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**Responsible University Administrators:**  
*Vice President for Business and Finance*

**Responsible University Office:**  
*Business and Finance*

**Policy Contact:**  
*Compliance Officer*  
*drewnielsen@unomaha.edu*

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## **C-01: Whistleblower Reporting Hotlines**

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### Scope

This policy applies to the use of, and procedures for, any Whistleblower, Ethics, Fraud, and/or Compliance Reporting Hotline by any campus or department.

### Policy Statement

This policy sets forth the minimum requirements for the administration of each campus or department Whistleblower, Ethics, Fraud, and Compliance Reporting Hotline (“Hotline”). This policy is not intended to substitute or modify the guidance of other University policies that address a specific type of misconduct, such as sexual misconduct, academic misconduct, unsatisfactory work performance, or conflicts with other employees.

### Reason for Policy

As part of a comprehensive ethics and compliance program designed to promote the highest standards of ethical and professional conduct within the University of Nebraska, the University implemented a University-wide Whistleblower, Ethics, Fraud, and Compliance Reporting Hotline (EthicsPoint) in July 2017. The University encourages individuals to make good-faith reports of suspected University-related misconduct and/or actions that need University attention. EthicsPoint allows concerns to be reported confidentially by phone or online. EthicsPoint is administered by a third-party vendor who provides for confidential communication. EthicsPoint does not replace existing reporting mechanisms, including campus Hotlines, reporting concerns to an employee’s supervisor, members of Internal Audit and Advisory Services, the General Counsel’s Office, Compliance, Human Resources, and Public Safety/Campus Policy, but rather serves as an additional reporting option. Each campus and Central Administration has a Hotline web address specifically assigned.

A list of the Hotline web address and a telephone number, where available, for each major administrative unit is as follows:

**UNL and NCTA**

<https://www.unl.edu/tips-incident-reporting-system/>

**UNO**

<https://www.unomaha.edu/report-a-concern/index.php>

**UNMC, UNK, UNCA, and UNL Research**

<https://secure.ethicspoint.com/domain/media/en/gui/52126/index.html> or 1-844-348-9584

Each campus or department shall provide an online link to its Hotline on the home page of the campus's website or other prominent location accessible by employees, students, and the general public.

**Procedures**

To implement this policy, each major administrative unit shall document its procedures for receiving, investigating, and resolving Hotline reports. Reports received through the Hotline do not require campuses to duplicate investigative processes previously established to address the subject matter at issue in the report, but the hotline can be considered as an additional outlet for reporting concerns and alleged misconduct. Hotline procedures established by each major administrative unit must, at a minimum, comply with the provisions of this policy.

**Administration and Responsibility for the Whistleblower, Ethics, and Compliance Hotline**

The President and Chancellors shall appoint an administrator for their respective major administrative units who will serve as the Whistleblower, Ethics, and Compliance Reporting Hotline Coordinator (Coordinator). Each major administrative unit is encouraged to establish a triage committee to review and manage reports received on the Hotline. Triage committee members may include representatives from Internal Audit and Advisory Services, the Office of the General Counsel, Compliance, Human resources, Public Safety/Campus Policy, Information Security, or other functions, at the discretion of the President or Chancellor. However, all reports received regarding potential fraud, waste, and abuse must be provided to Internal Audit and Advisory Services within one business day of receipt.

If a triage committee is established, it is the committee's responsibility to monitor the Hotline and to ensure appropriate remediation of Hotline issues. Absent a formal triage committee, the Coordinator is responsible for ensuring compliance with this section. Issues involving members of the triage committee or senior administration shall be referred to Internal Audit and Advisory Services or the University-wide Compliance Officer for remediation and/or investigation.

The Coordinator shall review the assigned contracts for their major administrative unit in the EthicsPoint system, and any separately maintained hotline(s) at least semi-annually to ensure cases are being assigned appropriately.

### **Confidentiality**

All employees involved in the process of receiving and investigating reports of wrongdoing must exercise due diligence and reasonable care to maintain the integrity and confidentiality of the information received. University employees must ensure they comply with federal and state laws and University policy regarding whistleblower protection.

### **Anonymity and Confidentiality**

“Anonymity” relates to protecting the identity of the individual who reports an issue of noncompliance. “Confidentiality” relates to protecting the information reported. EthicsPoint is designed and administered to help protect the anonymity of reporters and the confidentiality of the information submitted. Nonetheless, depending on the facts and circumstances, the University cannot guarantee anonymity and confidentiality in every situation.

Complainants who use EthicsPoint to report compliance issues may choose to do so anonymously. EthicsPoint does not generate or maintain any internal connection logs with IP addresses, so no information automatically linking the reporter to EthicsPoint is available. EthicsPoint does not track or attempt to identify reporting parties or their location unless reporting parties voluntarily disclose that information. However, information disclosed by reporting parties may reveal their identity, whether inadvertently or because of the necessities of investigating the relevant facts.

Information disclosed in a report generally will be treated as confidential, except as provided below. Anyone involved in receiving, investigating, or resolving a Hotline report must exercise reasonable care in protecting to the anonymity of the reporter and the confidentiality of the information reported. Neither the identity of an anonymous reporter (if discovered) nor confidential information disclosed in a report or during an investigation will be disclosed to anyone who is not properly authorized to receive, investigate, or resolve the issues in the report, unless: (1) the reporter consents to such disclosure; (2) disclosure is necessary to comply with federal, state, or local law (including legally mandated disclosure, such as a lawfully issued subpoena, warrant, or court orders) or with campus policies or procedures; or (3) maintaining anonymity or confidentiality would interfere with investigating (including interviews), stopping, preventing, remedying, or imposing discipline for the reported misconduct, and those to whom the information is disclosed have a legitimate need to know the information in order to perform those responsibilities or to provide a response.

### **Investigative Processes**

If any person involved in the investigation process determines that the report involves an immediate threat to the safety or security of a person or property, then, as soon as practical, such person should refer the report to the appropriate public safety office, and if appropriate, to other relevant University authorities.

- a. **Evaluation.** Each major administrative unit will include in its written procedures, a process for evaluating and resolving complaints received on the Hotline, assigning a case manager/primary contact, establishing and maintaining communications with all appropriate parties including Internal Audit and Advisory Services, establishing an estimated timeframe for the resolution of reports received, and ensuring that cases are timely addressed, properly documented, and closed. The evaluation process shall also include determining if the concerns raised in the report should be directed to a particular supervisor for remediation or to a department or office for investigation in accordance with previously established University policies and procedures.
- b. **Case Manager/Primary Contact.** A case manager/primary contact (CM/PC) will be assigned to all Hotline reports received. In some situations, campuses may use more than once CM/PC. The CM/PC will be responsible for the proper handling of the case, including determining if the case should be investigated by a specific department or office in accordance with previously established policies and procedures, the assignment of additional investigators (if needed), conducting interviews, documenting all relevant information in the case file, ensuring that timely communication is maintained with all appropriate parties, including the reporter and the accused, ensuring that any required corrective action is taken, and closing the case in the Hotline software in a proper and timely manner. If a case is directed to another department or office for remediation, the CM/PC maintains the responsibility to ensure the case is properly resolved, that appropriate communication is maintained with all parties, and for closing the case within the Hotline software.
- c. **Communication with the Reporter/Complainant.** A response to the reporter/complainant shall be made within two (2) business days of the receipt of the Hotline report that, at a minimum, acknowledges receipt of the report if the reporter/complainant identifies themselves or the complaint is made via EthicsPoint. The reporter also may be asked to provide additional details to assist in evaluating and resolving the matter reported. The reporter shall be kept informed of the status of the investigation and shall be notified concerning the resolution of the case and the action taken, to the extent allowable in the circumstances. These requirements apply even when the complainant is anonymous, if the complainant uses EthicsPoint, since EthicsPoint allows them to continue to access case information using a password.
- d. **Communication with Named Persons.** Named persons alleged to have committed a violation shall be notified of the allegations at a time and to the extent that the CM/PC, and University policy, provides so that it will not affect the integrity of the investigation.

- e. **Corrective Action.** Any corrective actions, employee or otherwise, will be determined by the responsible authority consistent with the University's progressive corrective action procedures and other applicable University policies.
  
- f. **Closing the Case.** Once all necessary investigative acts have been completed and properly documented, the administrative process to properly and promptly close the case must be completed, which shall include, at a minimum, notifying the reporter/complainant (if able to do so through the appropriate Hotline system), documenting the resolution and action taken, and making the required entries on the Hotline software in a manner that the date on which the case is closed is properly documented.

### **Conflicts of Interest**

To the extent possible under the circumstances, if a Hotline report or information obtained while investigating the report includes a specific allegation of noncompliance by an employee or officer, then such employee or officer will be excluded from access to the Hotline record for that report and from any responsibility for investigating or making determinations or decisions based on that report. If necessary, in circumstances involving a conflict of interest, the review, investigation, and resolution of the report will be reassigned to one or more employees who do not have such a conflict of interest.

If the complaint involves the Coordinator or a Vice Chancellor, Vice President, Chancellor, or the President, the complaint should be transferred to the Director of Internal Audit and Advisory Services and the General Counsel.

### **Tracking and Analyzing Reports**

Each campus shall analyze, track, and monitor reports to identify trends or problem areas. For those major administrative units not using EthicsPoint, semi-annual updates regarding the number, locations, and types of cases shall be provided to the University-wide Director of Internal Audit and Advisory Services and Compliance Officer for consideration by the Board of Regents' Audit, Risk and Compliance Committee.

### **History**

August 27, 2020      Approved by the President