Office of University Compliance

INVESTIGATION PROTOCOL

Purpose

The University of Connecticut is committed to conducting its affairs in accordance with its core values as stated in its Code of Conduct and as required by federal, state, and local laws and regulations and University policy. The Office of University Compliance strives to prevent, detect, and assist management to correct violations of law or policy, which may result from mistake, inadvertence, lack of information, or deliberate misconduct. This protocol establishes an administrative process for dealing with allegations of misconduct so that the integrity of the conduct of business at the University of Connecticut may be preserved.

Reporting Concerns

University employees are expected to report good faith concerns about possible violations of the Code of Conduct, which includes possible violations of law and policy. Although employees are encouraged to resolve issues by reporting concerns to the appropriate contact person in his/her department, employees may not feel that adequate steps will be taken to resolve his/her concerns or there may be a legitimate fear of retaliatory acts. Therefore, the Office of University Compliance maintains a confidential safe harbor to receive and direct compliance concerns for investigation and resolution. Employees may report such concerns through the University’s confidential Reportline by calling 1-888-685-2637 or reporting via the web at https://uconncares.alertline.com/gcs/welcome.

Retaliation against employees for making good faith reports is strictly prohibited. The University shall provide appropriate protection and support to employees who may experience acts of retaliation related to the reporting of compliance concerns, in accordance with the University’s Non-Retaliation Policy.

Investigation Process

Notification: Individuals who are subjects of a report shall be notified, as long as the Chief Compliance Officer (or his/her designee) concludes it will not risk the integrity of the investigation. Such subjects shall be kept informed of the investigation results.

Confidentiality: Individuals, who report in good faith, will be accorded confidentiality and/or anonymity to the extent possible under the law. Any individual made aware of the allegations shall also be asked to keep the investigation confidential as appropriate and not disclose the identity of the subject or issues raised, unless otherwise required by law.

Cooperation: All employees are expected to cooperate and be truthful in the University’s investigation of allegations. The Office of University Compliance is authorized to have access to all University records, facilities and personnel necessary to conduct a thorough review of the
concerns, except as may be restricted by law. All units are expected to cooperate with the Office of University Compliance in accessing necessary evidence during the course of its investigation.

**Evaluation of Concerns:** The Chief Compliance Officer (or his/her designee) shall evaluate the concerns raised and, if necessary, refer the matter to the most appropriate University office for review. If the reported concern is minor and the solution is straightforward without the need for an extensive investigation, the Chief Compliance Officer (or his/her designee) shall ask the appropriate administrator to promptly take corrective action to resolve the concern.

**Fair Treatment:** There is no assumption of wrongdoing; rather the investigation shall be an impartial and objective fact-finding function in order to determine, based upon a preponderance of the evidence, whether the allegations have been substantiated and whether there has been a policy/compliance violation and to recommend appropriate follow-up measures to management. All reasonable efforts will be made to complete investigation expeditiously yet thoroughly.

**Internal Disposition/External Reporting:** At the conclusion of the investigation, the Chief Compliance Officer (or his/her designee) may refer the matter to the proper internal division of the University for appropriate action. In addition, the Chief Compliance Officer (or his/her designee), in consultation with the Office of the General Counsel, shall consider whether any notification or report should be directed to an outside entity. Such entities may include, but are not limited to: the Office of State Ethics, the Office of the Chief State’s Attorney, the Auditors of Public Accounts, or the NCAA.

**Documentation:** Appropriate records will be maintained that document the nature of the allegation, the investigation, the findings, and any corrective action to be taken. Documents will be retained in accordance with relevant State statutes and University policies and procedures.

The Office of University Compliance shall keep the President and Board of Trustees appropriately informed of any potential serious or widespread compliance concerns.

**Approved By:**

[Signature]

Kimberly Pearney
Interim Chief Compliance Officer

**Date:** 7-1-18