

OFFICE OF UNIVERSITY COMPLIANCE
Internal Investigation and Case Management Procedural Guidelines

Purpose:

The Office of University Compliance (“University Compliance”) staff shall use the following guidelines in the review and investigation of reported concerns of possible violations of the University’s Code of Conduct, which includes possible violations of law and policy. These guidelines are designed to implement University Compliance’s Internal Investigation Protocol, and to ensure UConn provides an appropriate review and investigation of reported concerns while protecting the rights of all involved individuals. These procedures will be reviewed annually or at the direction of the Chief Compliance Officer.

Accessibility and Accommodations:

The University of Connecticut complies with all applicable federal and state laws regarding non-discrimination, equal opportunity and affirmative action, including the provision of reasonable accommodations for persons with disabilities. Employees and students with disabilities engaging with University Compliance in the course of an investigation may request reasonable accommodations to address limitations resulting from a disability. Those who express a need for an accommodation in the process should be referred to the following offices for the appropriate review of the request:

UConn Students: Center for Students with Disabilities (CSD)
 Phone: 860-486-2020
 Video Phone: 860-553-3243
 Email: csd@uconn.edu

UCHC Students: Kristin Donofrio, ADA Case Manager
 Human Resources
 Phone: 860-679-2831
 Email: donofrio@uchc.edu

UConn Employees: Ryan Bangham, ADA Case Manager
 Human Resources
 Phone: (860) 486-2036
 Email: ryan.bangham@uconn.edu

UCHC Employees: Kristin Donofrio, ADA Case Manager
 Human Resources
 Phone: 860-679-2831
 Email: donofrio@uchc.edu

Visitors: Office of Institutional Equity (OIE)
 Phone: 860-486-2943 (UConn)
 Phone: 860-679-3563 (UCHC)
 Email: equity@uconn.edu

I. Definitions

Subject: A subject is an individual(s) who has been alleged to have violated University policy, or a violation of state or federal law.

Reporter: A reporter is an individual who has reported, either anonymously or otherwise, a potential violation of University policy, or a violation of state or federal law.

Witness: A witness is a person who may have direct knowledge of the alleged conduct, or someone who has direct knowledge about policies and/or processes connected to the alleged conduct. Character witnesses are not utilized in the investigative process.

Preponderance of the Evidence: A preponderance of the evidence is found when the information collected reasonably indicates it is more likely, than not, that a policy violation occurred.

Jurisdiction – The Office of University Compliance investigates allegations where the subject is affiliated with the University¹ including all regional campuses and UConn Health.

II. Initial Review and Evaluation

1. A reported concern is received directly by University Compliance (via email, telephone, referral, etc.) or through the REPORTLINE. Reports received through the REPORTLINE are automatically logged in electronic format. Reports received by University Compliance are manually entered into the REPORTLINE and logged in electronic format.
2. University Compliance shall perform an initial assessment of the reported concern to determine whether sufficient information has been provided to conduct a thorough and fair review and/or whether the conduct at issue, if it occurred as alleged, would constitute a violation of law or policy.
3. For reports received through the REPORTLINE, University Compliance may post follow-up questions to the REPORTLINE to request additional information. For reports received via email, telephone, referral, etc. University Compliance may contact the individual who reported the concern, if known, to request additional information in an effort to perform the initial assessment.
4. If University Compliance determines there is insufficient information to conduct a review and/or the conduct at issue would not constitute a violation of law or policy, even if the allegations are credited, University Compliance will advise the individual who reported the concern, if known, and will not undertake further investigation. In making this assessment, University Compliance will consider information provided within the complaint, and may

¹ This may also include non-university contractors, consultants, or affiliates charged with performing essential university activities or oversight governance, students, etc.

also, in its discretion, review information from other sources as deemed relevant by University Compliance. As appropriate, University Compliance may work with the individual to direct their concern to the correct office or entity for assistance, and/or may notify the proper administrator of the reported concern for review and possible action. University Compliance shall document the file accordingly.

5. If University Compliance determines there is sufficient information to conduct a review and/or the alleged conduct at issue may constitute a violation of law or policy, University Compliance will consult with relevant University offices to determine the most appropriate office for review and investigation of the reported concern. Please see Appendix A for examples to illustrate certain categories of concerns and the most appropriate office to which such concerns may be referred.
6. Reported concerns that have been referred to another University office will be reviewed and investigated by that office². University Compliance will request interim status updates and/or a final report of the investigation and shall document the file accordingly. See Appendix B for the Investigation Referral Escalation Procedures.
7. In limited circumstances, with the approval of the Chief Compliance Officer, University Compliance may investigate under the direction of the Office of the General Counsel. These occasions do not represent an investigation by University Compliance itself and the procedures set forth in Section II may not be applicable. On those occasions, University Compliance acts as an investigative agent of the Office of the General Counsel and the results of the investigation are provided to the Office of the General Counsel. An investigation at the direction of the Office of the General Counsel may be subject to different and/or additional procedural and confidentiality requirements as determined in consultation with the Office of the General Counsel.
8. The identity of individuals who wish to report concerns to the Office of University Compliance anonymously will be protected to the extent possible under the law³. In order to protect the integrity of the investigation and mitigate any potential instances of retaliation, any person made aware of a reported concern will be asked to keep the matter private. However, the identities of individuals who report or are involved in matters concerning immediate threat to life or property, if known, will be disclosed to the proper authorities.

III. Investigation by the Office of University Compliance

The following guidelines apply to reported concerns that have been retained for investigation by University Compliance.

² In the circumstance where there is a conflict of interest between the reported concerns and the University office most appropriate to investigate, University Compliance may assume the role of investigating the concern. This may require University Compliance to observe additional University procedures to ensure compliance with University policy, federal or state laws.

³ Individuals may choose to disclose their identity or have no expectation of anonymity.

9. As appropriate, University Compliance will notify the appropriate supervisor of the reported concern and the investigation by University Compliance. The following chart serves as an example:

Subject of Report	Supervisor to be Notified
President	Chair, Joint Audit & Compliance Committee of the Board of Trustees
Vice President/Senior Administrator	President
Provost	President
Dean	Provost
Department Head	Dean
Faculty Member	Department Head/Dean
Administrative Staff/Other	Appropriate Supervisor (Division Head, Dean, Department Head)

10. As appropriate, University Compliance will provide written notice to the subject of the reported concern. In the event that it has been assessed that such notification could compromise the integrity of the investigation, the written notice may be delayed. The notice, when made, will include a brief summary of the alleged concern and a statement indicating that, in the event an interview with University Compliance is requested, the subject may be accompanied by a support person of their own choosing, so long as that person is not a potential involved party (i.e. subject or witness). The subject will be provided with the University's Non-Retaliation Policy as well as the University Compliance Investigation Protocol document.
11. University Compliance will make every reasonable effort to obtain relevant information regarding the allegations. This may include conducting interviews and obtaining University or other documents and/or records.
12. When University Compliance requests a party (e.g. reporter, subject, witness) to engage in an interview, University Compliance shall provide the University's Non-Retaliation Policy as well as the University Compliance Investigation Protocol.
13. At the conclusion of an interview, University Compliance will provide the interviewee a copy of the interview notes within ten (10) business days of the interview to review for factual accuracy. The interviewee will be given five (5) business days to review the notes and submit any request for changes to the factual information. Under some circumstances, University Compliance may extend the deadline to review the notes. In the circumstance where University Compliance does not receive a response from the interviewee, the notes as drafted by University Compliance will be deemed accurate and final.
13. The subject of the reported concern and all individuals participating in the investigation are expected to cooperate and provide truthful information throughout the investigation. Failure to comply with these requirements is a violation of University policy and may result in further disciplinary action, up to and including dismissal.

14. All reasonable efforts will be made to complete investigations expeditiously yet thoroughly. Many factors impact the speed with which an investigation is conducted, including but not limited to: number of involved parties, quantity of and complexity of allegations, availability of parties, and volume or availability of relevant documentation. University Compliance may provide the subject of the investigation updates, when appropriate, regarding the estimated progress of the investigation.

IV. Report of Findings

15. University Compliance will prepare a written report setting forth the nature of the reported concern, the investigation, the findings, and any recommendations as to corrective action. The subject(s) of the concern will be provided with a draft of the written report and given ten (10) business days to respond to any factual inaccuracies contained in the report. Additional time may be provided at the discretion of the Chief Compliance Officer (or designee), as appropriate.
16. University Compliance will make any necessary changes to the report to correct factual inaccuracies and the report will be issued in final form. If no changes are needed, or if the subject fails to respond within the required time period, the report shall be issued in final form.
17. The subject of the concern, and the appropriate representative of Management, will be provided with the final report⁴. All others, including the individual who reported the concern and any individuals who participated in the investigation, may request the final report through the Freedom of Information Act (FOIA). In extenuating circumstances where the subject's behavior is alleged to have had a direct adverse impact on the reporter (e.g. retaliation), the Chief Compliance Officer may evaluate the circumstances and share the outcome of the investigation with the reporter. Such a determination shall be made in consultation with the appropriate public records office on a case-by-case basis. All draft and final copies of the report will be redacted in compliance with the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA), and other applicable laws, as appropriate. The Office of the General Counsel will review all requests for draft and final copies of the report made in connection with legal proceedings.
18. University Compliance will provide the final report to any appropriate University office for review and further action as necessary. The Chief Compliance Officer (or designee) may consult with the Office of the General Counsel and appropriate University officials to determine whether the matter should be referred to an appropriate external authority for review (e.g., State Auditors, Office of the Attorney General, Office of State Ethics).
19. In the circumstance where no recommendations are made within the final report, University Compliance shall close the file. In the event that recommendations for corrective action are

⁴ When requested or permitted, University Compliance may also share the draft and/or final report with the subject's chosen Union Representative.

outlined within the final report, University Compliance will monitor compliance with any such recommendations and document management responses, as appropriate.

V. Recommendations: Implementation and Monitoring

In the circumstances where University Compliance has made recommendations for corrective action, University Compliance shall follow the outlined procedures to monitor and document compliance with such recommendations.

20. University Compliance will provide Management with a designated deadline, of such time as may be appropriate but not to exceed an initial period of three (3) months, for consideration of the recommendations outlined in the final report. This deadline shall be communicated to Management upon issuance of the final report. University Compliance may extend the deadline for response upon request.
21. University Compliance will, prior to issuing the final report, create a customized form for ease of use for both the user and for administrative facilitation. The customized form shall include each recommendation outlined in the final report as well as specified fields to provide information as to the implementation or consideration of such recommendations. The form may include options to attach pertinent documents to demonstrate progress and/or completed corrective actions (i.e. policies, updated procedures). A link to the form shall be included in the communication to Management along with the final investigation report.
22. One month prior to the deadline, University Compliance shall send Management a reminder of the deadline to respond to the recommendations. University Compliance will be available to provide consultation to Management as to the implementation of corrective action, if requested.
23. Once submitted, University Compliance will review the responses on the form and engage in any follow-up, if needed. Once University Compliance is satisfied that the recommendations have been carefully considered and/or that corrective action has been adequately put into action, the file shall be closed.
24. In the circumstance that University Compliance does not receive a response from Management regarding the compliance recommendations, or when University Compliance has significant concerns regarding the progress and/or consideration of such recommendations, the Chief Compliance Officer may inform the Office of the President and/or the Joint Audit and Compliance Committee (JACC) of the Board of Trustees.

Revised: 2/2/2022

Appendix A

Alleged Issue	Example(s) ⁵	Potential Office/Contact
Academic Process & Integrity	<ul style="list-style-type: none"> Plagiarism 	Student Affairs, Graduate School, SMD or SDM
Athletics Compliance	<ul style="list-style-type: none"> NCAA violations (i.e. recruiting rules, gifts to athletes, ARP rules) 	Athletics Compliance
Billing and Coding	<ul style="list-style-type: none"> Overcharging Medicare Coding Error resulting in under or overpayment 	Office of Healthcare Compliance and Privacy Revenue Integrity
Conflict of Interest	<ul style="list-style-type: none"> Hiring of Relative Acceptance of prohibited gifts COI in Research COI in Clinical Service 	University Compliance, Office of the Vice President of Research
Diversity & Equity	<ul style="list-style-type: none"> Discrimination and/or harassment based on protected class EEO/Affirmative Action Search and hiring practices Retaliation as defined in the Policy Against Discrimination, Harassment and Related Interpersonal Violence or any other alleged discriminatory retaliation, i.e. ADA 	Office of Institutional Equity
Employee Relations	<ul style="list-style-type: none"> Interpersonal conflicts Union contract violation 	Labor Relations and/or Management
Financial Concerns	<ul style="list-style-type: none"> Mismanagement of University budget 	Audit and Management Advisory Services
Clinical Compliance	<ul style="list-style-type: none"> Clinician is not following documented clinical policies and/or protocols 	Office of Healthcare Compliance and Privacy
Fraud	<ul style="list-style-type: none"> Falsified reimbursements 	Audit and Management Advisory Services
Health & Safety	<ul style="list-style-type: none"> Threats or concern of violence (to self/others) EHS concern 	University Police, Environmental Health and Safety
Human Resources	<ul style="list-style-type: none"> Performance issues and evaluations Imbalance of employee compensation 	Labor Relations
Residency Program	<ul style="list-style-type: none"> Concerns related to the residency program/experience 	Graduate Medical Education Office
Retaliation	<ul style="list-style-type: none"> Retaliation for engaging in a protected activity as defined in the University's Non-Retaliation Policy Retaliation for exercising a protected right as provided through the policies, laws, rules or regulations applicable to the University, and not otherwise within the jurisdiction of OIE (i.e. , Workers' Compensation, FMLA) 	University Compliance

⁵This is not an exhaustive list and should not be utilized as a proscribed referral process. This should be used as a reference guide and should be used in conjunction with consideration of the information included in the report to determine the most appropriate office to review the reported concerns.

Appendix B

Investigation Referral: Elevation Procedures

In order to fulfill its responsibilities, University Compliance must ensure the University appropriately reviews and addresses each reported concern. Reported concerns that have been referred to another University office will be reviewed and/or investigated by that office. University Compliance will request interim status updates of the review and/or investigation as appropriate. To that end, University Compliance has developed the following investigation referral elevation procedures:

1. University Compliance will follow up with the individual(s) referred to manage the investigation/review of a reported compliance concern thirty (30) days after the referral was made. The purpose of this communication is to request a status update to ensure the matter is being actively reviewed/addressed.
2. If after a request is made and a status update is not provided by the responsible individual(s) by forty-five (45) days post-referral, University Compliance will elevate the request to the Department/Unit Head to request assistance in receiving a timely status update.
3. If a status update is not provided to University Compliance by the Department/Unit Head or the responsible individual(s) by sixty (60) days post-referral or if updates received to this point are not substantive, University Compliance will elevate the request to the appropriate level of Management to request assistance in receiving a timely status update.
4. If a status update is not provided after ninety (90) days post-referral or if updates received to this point are not substantive, University Compliance will escalate the request to the President's Office to review the concerns and assist in receiving a timely status update. University Compliance will continue to engage the Office of the President until such time as a response is received from the next level of management above the immediate supervisor.
5. At each stage of the elevation process, University Compliance will inform the individual that a response is requested with a specific deadline. The response may be provided by the individual or their designee.