the hands of the reporting person's employer or a person or organisation with which the reporting person is otherwise connected in a work-related context; and ii) a legal person that the reporting person owns, works for or is otherwise connected with in a work-related context (cf. section 1 of the Act). Also protected are: a facilitator of a reporting person; and an officer, as referred to in section 2, subsection 2 (d) of the Act.



CONTACT DETAILS: INTERNAL

Leiden University Committee on Whistleblowing

Reports can be sent by email to: CM@BB.leidenuniv.nl

The 'subject' of the email should be: Report to Committee on Whistleblowing

Leiden University Confidential Counsellor for Malpractice

The Confidential Counsellor for Malpractice can be contacted via the website:

<https://www.medewerkers.universiteitleiden.nl/bestuur—organisatie/begeleiding-en-advies-bij-problemen-op-het-werk/vertrouwenspersonen/misstanden/bestuursbureau-expertisecentra/bestuursbureau?cf=bestuursbureau-expertisecentra&cd=bestuursbureau>

CONTACT DETAILS: EXTERNAL

Netherlands Authority for Consumers and Markets

The Netherlands Authority for Consumers and Markets (ACM) is an independent public regulator charged with oversight of competition, telecommunications and consumer rights. A description of how to submit a report ('tip-off') is given on the ACM website: <https://www.acm.nl/nl/contact/tips-en-meldingen/bescherming-klokkenluiders>.

Dutch Authority for the Financial Markets

The Dutch Authority for the Financial Markets (AFM) is the conduct regulator for Dutch financial markets. It oversees the conduct of financial market parties, including financial service providers, stock markets, brokers and accountancy organisations. A description of how to submit a report is given on the AFM website: <https://www.afm.nl/nl-nl/sector/themas/bescherming-klokkenluiders>.

Dutch Data Protection Authority

The Dutch Data Protection Authority (*Autoriteit Persoonsgegevens* AP) is the independent regulator in the Netherlands that oversees the processing of personal data. Its tasks follow from the EU General Data Protection Regulation (GDPR). Although the AP website does not specifically describe how to submit a report, it gives a description of how to submit a complaint: <https://autoriteitpersoonsgegevens.nl/nl/zelf-doen/gebruik-uw-privacyrechten/klacht-melden-bij-de-ap>.

De Nederlandsche Bank N.V.

De Nederlandsche Bank N.V. (DNB) is the central bank of the Netherlands. A description of how to submit a report is given on the DNB website: <https://www.dnb.nl/contact/bezwaar-klacht-of-misstand-melden/melden-misstanden-financiele-instellingen/>.

Dutch Whistleblowers Authority

The Whistleblowers Authority (*Huis voor klokkenluiders*) can refer an employee to the correct organisation and sometimes also conducts investigations itself. In addition to its Investigation Department, the Whistleblowers Authority also has an Advisory Department, which advises employees on how to deal with malpractice. The two departments are strictly separate from each other. More information (for example, on how to submit a report to the Whistleblowers Authority) can be found on its website: <https://www.huisvoorklokkenluiders.nl/>.



Health and Youth Care Inspectorate

The Health and Youth Care Inspectorate (IGJ) is a Dutch government agency that oversees the quality of care, medicinal products and youth care. A description of how to submit a report is given on the IGJ website: <https://www.igi.nl/onderwerpen/melden-over-uw-werkgever-klokkenluidersregeling>.

Dutch Healthcare Authority

The Dutch Healthcare Authority (NZa) is an independent administrative authority that makes rules for healthcare providers and health insurers, and monitors their compliance with these rules. A description of how to submit a report is given on the NZa website: <https://www.nza.nl/contact/ons-meldpunt/meldpunt-misstanden-bij-zorgverzekeraars-of-zorgaanbieders>.

Authority for Nuclear Safety and Radiation Protection

The Authority for Nuclear Safety and Radiation Protection (ANVS) is an independent administrative authority that oversees the safety of nuclear installations, protection of workers and the environment against ionising radiation, transportation of radioactive materials, storage of radioactive waste, radiation incidents and security. A description of how to submit a report is given on the ANVS website: <https://www.autoriteitnvs.nl/onderwerpen/overtreding-misstand-melden>.