Internal Investigations: What Your Colleagues Need to Know

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The Stakes

- Additional public scrutiny
- Increasing regulatory pressure and administrative/litigation
- Demands of high performing employees
- Equity and fair dealing
Consequences of an Unethical Culture

One simple truth:

“A poor ethical culture breeds ethical breaches. Ethical breaches then often lead to legal violations. Too often accompanying both is financial collapse.”

- Marianne M. Jennings
  Emeritus Professor of Legal and Ethical Studies in Business at ASU
Costs of Administrative Complaints and Litigation

- Defense Attorneys’ fees and costs;
- Lost productivity of department (e.g., lost time for claim-related matters);
- Decreased morale and uncertainty;
- Adverse publicity; and

- Potential legal exposure for damages:
  - Reinstatement;
  - Lost wages and benefits;
  - Compensatory damages (to include emotional distress);
  - Plaintiff’s attorneys’ fees; and
  - Punitive damages.
The Problem

Employees at all levels misunderstand the purpose and value of an internal investigation.
The Board and Senior Management must set the proper “tone at the top.”
Getting Leadership/Management On Board

- Policies and Procedures
- Proactive and Regular Communication with Leadership/Management:
  - Ongoing Learning and Development at all Levels;
  - Developed Communication Plan for Individual investigations.
Policies and Procedures

- Code of Conduct
- Fraud and Whistleblower Policy and Procedures
- Conflicts of Interest Policy
- Equal Employment Opportunity Policies
Managing the Process

1. Identification of Investigation Owner
2. Identification of Key Stakeholders
3. Appointment of Investigator or Investigation Team
4. Identification of Appropriate Subject Matter Experts
5. Preparation of an Investigation and Communication Plan
# Roles and Responsibilities

<table>
<thead>
<tr>
<th>Investigation Owner</th>
<th>Management</th>
<th>Investigator</th>
<th>Subject Matter Experts (e.g., Audit, Counsel, Human Resources, Sponsored Programs)</th>
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<tbody>
<tr>
<td>Reviews Complaint and Identifies Key Stakeholders.</td>
<td>Ensures Appropriate Resources and Cooperation.</td>
<td>Reviews Complaint and Develops Investigation Plan.</td>
<td>Consult, as Needed, to Provide Subject Matter Expertise.</td>
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<tr>
<td>Appoints Investigator or Investigative Team.</td>
<td>Reviews Investigation Report.</td>
<td>Interviews and Assesses Witnesses and Analyzes Documents.</td>
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<tr>
<td>Serves as Office of Record for Investigation Materials, or Ensures Transmittal to Appropriate Party.</td>
<td></td>
<td>Prepares Investigation Report.</td>
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Examples of Law Department Involvement

- **Consultation**
  - Review of allegations
  - Assist with interview strategies
  - Assist in report/findings draft

- **Ownership**
  - Delegate performance of investigation
  - Perform directly
When and Why might Counsel Own or Direct Investigation?

- **When?**
  - In response to investigations by regulators
  - Allegations of criminal misconduct

- **Why?**
  - Attorney-client privilege
  - Attorney work product
Hallmarks of a Good Investigation

- Support from top management
- Experienced, competent, and unbiased investigator(s)
- Adequate resources
- Appropriate interim measures
- Flexible investigation plan
Key Components of an Investigation

- Complaint
- Document Preservation, if Needed
- Investigation and Communication Plan
- Witness Interviews
- Relevant Documentation
- Investigation Report
Common Concerns

- Trigger for Investigation
  - Informal complaints
  - Bad faith complaints
- Interim measures
- Cost to investigate
- Investigation scope and duration
- Confidentiality/Privilege
Effective Communication Plans

- Importance of a Communication Plan
- Developing a Plan
  - Identifying Key Stakeholders
  - Key Components of a Communication Plan
  - Confidentiality and Privilege Concerns
For More Information

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The Research Foundation for The State University of New York Code of Conduct
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President’s Letter

Dear Colleagues:

Integrity, accountability and ethical behavior are key RF values fundamental to effectively executing the important work of The Research Foundation for The State University of New York (“RF”). Our obligation to the public trust is critical to fulfilling our mission to serve SUNY.

The RF’s Code of Conduct (“the Code”) provides a standard of conduct for all RF employees and all who conduct business with the RF. It is the playbook for compliance with laws and ethical practices. It works in tandem with RF policies governing conflicts of interest, gifts to employees from non-RF sources, nepotism, and fraud to ensure compliance. All RF policies and procedures are on the RF website.

Please review the Code in its entirety, as you will be asked to certify that you have read it and acknowledge that you are bound by its terms. Should you have any questions, please consult your supervisor, Operations Manager, the RF’s Office of General Counsel and Secretary, or the Compliance Office.

Our collective commitment to the highest ethical standards starts with each employee’s complete review and understanding of the RF Code of Conduct.

Thank you,

Timothy Killeen
President
Statement of Ethical Conduct

The RF strives to uphold the highest ethical standards in all of its operations; promotes professional conduct among its employees and anyone acting on behalf of the RF; values a working environment where behavior is based on mutual respect, fairness, and integrity; and ensures a level of accountability appropriate for a world-class organization and consistent with basic rules of corporate governance and behavior and the standards outlined in Section 74 of the New York State Public Officers Law.
Who is Covered?
This Code of Conduct covers RF Board members; officers; appointed officers, including the Executive Vice President and Operations Managers; SUNY faculty, in their capacity as principal investigators; technology transfer directors; sponsored program office directors or equivalent; senior vice presidents, vice presidents; senior directors; directors; assistant vice presidents; employees; any person representing or acting on behalf of the RF; and any person who is in a significant decision-making capacity with respect to the professional, technical, or scientific aspects of a program or project conducted or administered through the RF.

Using the Code of Conduct
The Code of Conduct provides general information for handling legal and ethical questions. Everyone subject to this Code of Conduct must obey the law and act ethically. Employees must comply with RF policies, procedures and guidelines. Employees who work in specialized areas, such as sponsored programs, procurement, or finance, must also comply with additional functional policies, procedures, and guidelines.

There are no shortcuts or automatic answers for the choices we have to make in business today and no single set of guidelines or policies can provide the absolute last word for all situations. RF employees must think about their conduct and ask for help when needed.

Importance of Compliance
It is RF policy to comply with all laws and regulations that apply to its business. As you carry out RF business, you may come across a mixture of laws and legal issues, including those in the areas described below. If you have questions on specific laws or regulations, contact RF Office of
General Counsel and Secretary. Penalties for failure to comply with laws are severe and can result in fines, lawsuits, loss of business privileges and, in some cases, imprisonment of individuals.

If you have any questions about interpreting or applying the Code of Conduct—or any other RF policies, directives, or guidelines—it is your responsibility to consult your manager, your Operations Manager, RF Office of General Counsel and Secretary, or the Compliance Office.

A violation of any RF policy or guideline can result in disciplinary action, including dismissal.

Raising Concerns and Reporting Violations
If you know of, or have good reason to suspect, an unlawful or unethical situation or believe you are a victim of prohibited workplace conduct, immediately report the matter through any of the following communication channels:

- Your supervisor or manager
- Your campus RF human resources office
- Your operations manager
- Your deputy operations manager
- RF Corporate Human Resources
- RF Office of Internal Audit
- RF Office of General Counsel and Secretary
- RF Compliance Office

Please also note that the RF has an Ethics Hotline, which you can access online at https://www.compliance-helpline.com/rfsuny.jsp or by calling: 800-670-7225. You will have the option to remain anonymous.
Non-Retaliation Policy
The RF will promptly review your report of unlawful or unethical conduct and will not tolerate threats or acts of retaliation against you for making that report.

What is Expected of All RF Employees
The RF holds itself and RF representatives, vendors, contractors, and anyone doing business with the RF to the following principles:

- Act Ethically and with Integrity.
- Be Fair and Respectful to Others.
- Manage Responsibly.
- Protect and Preserve RF Resources.
- Promote a Culture of Compliance.
- Ethically Carry Out Sponsored Research Administration and Research.
- Avoid Conflicts of Interest, and Conflicts of Commitment.
- Carefully Manage Public, Private, and Confidential Information.
- Promote Health and Safety in the Workplace.
- Follow the Law.
Act Ethically and with Integrity

Ethical conduct is a basic expectation. Acting ethically means you must:

• act according to the highest ethical and professional standards of conduct;
• take personal responsibility for your actions;
• take your obligations to co-workers, The RF, and SUNY seriously;
• carefully perform RF responsibilities; and
• lead by example to show others the right way to act.

Be Fair and Respectful to Others

The RF is committed to tolerance, diversity, and respect for differences. Always:

• be polite, fair, and respectful;
• be honest;
• avoid all forms of harassment, discrimination, threats, or violence;
• offer equal access to programs, facilities, and employment; and
• promote conflict resolution.

Manage Responsibly

The RF gives managers and supervisors a lot of responsibility. Managers and supervisors must:

• provide training on workplace rules, policies, and procedures, including this Code;
• ensure compliance with laws and policies;
• fairly and carefully review performance;
• encourage intellectual and professional growth; and
• promote a healthy environment that allows people to raise concerns.

Protect and Preserve RF Resources
➢ The resources of the Research Foundation include intellectual property, physical security, equipment and facilities, networks, and employee data. You are expected to:
  • use RF property and other resources only for legitimate and lawful purposes;
  • prevent waste and abuse;
  • support efficiency;
  • follow strong financial practices;
  • protect assets;
  • use responsible financial controls and accounting systems; and
  • properly monitor activities.

Promote a Culture of Compliance
➢ The RF is committed to meeting legal requirements and promoting ethics and compliance. You are expected to:
  • follow the laws, regulations, policies, procedures, and contracts applicable to RF activities;
  • follow any SUNY policies and procedures utilized to fulfill the RF mission in support of sponsored program activity;
• work to prevent and detect any compliance violations;
• report suspected violations to supervisors or other RF officials or through the Ethics Hotline; and
• ensure that reports of violations within your area of responsibility are properly resolved, including disclosure to sponsors or other state or federal authorities as appropriate.

**Ethically Carry Out Sponsored Research**

**Administration and Research**

- You have an ethical obligation to the RF, to SUNY and to the public. You are expected to:
  - suggest, carry out, and detail research with integrity and honesty;
  - protect people, including their privacy, and humanely treat animals involved in research or teaching;
  - learn responsibility and be accountable for meeting the requirements of sponsors, regulatory bodies, and other applicable entities;
  - submit accurate research findings;
  - protect intellectual property;
  - ensure originality of work, provide credit for the ideas of others, and be responsible for the accuracy and fairness of information published; and
  - honestly assign authorship credit on the basis of an appropriate array of significant intellectual contributions, including: conception, design, and performance; analysis and interpretation; and manuscript preparation and critical editing for intellectual content.
Avoid Conflicts of Interest and Conflicts of Commitment

- You must be objective and independent in making decisions on behalf of the RF. To ensure this objectivity, you are expected to:
  - follow the RF’s Conflict of Interests policies and procedures and avoid actual individual or institutional conflicts of interest and conflicts of commitment;
  - disclose potential conflicts of interest and adhere to any management plans created to remove or reduce any conflicts of interest; and
  - make sure personal relationships do not interfere with independent judgment in official RF decisions or activities.

Carefully Manage Public, Private, and Confidential Information

- Federal and state law and RF policy govern the public’s right to access RF information. You may create or have access to many types of information – some of which may be confidential or otherwise protected from disclosure. You are expected to:
  - follow laws and RF policies and agreements regarding access, use, protection, disclosure, retention, and disposal of public, private, and confidential information;
  - follow document preservation and retention guidelines; and
  - follow the RF’s Confidential Information Policy and User Security Policy to maintain data security and use electronic and physical safeguards.
Promote Health and Safety in the Workplace

➢ You should help to ensure a safe, secure, and healthy environment for all employees, SUNY employees, students, faculty, staff, volunteers, and visitors. You are expected to:

• follow safe workplace practices, use personal safety equipment, and report accidents, injuries, and unsafe situations;

• maintain security;

• report suspicious activities; and

• protect the environment, including carefully handling hazardous waste and other potentially harmful agents, materials, or conditions.

Follow the Law

➢ You should make sure you comply with federal, state, and local Laws and all RF policies, procedures, and guidelines.

Integrity Tip

If ever in doubt about a course of conduct, ask yourself:

• Is it honest?
• Is it consistent with the Code?
• Is it ethical?
• Is it legal?
• Do I feel comfortable with the decision?
• Will it reflect well on my colleagues, RF, the SUNY, and me?
• Would I want to read about it in the newspaper?

If the answer to any of these questions is no, don’t do it.
General Information on Ethical Issues

Statement on Conflicts of Interest
All RF employees hold positions of trust and must act appropriately. Everyone must follow the RF’s Conflict of Interest Policy and report actual or potential conflicts of interest in accordance with that policy.

Statement on Fraud
RF employees must comply with the RF’s Fraud policy and report any actual or suspected irregularity in accordance with that policy.

Statement on Misconduct in Science
If you are involved in research, you should conduct research in a manner consistent with commonly accepted research practices within the scientific community. Research misconduct includes fabrication, falsification, plagiarism, or other practices that seriously deviate from research practice commonly accepted within the scientific community, but do not include honest misinterpretations or misjudgment of data.

You should abide by the specific Misconduct in Science or Research Misconduct policies in effect at their campus location.

Making Commitments and Obtaining Approvals
The RF has policies to protect its assets and maintain appropriate controls to run its business effectively. These policies authorize the limited delegation of authority for entering into contract terms and other actions. Commitments outside of the RF’s policies and processes, delegation limits or without appropriate approvals are not allowed.

Reporting, Recording and Retaining Information
Any record or report submitted to the RF or others on behalf of the RF must be completed accurately.
Do not make misrepresentations or dishonest statements to anyone. If you believe that someone may have misunderstood you, promptly correct the misunderstanding. Reporting inaccurate or incomplete information or reporting information in a way that is intended to mislead or misinform is not allowed. In certain circumstances, there may be an obligation to update or amend prior submissions to ensure their continued accuracy.

In order for the RF to conduct investigations and reviews, the help and cooperation of RF employees is critical. You must fully cooperate with all authorized internal investigations and reviews, and promptly, completely, and truthfully comply with all internal requests for information, including interviews and documents, during the course of such an investigation or review.

The following are some examples of dishonest reporting:

- Submitting an expense account for reimbursement of business expenses not actually incurred or misrepresenting the nature of expenses claimed;
- Failing to properly record time worked;
- For those eligible for overtime, falsifying or failing to record all hours worked including all overtime hours;
- Providing inaccurate or incomplete information to RF management, RF Office of Internal Audit, RF Office of General Counsel and Secretary, or RF Compliance Office during an internal investigation, audit or other review or to organizations and people outside the RF, such as external auditors; or
- Making false or misleading statements in external financial reports, environmental reports, import/export documentation, or other documents submitted to or maintained for government agencies.
Retaining Records
Employees must file and dispose of records and documents pursuant to RF policy. The record retention policies apply to information in any form, including both hard copy and electronic records such as email. Information should be disposed of as soon as possible after the retention period has expired, unless it is subject to a document retention order issued by the RF Office of General Counsel and Secretary or SUNY Counsel.

Working with Suppliers
In deciding among competing suppliers, the RF weighs the facts impartially to determine the best supplier. You should do so whether you are in a procurement job or any other part of the business—and regardless of whether it is a large or small purchase.

You must not exert or attempt to exert influence to obtain special treatment for a particular supplier. Even appearing to do so can undermine the integrity of established procedures.

Integrity Tip
It is important that suppliers competing for the RF’s business have confidence in the integrity of the RF’s selection process. Be sure to review and follow RF procurement policies and procedures and provide all suppliers with the same opportunities and information. If you are unsure of the reliability of the selection process, you should ask yourself:

- Is the person you are doing business with a former RF employee?
- Is the contact person for the organization you are doing business with a former RF employee?
- Is the person you are doing business with a close friend or relative of you or other current RF employees?

If the answer to any one of these questions is “yes”, you should contact your operations manager or the Compliance Office prior to any involvement in the RF’s consideration of that supplier.
**Lobbying**
Any contact with government officials or employees for the purpose of influencing legislation or rule making, including activity in connection with marketing or procurement matters, may be considered lobbying. In addition, under some laws, lobbying includes normal marketing and sales activities unrelated to legislation or rule making. You are responsible for knowing and adhering to all relevant lobbying and associated gift laws, including all reporting requirements.

You must obtain prior approval from RF Government Relations and advice from the RF Counsel to lobby or authorize anyone else (for example, a consultant, agent, or RF business partner) to lobby on the RF’s behalf—including when lobbying is limited to normal marketing and sales activities.

**Political Activity**
Political campaigning is not allowed on RF property and the RF cannot make any corporate political contributions. However, the RF may encourage public officials to make non-partisan visits to RF locations, to better understand our work and our views on public policy issues.

**International Trade Compliance**

**Exports**
In our global business, regardless of your work assignment or location, your actions may have export compliance implications. The RF’s services and technology are subject to both U.S. and non-U.S. export laws and regulations. Before RF services and technology can be exported, reexported, or delivered anywhere, the RF must validate that it has the authorization to export under U.S. export regulations and any applicable non-U.S. laws and regulations.

Export laws and regulations may affect transactions, including: intercompany transactions; in-country transfers of technology to recipients who are not citizens or permanent residents (e.g., where the recipient is a non-U.S. person located in the U.S.); transactions with third parties,
including suppliers and original equipment manufacturers; use of RF business partners, alliance partners or agents to provide a service; and any relationship where the RF will be involved with the export, re-export, or delivery of products, services, and technology anywhere in the world.

Export laws and regulations also cover:

- Electronic transfers of, and remote access to, software or technology
- Provision of services over a network, including e-business and e-services
- Design, development and delivery of hardware, software and solutions
- Travel outside the U.S. with technology covered by applicable export control regulations
- Providing technical specifications and performance requirements to suppliers
- Disclosures of RF technology to recipients that are not citizens or permanent residents of the country (e.g., where the recipient is a non-U.S. person located in the U.S.)
- The transfer of personal knowledge (technical assistance) outside the U.S. or country of residency

Imports
The RF must comply with all import laws, regulations and requirements when engaging in international trade or business. This includes compliance with obligations made to government agencies when participating in supply chain security and other trusted partnership programs. Because of the continued globalization of the RF’s business, there are many situations, some of them very subtle, in which your role or work may have import implications.

In addition to the cross-border movement of physical items, there may be import implications resulting from other activities, such as:
• Change in manufacturing location, processes, or source of supply
• Client activity requiring cross-border delivery
• Cross-border shipment of marketing samples or prototypes
• Calculation of product intercompany prices for sales to an RF location in another country
• Determination of product country of origin
• Maintenance of accurate data and records for product inventory, sales, and shipment

The RF Office of General Counsel and Secretary can help answer questions about the RF’s import and export control requirements. Contact the RF Office of General Counsel and Secretary for more information.

Anti-boycott
The RF may not follow or support a foreign country’s boycott of a country that is friendly to the United States. Be aware that a foreign country or an entity associated with the country could require boycott participation in a bid invitation, purchase order or contract, letter of credit, orally in connection with a transaction or in a number of other ways. The RF is required to report any request to support a boycott to the U.S. Government. Examples of improper boycott requests include requests that we refuse to do business with a certain country, its citizens, or with certain companies who do business with the boycotted country. Requests that the RF provide information about activities in a boycotted country, implement letters of credit with boycott conditions, or issue negative certifications of origin, also require legal scrutiny. If you hear of or receive boycott-related requests, you must contact your manager. Any questions related to anti-boycott provisions should be referred to the RF Office of General Counsel and Secretary.
Speaking Publicly and Social Media
When you speak out on public issues or in a public forum, including social media like Facebook or Twitter, you do so as an individual and you should not give the appearance of speaking or acting on the RF’s behalf without prior approval.

External Inquiries and Contacts
Journalists, consultants, and others monitor the RF’s business activities. You should not contact these individuals or groups or respond to their inquiries, whether online (including social media), by telephone, or otherwise, without specific authorization. Use the following guidelines for external inquiries and contacts:

- Reporters should be referred to the RF Office of External Relations;
- Attorneys or law enforcement officials should be referred to the RF Office of General Counsel and Secretary;
- Auditors should be referred to the RF Office of Internal Audit;
- Individuals seeking information under the Freedom of Information Law should be referred to the RF Records Access Officer; and
- Government officials should be referred to RF Government Relations.
Contact Information – Consider Your Actions and Ask for Guidance

Where to Go for Help
If you have questions, you can seek guidance from any of the following at the RF:

- Your supervisor
- Your campus RF human resources office
- Your operations manager
- Your deputy operations manager
- RF Compliance Office
- RF Office of Internal Audit
- RF Office of General Counsel and Secretary
- RF Government Relations

Acknowledge the Code of Conduct:
If you need to certify the Code of Conduct, please use the link below to access the acknowledgment form.
Code of Conduct Acknowledgment Form
RF Vision, Mission, and Values

Vision
The RF will be the best-in-class partner, as it:

- delivers high quality, focused, and efficient service to faculty and staff, sponsors, and the SUNY research community;
- provides an environment that facilitates sponsored program collaboration - among SUNY campuses and with the public and private sectors; and
- Capitalizes on the scope, scale, and diversity of SUNY as an engine of New York State’s innovation economy.

Mission
The RF works with the academic and business leadership of campuses to support research and discovery at SUNY through efficient and skillful administration of sponsored projects and adept transfer and sharing of intellectual property for public benefit and economic growth.

Values
In carrying out its mission, the RF values:

- people, community, and collaboration;
- the academic environment and individual campus missions;
- integrity and ethical behavior;
- flexibility, adaptability, and innovation;
- quality and efficiency; and
- accountability and transparency.
Conflict of Interest Policy

Effective Date: March 15, 2013
Supersedes: Conflicts of Interest Policy pursuant to 95-5 Resolution and the Procedure of Investigating Conflict of Interest Policy
Policy Review Date: February 2016
Issuing Authority: Research Foundation President
Responsible Party: Chief Compliance Officer
Contact Information: (518) 434-7145 rfcompliance@rfsuny.org

Reason for Policy
As Research Foundation Board Members, Officers, and Employees, we hold positions of trust and must act in the best interests of the Research Foundation. We must avoid any activity that impairs or would reasonably appear to impair the ability to perform our duties with independence and objectivity. A conflict of interest arises if our personal relationships, activities, or finances interfere, or appear to interfere, with our ability to act in the best interests of the Research Foundation.

Research Foundation Board Members, Officers, and Employees must incorporate, where necessary and possible, the following rules into their services on behalf of the Research Foundation. Research Foundation Officers and Employees must adhere to the standards outlined in the New York State Public Officers Law Section 74. This policy incorporates the key standards outlined in Section 74.

Statement of Policy
Research Foundation Board Members, Officers, and Employees may not have any interest or engage in any outside activity which results in an unmanaged conflict of interest. To this end, Board Members, Officers, and Employees must disclose their interests and outside activities, and those of a Related Party, which may affect their ability to perform their duties with independence and objectivity. A conflict of interest must be managed so the conflict is reduced or eliminated, and compliance with conflict of interest management plans should be monitored where necessary.

Prohibited Conflicts of Interest
A conflict of interest exists if you or a Related Party has a Financial or Other Interest that will or may reasonably be expected to:

- substantially conflict with the proper discharge of your duties in the Research Foundation’s best interests;
- result in the disclosure of the Research Foundation’s information that you have gained by reason of your position or authority; or
- impair your ability to exercise independent judgment in the performance of your duties and responsibilities.
Conflicts of Interest Posed By Outside Employment, Investments, or Other Business Activities

As a Research Foundation Board Member, Officer or Employee, you must not make personal investments in enterprises that you have reason to believe may be directly involved in decisions to be made by you or will otherwise create substantial conflict between your duty on behalf of the Research Foundation and your private interest.

If you or a Related Party has a Financial or Other Interest in any business entity, you may not represent the Research Foundation in any transaction with that entity and must disclose the interest in accordance with this policy and the Procedure for Managing Conflicts of Interest.

Procurement of goods or services by the Research Foundation shall be conducted consistent with the Foundation's established procurement policy.

You may not accept employment or engage in any business or professional activity that will impair the independence of your judgment in the exercise of your duties for the Research Foundation or require you to disclose confidential information that you gained by reason of your affiliation with the Research Foundation.

Prohibition Against Disclosure or Use of Confidential Material for Personal Gain

The Research Foundation prohibits disclosure of information that is confidential to the Research Foundation, acquired by any Board Member, Officer, or Employee in the course of his/her duties, except as required by law or as expressly authorized in writing by an Officer or other designated representative of the Research Foundation.

Board Members, Officers, and Employees may only use such confidential information in furtherance of their duties as a representative of the Research Foundation and shall not use such confidential information to further their personal interests or that of a Related Party.

You must not accept employment or engage in any business or professional activity that will require you to disclose confidential information that you gained by reason of your official position or affiliation with the Research Foundation.

Use of Research Foundation or State Resources

You may not misappropriate the property, services or other resources of the Research Foundation, SUNY, or others, whether for yourself or someone else.

Avoiding the Appearance of Impropriety

Board Members, Officers, and Employees shall not, by their conduct, give reasonable basis for the impression that any person can improperly influence them or unduly enjoy their favor in performance of their duties, or that they are affected by the kinship, rank, position, or influence of any party or person.

You may not use, or attempt to use, your position to secure unwarranted privileges or exemptions for yourself or others.
Similarly, bribery, extortion, and other attempts to exert undue influence are strictly prohibited. The Research Foundation expects Research Foundation Board Members, Officers, and Employees to avoid any conduct that may give the appearance of engaging in acts that are in violation of their trust.

**Disclosing a Real, Apparent, or Potential Conflict of Interest**

Board Members, Officers, and Employees must disclose all real, apparent, or potential conflicts of interest for review as described below. At an Operating Location, those disclosures should be made to the operations manager or his/her designee in accordance with this policy and the Procedure for Managing Conflicts of Interest. Disclosures are required in three instances:

1. **Annual Disclosures By Research Foundation Board Members, Officers, and Key Employees.** Board Members, Officers, and Key Employees must report Direct or Indirect Financial or other Interests that pose or may pose a real, apparent, or potential conflict of interest on an annual basis. These disclosures must be updated both annually and as new reportable interests are obtained or as new reportable activities occur.

2. **Grant-Related Disclosures.** Principal investigators must follow the policy at their respective campus locations.

3. **Situational Disclosures.** Board Members, Officers, and Employees must report any Direct or Indirect Financial Interest or other activity that may pose a conflict of interest under this policy. Such situational disclosures must be made as soon as practicable after the individual learns of the potential conflict.

When a disclosure is made under this policy, the actual, apparent, or potential conflict of interest will be reviewed pursuant to Procedure for Managing Conflicts of Interest. If a conflict of interest is found to exist, the Research Foundation must take steps to manage, reduce, or eliminate the conflict of interest. Individuals may appeal determinations with which they disagree. Please consult the Procedure for Managing Conflicts of Interest for more information.

**Violation**

In addition to any penalty contained in any provision of law or federal or state policy, individuals who knowingly and intentionally violate any of these provisions may be subject to action by the Research Foundation. For employees, this may include action under the Research Foundation’s progressive discipline policy, including suspension or termination from employment.

**Recordkeeping**

The operating location operations manager must designate an appropriate office of record and must ensure that records related to the disclosure, review, and management of a potential, apparent, or actual conflict of interest are retained and documented. In addition to any recordkeeping process established by the operations manager, all final determinations or management plans must be included in the personnel file of the individual with potential, apparent, or actual conflict of interest.

At the central office, the chief compliance officer must ensure that records related to the disclosure, review, and management of a potential, apparent, or actual conflict of interest for all disclosures, at the central
office or otherwise brought to the attention of the chief compliance officer, are retained and documented. In
addition to any recordkeeping process established by the chief compliance officer, all final determinations
or management plans must be included in the personnel file of the individual with potential, apparent, or
actual conflict of interest.

**Campus Policy**
An Operating Location may adopt a policy no less restrictive than this Policy. If a local policy is
adopted, then a copy of that policy must be filed with the RF’s chief compliance officer.

**Staffing Services**
Employees employed by the RF under an agreement or contract, other than the 1977 Agreement between
the RF and SUNY must adhere to the conflicts of interest policy in place by the entity the employees are
employed to support. In the absence of a policy, the conflicts of interest policy effective at the associated
operating location must govern.

**Responsibilities**
The following table outlines the responsibilities for compliance with this policy:

<table>
<thead>
<tr>
<th>Responsible Party</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Members, Officers, and Key Employees</td>
<td>Annual Disclosures</td>
</tr>
<tr>
<td>Principal Investigators</td>
<td>Grant-Related Disclosures</td>
</tr>
<tr>
<td>Employees</td>
<td>Situational Disclosures as needed</td>
</tr>
</tbody>
</table>

**Definitions**
*Board Member:* A member of the Research Foundation's board of directors.

*Direct or Indirect Financial or Other Interests:* Financial or Other Interests held by the Research Foundation Employee or by their spouse, domestic partner, significant other, family member, dependent, member of household, or business partner.

*Employee:* Officers, Key Employees, and any individual compensated employee of the Research Foundation.

*Financial or Other Interests:* Shall include, but are not limited to, the following:

- ownership or investment in any outside enterprise;
- serving as a director, officer, partner, consultant, broker, agent, or representatives of any outside enterprise;
- outside professional activity; or
- outside employment.
Key Employee: A “Key Employee” for purposes of this Policy includes:

1. Vice presidents;
2. Operations managers;
3. Deputy operations managers;
4. Chief research officers;
5. Technology transfer directors;
6. Sponsored program office directors or equivalent;
7. Other appointed officers;
8. At the central office:
   1. Vice presidents
   2. Senior directors;
   3. Assistant Vice-Presidents; and
   4. Directors;
   5. Other appointed officers; and
9. Any other persons who have procurement authority equal to or exceeding $100,000 per transaction.

Officer: An officer elected under the Research Foundation’s bylaws, including the Research Foundation’s president, general counsel, secretary, and chief financial officer and those appointed pursuant to Article IV Section 13 of the RF’s bylaws as appointed officers.

Operating Location: Research Foundation office located at a SUNY campus location or other SUNY location supporting the Research Foundation mission and SUNY operations overseen by an operations manager.

Operations Manager: An individual appointed to the position of operations manager by the Research Foundation.

Principal Investigator: Primary individual(s) in charge of a research grant or other project administered by the Research Foundation. The term “Principal Investigator” includes those individuals serving as co-principal investigators.

Related Party: A Research Foundation Employee’s spouse, domestic partner, significant other, family member, dependent, member of household, or business partner.

Research Foundation (or Foundation or RF): The Research Foundation for The State University of New York.

Related Information
Management of Conflicts of Interest Procedure
Managing Conflicts of Interest Guidelines
NYS Public Officer’s Law Sections 73 & 74
Conflicts of Interest in Public Health Service Sponsored Programs
Nepotism Policy
Gifts to Employees from Non-RF Sources Policy

Forms
Conflict of Interest Annual Disclosure Statement
Conflict of Interest Situational Disclosure Statement

Change History

<table>
<thead>
<tr>
<th>Date</th>
<th>Summary of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 7, 2012</td>
<td>Clarifies who is required to disclose conflicts, how, and when. Also allows for locations to use their own conflicts of interest policies and procedures, provided the policy is submitted to the compliance office and is no less restrictive than RF policy. Effective 3/15/2013</td>
</tr>
</tbody>
</table>

Feedback
Was this document clear and easy to follow? Please send your feedback to webfeedback@rfsuny.org.

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Management of Conflicts of Interest

Effective Date: March 15, 2013
Function: Compliance Office
Contact: Chief Compliance Officer

Basis for Procedure
Research Foundation Board Members, Officers and Employees must avoid any activity that impairs or would reasonably appear to impair the ability to perform our duties with independence and objectivity.

Accountable Parties
The Operations Manager shall ensure that the Operating Location complies with Research Foundation policies and procedures for disclosing, reviewing and managing conflicts of interest and maintaining records of disclosures and determinations. The Operations Manager may choose to utilize the local conflict of interest policy in force at his/her campus operating location. If the Operations Manager uses the local policy, they must file a copy of that policy with the RF’s Compliance Office and this procedure may serve as a guide. The Chief Compliance Officer shall ensure that Central Office complies with Research Foundation policies and procedures for disclosing, reviewing and managing conflicts of interest and maintaining records of Central Office disclosures and determinations and other documents submitted for review.

Procedure Steps

<table>
<thead>
<tr>
<th>Step</th>
<th>Role or Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Using the Situational Disclosure Form, disclose any interest that may have a Financial or Other Interest that may affect your independent and objective performance of your duties to the Research Foundation.</td>
<td>All</td>
</tr>
<tr>
<td>1b. Complete an Annual Disclosure Statement.</td>
<td>RF Board Members Officers and Key Employees</td>
</tr>
<tr>
<td>1c. Comply with local policy.</td>
<td>Principal Investigators</td>
</tr>
<tr>
<td>2a. File the completed Annual Disclosure and/or Situational Disclosure with your Operations Manager.</td>
<td>Operating Location based Key Employees</td>
</tr>
<tr>
<td>2b. File the completed Annual Disclosure and/or Situational Disclosure with the RF’s Chief Compliance Officer</td>
<td>Operating Location based Employees.</td>
</tr>
<tr>
<td>3a. If the report is filed with an Operations Manager, an Operating Location may choose one of the following two methods of dealing with an actual, apparent, or potential conflict of interest:</td>
<td>Board Members, Officers, Operations Managers, Central Office Employees</td>
</tr>
<tr>
<td>• The Operations Manager or designee shall establish an impartial panel for the review of disclosures, complaints, or inquiries. In the event of a real,</td>
<td></td>
</tr>
</tbody>
</table>
apparent, or potential conflict, the impartial panel will
determine whether a conflict of interest exists and, if
so, what actions will be taken to manage, reduce, or
eliminate the conflict of interest or appearance thereof;
or
- The Operations Manager or designee shall review the
disclosure, complaint, or inquiry and determine
whether a conflict of interest or appearance of conflict
of interest exists and, if so, what actions will be taken
to manage, reduce, or eliminate the conflict of interest
or appearance thereof.

3b. If the report is filed with the RF Chief Compliance
Officer, The Chief Compliance Officer may choose one of the following
two methods of dealing with an actual, apparent, or potential
conflict of interest:
- The Chief Compliance Officer or designee shall
establish an impartial panel for the review of
disclosures, complaints, or inquiries. In the event of a
real, apparent, or potential conflict, the impartial panel
will determine whether a conflict of interest exists and,
if so, what actions will be taken to manage, reduce, or
eliminate the conflict of interest or appearance thereof;
or
- The Chief Compliance Officer or designee, in
consultation with the shall review the disclosure,
complaint, or inquiry and determine whether a conflict
of interest or appearance of conflict of interest exists
and, if so, what actions will be taken to manage,
reduce, or eliminate the conflict of interest or
appearance thereof.

4. Where a conflict of interest is discovered that was not
previously disclosed appropriate steps must be taken to
manage, reduce, or eliminate such conflict of interest. These
steps may include, but are not limited to:
- disqualification for participation in the portion of the
  sponsored research that would be affected by
  significant financial interests;
- divestiture of significant financial interests;
- recusal from related Research Foundation activity; or
- severance of relationships that create actual or
  potential conflicts.
5. Undisclosed Conflicts of Interest may be reviewed consistent with the Procedure for Investigating Fraud and Misconduct when it appears that the non-disclosure was intended to circumvent RF Policy. Operations Manager or Chief Compliance Officer, as appropriate

6. Appeal: A Research Foundation Representative or Employee who disagrees with the Operating Location Operations Manager’s or the Chief Compliance Officer's determination may appeal to the Foundation President, or the President's designee, for reconsideration of such determination. RF President or designee

7. Determination of Appeal: The RF President will make a final determination on the appeal. The President’s determination shall be final and binding. RF President

8. Maintain appropriate records related to the disclosure, review, and management of potential, actual, or apparent conflicts of interest. RF Compliance Office and Operations Managers

**Definitions**

Please refer to the definitions in the [Conflict of Interest Policy](#).

**Related Information**

- NYS Public Officers Law Section 74
- Conflict of Interest Policy
- Gifts to Employees from Non-RF Sources Policy
- Officer and Senior Executive Accountability Policy
- Nepotism Policy
- COI Guidelines
- Gifts Guidelines
- Policy on Conflicts of Interest in Public Health Service Sponsored Programs

**Forms**

- [Conflict of Interest Annual Disclosure Statement](#)
- [Conflict of Interest Situational Disclosure Statement](#)

**Change History**

<table>
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<th>Date</th>
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<tbody>
<tr>
<td>March 15, 2013</td>
<td>New</td>
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</table>

**Feedback**

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Fraud and Whistleblower Policy

Effective Date: June 30, 2012
Supersedes: Code of Conduct, the Conflicts of Interest Policy, and policies on non-retaliation and confidentiality

Mandatory Policy
Review Date: This policy must be reviewed every 3 years on the anniversary of its effective date.

Issuing Authority: Research Foundation President
Responsible Party: Risk Management and Ethics
Contact: Joshua Toas
Senior Director and Counselor
518-434-7145
Joshua.Toas@rfsuny.org

Definitions

Baseless Allegations: Allegations made with reckless disregard for their truth or falsity or with willful ignorance of their truth or falsity.

Fraudulent or Dishonest Conduct: A deliberate act or failure to act with the intention of obtaining an unauthorized benefit or misleading a Research Foundation representative, government official, vendor or other entity doing business with the Research Foundation. Examples of such conduct include, but are not limited to:

- commission of any crime or offense, including forgery or alteration of documents;
- unauthorized alteration or manipulation of computer files;
- fraudulent or otherwise deceptive financial reporting;
- pursuit of a benefit or advantage in violation of the Research Foundation’s Conflict of Interest Policy;
- unauthorized disclosure of confidential or proprietary information;
- misappropriation, unauthorized destruction, removal, or inappropriate use of the resources of the Research Foundation, its sponsors, or business partners. Resources includes supplies, equipment or other assets;
- authorizing or receiving compensation for goods not received or services not performed;
- any intentional or deliberate activity which results in violation of sponsor terms involving sponsor funds or sponsor reporting;
- misconduct in science, misconduct in research or other academic misconduct;
- authorizing or receiving compensation for hours not worked; and
- intentional violations of an RF policy.

Good Faith Disclosure: Disclosure of Research Foundation related misconduct to an individual listed in the reporting section below or made via the Ethics Hotline, made with a belief in the truth of the disclosure that a reasonable person in the whistleblower’s situation could have believed based upon the facts. A disclosure
is not in good faith if made with reckless disregard, or willful ignorance of facts that would disprove the disclosure. A report does not have to be proven true to be made in good faith.

Policy (cies): All RF policies and procedures except the RF’s: EEO Policy; Nondiscrimination and Nonharassment Policy; and Workplace Discrimination or Harassment Complaint Procedure that are reviewed or investigated consistent with those policies.

Retaliation: Any adverse action or credible threat of an adverse action taken by the Research Foundation or any individual doing work for or on behalf the Research Foundation, in response to a Whistleblower’s good faith disclosure of Research Foundation related Fraudulent or Dishonest Conduct or in response to any employee’s good faith participation in a Research Foundation investigation under this policy.

Whistleblower: An individual doing work for or on behalf of the Research Foundation who, in good faith, reports Research Foundation related Fraudulent or Dishonest Conduct.

Reason for Policy
The Fraud and Whistleblower Policy has the following primary purposes:
1. To encourage all individuals doing work on behalf of the Research Foundation to raise or report good faith concerns regarding suspected or actual Fraudulent or Dishonest Conduct;
2. To facilitate cooperation in any inquiry or investigation;
3. To prohibit Retaliation against any employee making a Good Faith Disclosure or participating in good faith in a Research Foundation investigation under this policy;
4. To facilitate the development of controls aiding the detection and prevention of Fraudulent or Dishonest Conduct against the Research Foundation; and
5. To promote behavior consistent with the Research Foundation’s Code of Conduct.

Statement of Policy
Management is responsible for the detection and prevention of Fraud and Dishonest Conduct involving anyone representing or acting on behalf of the Research Foundation or those doing business with the Research Foundation. Management must implement appropriate risk based internal controls to protect corporate interests. Allegations of Fraudulent or Dishonest Conduct will be reviewed pursuant to the Research Foundations’ Procedures for Investigating Fraud or Misconduct. Allegations must be reviewed without regard to the suspected wrongdoers length of service, position, title, or relationship to the Research Foundation.

No Director, Officer, employee, or agent of the Research Foundation may take any harmful or adverse action with the intent to retaliate against any person, including interference with employment or livelihood, for providing to a law enforcement officer or appropriate corporate management official any truthful information relating to the commission or possible commission of any offense, suspected misuse, misallocation, or theft of any organization resources, violation of policy, or other unethical conduct. The Research Foundation expects its employees and representatives to maintain the highest standards of conduct and ethics. All individuals doing work on behalf of the Research Foundation shall act with honesty, integrity, and openness in all their dealings as representatives of the Research Foundation as outlined in the Research Foundation’s Code of Conduct.
The Research Foundation will investigate any reported Fraudulent or Dishonest Conduct by individuals doing business on behalf of the Research Foundation. Failure to follow the standards outlined in the Code of Conduct and the commission of Fraudulent or Dishonest Conduct may result in disciplinary action including possible termination of employment, dismissal from one’s board or volunteer duties, and possible civil or criminal prosecution. Individuals are encouraged to report suspected fraudulent or dishonest conduct pursuant to the procedures set forth below.

Reporting
Individuals should report actual or suspected violations of the Code of Conduct, Research Foundation policies, or any potential Fraudulent or Dishonest Conduct. You may report suspected or actual violations to:
- Your supervisor, department head, or chair.
- Your campus Operations Manager or Deputy Operations Manager.
- The Research Foundation’s Ethics Hotline online at www.compliance-helpline.com/rfsuny.jsp.
- The Research Foundation’s Ethics Hotline at 800-670-7225.
- Research Foundation’s Office of General Counsel, Internal Audit, or Risk Management and Ethics.
- President or Executive Vice President.

Reports should provide sufficient, precise and relevant information concerning dates, places, persons, numbers, etc. to allow a reasonable investigation to take place. Individuals should not report suspected or actual violations of conduct to any individual suspected of engaging in that conduct, even if that person is identified as an avenue for complaint. For example, an employee who suspects their supervisor has engaged in a violation of this policy should not report their suspicions to their supervisor, but should instead report to their department chair or another individual or office identified above.

Whistleblowers may file a complaint or concern anonymously. The Research Foundation will explore all allegations, anonymous or not, to the extent possible and will weigh the prudence of continuing such investigations against the likelihood of confirming the alleged facts or circumstances from attributable sources. The Research Foundation will protect anonymous sources to the extent possible or practical. Individuals that make a Baseless Allegation may be subject to disciplinary action by the Research Foundation, and/or legal claims by individuals accused of such conduct.

Whistleblower Protection
The Research Foundation prohibits Retaliation against Whistleblowers or those who participate in a Research Foundation investigation of violations under this Policy. Whistleblower complaints will be handled with sensitivity, discretion and confidentiality to the extent allowed by the circumstances and the law. Whistleblower complaints will only be shared with those who have a need to know so that the Research Foundation can conduct an effective investigation, determine what action to take based on the results of any such investigation, and in appropriate cases, may be shared with law enforcement personnel. Should disciplinary or legal action be taken against a person(s) as a result of a whistleblower complaint, such person(s) may also have right to know the identity of the whistleblower.

The Research Foundation and Research Foundation employees and representatives may not retaliate against a whistleblower with the intent or effect of adversely affecting the terms or conditions of the
Whistleblower’s employment, because the Whistleblower made a good faith allegation or informing management of activity which that person believes to be fraudulent. Similarly, Research Foundation employees and representatives may not retaliate against individuals who, in good faith, participate in a Research Foundation investigation of violations under this Policy. Prohibited Retaliation includes, but is not limited to, threats of physical harm, loss of job, punitive work assignments, or impact on salary or fees. Individuals who believe that they have been retaliated against may file a written complaint with their supervisor, Deputy Operation’s Manager, Operations Manager, the Research Foundation President, the Vice-President of Internal Audit, the General Counsel, or Risk Management and Ethics. Any complaint of Retaliation will be promptly investigated and appropriate corrective measures taken if allegations of Retaliation are substantiated. This protection from Retaliation is not intended to prohibit supervisors from taking action, including disciplinary action, in the usual scope of their duties and based on valid performance-related or other non-retaliatory factors. The Research Foundation will not tolerate the harassment or victimization of any employee who, in good faith, raises concerns or participates in a Research Foundation investigation of violations of this policy.

Investigation
All relevant matters, including suspected but unproved matters, will be reviewed and analyzed, with documentation of the receipt, retention, investigation and treatment of the complaint or allegation consistent with the Research Foundation’s Procedures for Investigating Fraud or Misconduct. Appropriate corrective action will be taken, if necessary, and findings will be communicated back to the reporting person and his or her supervisor. Investigations will be conducted as quickly as possible, based on the nature and complexity of the report and the issues raised. Risk Management and Ethics has the primary responsibility for managing and monitoring whistleblower complaints and the ethics hotline. Investigations will be coordinated and supervised by Risk Management and Ethics in consultation with Internal Audit and the Office of General Counsel. If the investigation substantiates that fraudulent activities have occurred, Risk Management and Ethics, Counsel, and/or Internal Audit will issue reports to appropriate designated personnel and to the Board of Directors through the Audit Committee. Decisions to prosecute or refer the examination results to appropriate law enforcement and/or regulatory agencies for independent investigation will be made in consultation with the Office of General Counsel and the appropriate campus Operations Manager or designee. RF Management will determine whether any sponsor disclosure is required after a review of relevant legal requirements and an opinion of counsel. Any complaint or allegation that relates to discrimination or harassment should be reviewed pursuant to the RF’s EEO Policy, Nondiscrimination and Nonharassment Policy, and Workplace Discrimination or Harassment Complaint Procedure. If the complaint or allegation was reported through the RF’s ethics hotline, then a final report should be submitted to Risk Management and Ethics.
Responsibilities
The following table outlines the responsibilities for compliance with this Policy:

<table>
<thead>
<tr>
<th>Responsible Party</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisors</td>
<td>• Are required to report suspected fraudulent or dishonest conduct Accordingly, a supervisor who becomes aware of suspected misconduct:</td>
</tr>
<tr>
<td></td>
<td>• Should not contact the person suspected to further investigate the matter or demand restitution</td>
</tr>
<tr>
<td></td>
<td>• Should not discuss the case with outside attorneys, the media or anyone other than RF Counsel, Internal Audit, or Risk Management and Ethics.</td>
</tr>
<tr>
<td></td>
<td>• Should not report the case to an authorized law enforcement officer without first discussing the case with Management</td>
</tr>
<tr>
<td>RF Central Office Management</td>
<td>Maintain and publicize an ethics hotline, investigate allegations of Fraudulent or Dishonest Conduct, and make required disclosures to appropriate sponsors.</td>
</tr>
</tbody>
</table>

Related Information
RF Code of Conduct; RF Conflicts of Interest Policy; Procedures for Investigating Fraud or Misconduct; EEO Policy; Policy against Discrimination, Harassment, and Retaliation; and Procedure for Resolving Allegations of Workplace

Forms
None

Change History

<table>
<thead>
<tr>
<th>Date</th>
<th>Change History</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 30, 2012</td>
<td>New Policy Supersedes the Fraud Policy</td>
</tr>
</tbody>
</table>

Feedback
Was this document clear and easy to follow? Please send your feedback to webfeedback@rfsuny.org.
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Procedure for Investigating Fraud and Misconduct

Effective Date: June 30, 2012
Function: Risk Management and Ethics
Contact: Joshua Toas
Senior Director and Counselor
518-434-7145
Joshua.Toas@rfsuny.org

Definitions:

Fraudulent or Dishonest Conduct: A deliberate act or failure to act with the intention of obtaining an unauthorized benefit or misleading a Research Foundation representative, government official, vendor or other entity doing business with the Research Foundation. Examples of such conduct include, but are not limited to:

- commission of any crime or offense, including forgery or alteration of documents;
- unauthorized alteration or manipulation of computer files;
- fraudulent financial reporting;
- pursuit of a benefit or advantage in violation of the Research Foundation’s Conflict of Interest Policy;
- unauthorized disclosure of confidential or proprietary information;
- misappropriation, misuse, unauthorized destruction, removal, or inappropriate use of the Research Foundation’s resources, such as funds, supplies, equipment or other assets;
- authorizing or receiving compensation for goods not received or services not performed;
- any activity which results in violation of sponsor terms involving sponsor funds or sponsor reporting;
- authorizing or receiving compensation for hours not worked; and
- intentional violations of Procedure.

Operating Location: Research Foundation office located at a SUNY campus or other SUNY location overseen by an Operations Manager.

Operations Manager: an individual appointed to the position of operations manager by the Research Foundation.

Policy (Policies): All RF policies and procedures except the RF’s: EEO Policy; Nondiscrimination and Nonharassment Policy; and Workplace Discrimination or Harassment Complaint Procedure that are reviewed or investigated consistent with those policies.

Research Foundation or RF: The Research Foundation for The State University of New York.

Basis for Procedure:
This procedure supports the RF’s Fraud and Whistleblower Policy and is used to conduct an investigation into an allegation of Fraudulent or Dishonest Conduct as defined in that policy.
Procedure Summary:
All credible allegations of Fraudulent or Dishonest Conduct must be reviewed and investigated. All suspected Fraudulent or Dishonest Conduct shall be referred to Risk Management and Ethics for review using the Fraud Incident Report. Risk Management and Ethics has the primary responsibility for the coordination and documentation of an investigation of all suspected Fraudulent or Dishonest Conduct. A representative of Risk Management and Ethics will review the underlying facts and consult with Internal Audit and the Office of General Counsel, as needed, to determine whether and what type of investigation is required, and if so whether the investigation should be conducted under the general supervision of the Office of General Counsel if it is determined that any report may result in legal liability.

Risk Management and Ethics will organize a review team to investigate the allegation. The team may include other Research Foundation or SUNY staff from any Research Foundation or SUNY department or location and may be supported by outside consultants, such as independent auditors and attorneys. Members of the investigative team will have free and unrestricted access to all Research Foundation records and premises and the authority to examine, copy, and remove all or any portion of the contents of files, desks, cabinets, computer files and other standard or electronic storage facilities without prior knowledge or consent of any individual who may use or have custody of any such items or facilities when it is within the scope of their investigation.

Risk Management and Ethics will maintain a permanent record of all investigations or reviews. Documentation should include all material and relevant facts, along with statutory and regulatory guidance or requirements, policies and procedures, legal analysis, and other relevant considerations and a final report outlining the outcome or final determination. Any records subject to the attorney-client privilege or the attorney work-product doctrine will be marked as privileged and only released with the approval of the Office of General Counsel.

If an allegation relates to a Member of the Board of Directors, a referral will immediately be made to the Chair of the Audit Committee for a determination on how to proceed.

If an allegation relates to an Officer of the RF, notice will be provided to the Chair of the Audit Committee and an investigation will be conducted in a manner consistent with this procedure.

If the investigation substantiates that Fraudulent or Dishonest Conduct or similar misconduct has occurred, Internal Audit, the Office of General Counsel and/or Risk Management and Ethics will issue reports to appropriate designated personnel and to the Board of Directors through the Audit Committee.

Any complaint or allegation that relates to discrimination or harassment should be reviewed pursuant to the RF's EEO Policy, Nondiscrimination and Nonharassment Policy, and Workplace Discrimination or Harassment Complaint Procedure. If the complaint or allegation was reported through the RF's ethics hotline, then a final report should be submitted to Risk Management and Ethics.

Findings and Corrective Action
Appropriate corrective action will be taken, if necessary, and findings will be communicated back to the reporting person and his or her supervisor, if appropriate. Allegations received through the Research Foundation’s ethics hotline will be entered into the hotline database, as required.
**Referral to Law Enforcement or Regulatory Agencies**

Decisions to prosecute or refer the examination results to appropriate law enforcement and/or regulatory agencies for independent investigation will be made by management in consultation with the operating location’s Operations Manager or designee.

**Inquiries During a Pending Investigation**

All inquiries concerning the activity under investigation from the suspected individual, his or her attorney or representative, or any other inquirer should be directed to Risk Management and Ethics.

**Procedure Steps**

<table>
<thead>
<tr>
<th>Step</th>
<th>Expected Outcome/Result</th>
<th>Role or Responsibility</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegation received</td>
<td>Initiate Review of Allegation</td>
<td>Risk Management and Ethics</td>
<td></td>
</tr>
<tr>
<td>Determine proper investigation team lead</td>
<td>Identification of Risk Management and Ethics, Audit, Legal, or HR as lead investigator</td>
<td>Risk Management in consult with Audit and Office of General Counsel</td>
<td></td>
</tr>
<tr>
<td>Fact finding and investigation</td>
<td>Gather and review relevant facts and regulatory/policy guidance</td>
<td>Lead investigator</td>
<td></td>
</tr>
<tr>
<td>Document review/investigation</td>
<td>Create and file permanent corporate records documenting the allegation and investigation</td>
<td>Lead investigator/Risk Management and Ethics</td>
<td></td>
</tr>
<tr>
<td>Ethics Hotline</td>
<td>Properly monitor and document</td>
<td>Risk Management and Ethics</td>
<td></td>
</tr>
<tr>
<td>Final determination</td>
<td>Issue and document final report</td>
<td>Lead investigator</td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>Disclosure, Board or management report, discipline as warranted</td>
<td>Management</td>
<td></td>
</tr>
</tbody>
</table>

**Related Information:**
RF Code of Conduct; RF Conflicts of Interest Policy; Fraud and Whistleblower Policy; EEO Policy; Policy against Discrimination, Harassment, and Retaliation; and Procedure for Resolving Allegations of Workplace Discrimination, Harassment, and Retaliation Complaints.

**Forms:**
Fraud Incident Report
### Change History

<table>
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<th>Date</th>
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<tbody>
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### Feedback

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