

Office of Audit, Compliance & Ethics

INVESTIGATION PROTOCOL

Purpose

The University 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 Compliance office strives to prevent, detect, and in a timely manner 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, employees may report such concerns anonymously through the University's *Reportline* by calling 1-888-685-2637 or, at the Storrs and regional campuses only: reporting via the web at <https://www.compliance-helpline.com/uconncares.jsp>.

All employees are expected to cooperate and be truthful in the University's investigation of allegations. The Office of Audit, Compliance, and Ethics (OACE) shall keep the President, Executive Vice President for Health Affairs and Board of Trustees appropriately informed of any potential serious or widespread significant compliance concerns. 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 or unfair treatment related to the employee's reporting. Any individual made aware of the allegation shall also be asked to keep the investigation confidential and not disclose the identity of the subject or issues raised, unless otherwise required by law.

Investigation Steps:

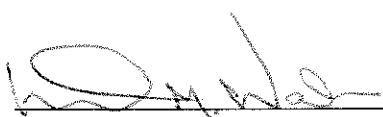
1. Ensure Fair Treatment: Any person assisting in the investigation shall be reminded about the University's policy against retaliation and if the identity of the employee making the allegation is known or becomes known, such identity shall be protected to the extent possible under the law. Individuals who are subjects of a report shall be notified, as long as the Director of Compliance (University), Corporate Compliance Integrity Officer (Health Center), (or his/her designee) concludes it will not risk the integrity of the investigation. Such subjects shall be kept informed of the investigation results. There is no assumption of wrongdoing; rather the investigation shall be a fact-finding function in order to determine appropriate follow-up measures.
2. The Director of Compliance (University), Corporate Compliance Integrity Officer (Health Center), (or his/her designee) shall evaluate the issues raised and, if necessary, refer the matter to the most

appropriate University office for review. For example, assistance from Human Resources shall be sought for matters relating to personnel issues, NCAA matters shall be referred to the Division of Athletics, research misconduct issues shall be referred to the Office of Research Compliance.

3. If the reported concern is minor and the solution is straightforward without the need for an extensive investigation, the Director of Compliance (University), Corporate Compliance Integrity Officer (Health Center), (or his/her designee) shall ask that the appropriate administrator promptly take corrective action to resolve the concern. Proper documentation of the resolution of the allegation shall be maintained by the OACE.
4. After appropriate fact-finding is concluded, the Director of Compliance (University), Corporate Compliance Integrity Officer (Health Center), (or his/her designee) 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, the NCAA, the Department of Health and Human Services, or the Office of Research Integrity. The Office of the Attorney General shall be notified before the referral is made.
5. At the conclusion of fact-finding, as appropriate, the Director of Compliance (University), Corporate Compliance Integrity Officer (Health Center), (or his/her designee) shall also refer the matter to the proper internal division of the University for disposition. Such divisions may include, but are not limited to: Human Resources, the Office of Diversity and Equity, the Office of the Provost, the Office of the President, or the Office of the Executive Vice President for Health Affairs.
6. Documentation: Appropriate records will be maintained that document the nature of the allegation, the investigation, the findings, and any corrective action recommended. Documents related to inquiries/reviews will be retained in accordance with relevant State statutes and University policies and procedures.
7. All reasonable efforts will be made to complete inquiries/reviews within 90 days. Any inquiries anticipated to extend beyond 90 days will be reviewed and approved by the Chief Audit and Compliance Officer.
8. Any individual who believes he/she may have been aggrieved by the procedures in this protocol, or who believes this protocol has not been followed in his/her individual case may refer his/her concerns to the Office of the President, the Office of the Executive Vice President for Health Affairs or to the Chairperson of the Joint Audit and Compliance Committee of the Board of Trustees.

In order to implement this Investigation Protocol, the Director of Compliance for the Storrs and Regional Campuses and the Corporate Compliance Integrity Officer for the Health Center shall create Internal Investigation/Inquiry Procedural Guidelines to be followed by Compliance Office staff in reviewing allegations received by the OACE.

Approved By: _____



Date: _____

11-21-06

K. Michael Walker
Chief Audit & Compliance Officer