

EthicsPoint Policies and Procedures

1. **Reason/Purpose:** To establish a standard set of protocols that provide an assurance of consistency, transparency and impartiality in the management of UWF Integrity Helpline cases

1.1. The University of West Florida's ("UWF") Integrity Helpline is an anonymous reporting mechanism hosted by a third-party vendor, EthicsPoint¹. The EthicsPoint system is a means for employees to report any activities that violate UWF's values, code of conduct, policies and procedures, or any laws or regulations, may they be local, state or federal. The goal of the Helpline is to proactively detect and address misconduct and foster a culture of compliance and ethical conduct.

The Office of Compliance and Ethics shall oversee EthicsPoint operations. The University Chief Compliance Officer and Chief Audit Executive will serve as System Administrators. System Administrators are the point of contact for EthicsPoint, and are responsible for maintaining and/ or updating the EthicsPoint system. Such activities include password retrieval, adding/ removing access, modification of default responses, and other such administrative responsibilities.

Additionally, a panel of four University representatives will serve as the **Helpline Oversight Panel**, which is described in the following section.

¹ For the purposes of this document the terms "Integrity Helpline," "Helpline" and "EthicsPoint" are interchangeable

2. Report Intake: What to do once a report is received

- 2.1. Whenever a report² is received, notifications will be automatically directed to the four administrators that make up the Helpline Oversight Panel (the “Panel”) who are listed below.

Figure 1

Helpline Oversight Panel	
<u>Title</u>	<u>Department</u>
Chief Compliance Officer	Office of Compliance and Ethics
Chief Audit Executive	Internal Auditing and Management Consulting
AVP Human Resources	Office of Human Resources
<i>Advisor/ Counsel to Oversight Panel</i>	<i>General Counsel</i>

- 2.2. The Panel will have the responsibility to make threshold determinations as to whether, assuming the complete truth of the allegation(s), the allegation(s) constitutes a violation of University policy, code of conduct, or any laws or regulations to which the University can be held liable.
- 2.2.1. A threshold determination will be made *within 10 business days* of the date the report was filed.
- 2.3. If the threshold determination indicates that the allegation does not constitute a violation, either with or without a preliminary investigation, the complainant shall be notified that no further action will be taken with regard to the report and the case will be closed in EthicsPoint.
- 2.3.1. It is the responsibility of the Chief Compliance Officer to ensure the complainant is notified. In the event that the Chief Compliance Officer is unable to carry out their duty, the Co-System Administrator or other Helpline Oversight Panel member will assume this role.
- 2.4. If the threshold determination concludes that there is sufficient cause to investigate the report, the Panel will take the following steps:
- 2.4.1. Make a risk determination as to the severity of the threat posed to the University.
- 2.4.2. Determine whether the report meets the criteria of a critical and immediate threat to the University.
- 2.4.3. Determine if an investigation is required.
- 2.4.3.1. If it is determined that an investigation is required, *but does not represent a critical and immediate threat*, the Chief Compliance Officer will delegate the case to the appropriate Helpline Partner.
- 2.4.4. If it is determined that *the report represents a critical and immediate threat to the University*, the Panel will quarantine the case and collectively decide what measure(s) are necessary to mitigate the threat.

² For the purposes of this document the term “report” represents any issue, compliant, violation, etc. that is received via the UWF Integrity Helpline.

2.4.4.1. Once a case has been quarantined, the Helpline Oversight Panel may invite any individual deemed appropriate to help mitigate the threat.

Important Note:

Criteria of a Critical and Immediate Threat: If any of the following criteria are met, the Panel can determine the report represents a critical and immediate threat to the University.

1. Threat of violence or physical harm to oneself or others
2. Threat of interruption to the University's business continuity
3. Notice that a high-level event³ will take place within the immediate 24-hour period

³ A high-level event represents anything that has the potential to halt or suspend University operations

3. **Initial Response:** What to do after the threshold determination has been made

3.1. For any incoming report, it is imperative that the complainant receives an immediate notification that their report has been received and is being reviewed. An immediate response will help build employee trust and confidence in the Integrity Helpline.

3.2. The following rules describe the official EthicsPoint procedure for responding to incoming reports:

3.2.1.1. An initial response must be posted in the “Follow-ups” section of the EthicsPoint system *within one business day* from when the report is received. This is simply to inform the complainant that their report is being reviewed. No additional information should be included, unless deemed appropriate by the Helpline Oversight Panel.

3.2.1.2. It is the responsibility of the Chief Compliance Officer to provide the initial response. If for whatever reason the Chief Compliance Officer cannot fulfill this duty, the Co-System Administrator or other Helpline Oversight Panel member will assume this role.

4. Assignment of Cases: How and when to appoint Helpline Partners to a case

4.1. Once a report has passed the initial intake process, the case will be delegated to one, or more, of the following Helpline Partners (or “Partner”) at the discretion of the Helpline Oversight Panel.

Figure II

<u>Subject Matter Expert</u>	<u>Area(s) of Expertise</u>
Associate Athletic Director	Athletics
General Counsel	Legal/ Regulatory Matters
Executive Director/ Chief Information Security Officer	Information Technology
Vice Provost	Academic Issues
Equal Opportunity Officer	Title IX/ Equal Employment Opportunity/ Sexual Harassment and Discrimination
Director, Environmental Health & Safety and/ or Chief of Police	Health and Safety
Associate Vice President, Research Administration and Engagement	Research Integrity
Associate Vice President, Human Resources	Human Resources
Chief Audit Executive and/or AVP/ Controller	Financial Issues/ All Other Complaints

5. Ongoing Communications: What to do once a case has been assigned

- 5.1. Once the case has been assigned to a Partner, it is the responsibility of that individual to maintain ongoing communication with both the complainant and the Chief Compliance Officer. Activities should include:
 - 5.1.1. Monitoring the case details online for any complainant comments/ questions
 - 5.1.2. Responding to any complainant inquiries in a timely manner

Important Note:

Regarding legal guidance: If advanced legal guidance is needed, or seems appropriate, Partners should submit a UWF Service Desk or “JIRA” ticket addressed to General Counsel. Whether or not added assistance from General Counsel is required will be left to the determination of the case assignee; however, assignees should err on the side of caution at all times due to the sensitive nature of Helpline cases.

Request should always protect the anonymity of the complainant and confidentiality of the case details. This should be done by referring General Counsel to the EthicsPoint case identification number, or simply requesting that the attorney contact you directly. Helpline Partners are not to include case details, with the exception of the case identification number, through any form of electronic communication.

6. Response, Resolution, and Reporting: How to properly document and resolve EthicsPoint cases

- 6.1. The EthicsPoint “Case Notes” section can be used to document the investigation process—specific details are not required. Information provided in the Case Notes section should only be used to inform the Chief Compliance Officer and/ or the Helpline Oversight Panel about the general status of each case as it progresses.
- 6.2. The case assignee is responsible for documenting the case processes in their designated UWF departmental network drive created and maintained by the office of Information and Technology Services (“ITS”). Such documentation includes any steps the assignee determines necessary to resolve the issue and, in cases for which a written report is indicated, drafting a case resolution report (i.e. a report that will be distributed to selected individuals such as the University President, Vice Presidents, or a Department Head).
 - 6.2.1. By no means should any Helpline documentation be stored on a local drive.
- 6.3. The case assignee is responsible for drafting a final response to the complainant, which should be issued in the EthicsPoint “Follow-Up” section, which will inform the complainant of the case outcome.

7. Additional procedures, timescales, and expectations: To establish standards and accountability, timescales will dictate the expectations of Helpline Partners

7.1. Procedure for communication with named persons:

7.1.1. Individuals alleged to have committed a violation should be notified of any allegations and shall be informed regarding the progress of any subsequent investigation.

7.1.2. The Helpline Partner assigned to the case shall be responsible for making the determination as to the timing and extent of the information provided in order to ensure the integrity of the investigation.

7.2. Established timescales:

Figure III

Description	Expectation
Expected days to close case once report is received	30 days
Status updates for active cases (“Case Notes”)	Every 10 business days
Initial response to incoming report	One business day
How long case documentation should be maintained	Report retention periods will conform to applicable record retention and data privacy laws.
EthicsPoint documentation audits	Every three years ⁴
Threshold Determination	Within 10 business days

⁴ EthicsPoint documentation and processes should be audited every three years by a member of Internal Auditing, or an acceptable equivalent, to ensure mechanisms are working properly

8. Procedure for managing helpline abuses such as repeated, meritless reports

8.1. To be determined by Ad Hoc Committee⁵:

Figure IV

<u>Title</u>
Staff Senate President
Faculty Senate President
Chief Compliance Officer
Chief Audit Executive
Advisor/ General Counsel

⁵ It is imperative that any Ad Hoc Committee includes members of both Faculty and Staff Senate, in order to build trust in the Integrity Helpline System.

9. Procedure for when a member of the Helpline Oversight Panel is indicated in a report

9.1. Any issues involving a member of the Helpline Oversight Panel should be referred one of the following departments, dependent on the position of the named person:

9.1.1. Internal Auditing and Management Consulting

9.1.2. Office of the General Counsel

9.1.3. Office of Compliance and Ethics

9.1.4. Office of Human Resources

10. **Best Practices:** The following items are “best practices” and should be followed at all times. These represent industry-accepted standards designed to establish EthicsPoint’s credibility and reputation among employees, while protecting the University.
- 10.1. Assignees should retain documentation that supports resolutions, in their departmental files shared (or network) drive, which was set up and actively maintained by ITS.
 - 10.2. Documentation should NEVER be stored on portable storage devices or on cloud-based storage services.
 - 10.3. Case details should NEVER be sent via electronic communications such as email or text messaging.
 - 10.3.1. The only information permitted to be transmitted via electronic communication is a reference to the case number(s).
 - 10.4. Confidentiality must be maintained at all times. This includes after the case is closed.
 - 10.5. When responding to a case deemed to be invalid or not appropriate for EthicsPoint, Helpline Partners should ALWAYS provide an informed and compassionate response regarding where such complaints should be directed.
 - 10.5.1. A case should NEVER be marked closed without providing any feedback to the complainant.
 - 10.6. The Compliance Office will periodically coordinate a Helpline Culture Survey to gauge employee opinion, buy-in and to encourage usage.
 - 10.7. A member of Internal Auditing and Management Consulting, or an acceptable substitute, should conduct an audit of EthicsPoint documentation and Helpline procedures every three years to ensure mechanisms are working properly.

Definitions:

Case Notes: A subsection of the EthicsPoint system where Helpline Partners provide status updates throughout the course of their casework.

Complainant: Is any University employee or group who submits a report via the EthicsPoint system.

EthicsPoint Privacy: The information entered into the EthicsPoint online system is only accessible/ viewable to the System Administrators and the Helpline Partner(s) assigned to the case (if any). Neither the complainant, nor other Helpline Partners, can view any case details unless granted permission by the System Administrators, i.e., the Chief Compliance Officer or the Chief Audit Executive.

Follow-ups: Is a subsection of the EthicsPoint system that allows users to ask questions and/or communicate with the reporter.

Helpline Partner: The Subject Matter Expert assigned to handle cases for a specific regulatory area of incoming reports.

Helpline Oversight Panel: A subcommittee of the Helpline that is responsible for the threshold determination of all incoming reports, as well as defining their risk determination. Additionally, the Helpline Oversight Panel has the ability to quarantine any report deemed an immediate threat to the University.

Named Person: Individual accused of a workplace violation or of suspected wrongdoing.

Quarantine: When a report is deemed a critical and immediate threat to the University, it will be confined to the Helpline Intake Panel to decide on the best course of action.

Report: Any issue received via the UWF Integrity Helpline.

Risk Determination: The level of risk is determined by the likelihood of occurrence against the severity of impact.

Threshold Determination: A determination as to whether or not a report has sufficient factual information to move forward with additional information-gathering and/or investigation.

Questions/Concerns:

If this document has failed to address any possible outcomes or questions, please contact the Chief Compliance Officer at mpackard@uwf.edu or 850.857.6070.



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