
19.1 Contracts and Agreements Policy

The Office of the Vice President of Business & Operations shall be responsible for advising appropriate University officials on matters relating to federal and state laws, as well as University rules, regulations, policies and procedures pertaining to the fiscal management of contracts, grants, or other agreements with individuals, companies or agencies external to the university.

19.1.2 Policy

A contract is any document that creates an obligation, right, or liability for Clayton State University. All contracts entered into in the name of The Board of Regents of the University System of Georgia, by and on behalf of Clayton State University are subject to the Policies and Procedures of the State Board of Regents.

In addition, many of the University's contracts are subject to State purchasing regulations and to the statutory constraints on contracts entered into by State agencies. State law further provides that persons entering into contracts without complying with all applicable State laws and regulations become personally liable for any amounts due under those contracts.

No member of the University, faculty, or staff shall sign a contract without specific authorization from the President. In addition, the Office of the Vice President of Business & Operations is responsible for approving and signing all contracts, agreements, and memorandums of understanding for over \$2,500.00.

In the Office of the Vice President of Business & Operations, a contract reviewer may be designated to assist with the review and administration of institutional contracts.

19.1.2.1 General Guidelines

These guidelines are designed to ensure that applicable contracts, agreements, and memorandums of understandings are entered into a standard fashion and reviewed for legal compliance. Applicable contracts, agreements, and memorandums of understanding shall be accompanied by a completed Clayton State University Contract/Agreement/MOU Review Process and Routing form located at www.clayton.edu/contract-administration.

As of July 1, 2013, Senate Bill 160 amends O.C.G.A. 13-10-91 (b) (1) that requires any contract with a state agency for labor or services in excess of \$2,499.99 must submit a signed and notarized affidavit(s) on standard forms attesting to their compliance with the terms of the federal work authorization program (also known as E-Verify), or state a specific exemption from this requirement.

Unless exempt by law, policy, procedure or practice, the contract sponsor shall forward to this Office the following types of contracts, agreements and memorandums of understanding for review:

- Appearances and Special Events
- Applied Learning Experiences
- Auxiliary Services Agreements
- Benefit Agreements
- Business Associate Agreements
- Confidentiality Agreements
- Grants
- Hardware/Software/End User Licenses
- Intellectual Property Agreements
- Internships
- IT Subscription Agreements
- Licensing Agreements
- Location Agreements
- Maintenance/Service Agreements
- Property Rental/Leasing Agreements
- Professional Services
- Service Agreements

The above list of contracts, agreements and MOU's does not include the name of every type of contract that may require review.

The proposed contract along with the review process and routing form and applicable affidavits should be sent to the Office of the Vice President for Business and Operations. The contract reviewer will provide feedback directly to the university's contracting party within 5 business days. All changes to the proposed contract must be approved by the contract reviewer before the contract may be executed. Specific instructions are provided on the review process and routing form for contract execution.

Contracts that may be exempt from this Office's review if executed on pre-approved standard CSU forms without any additions or changes are:

- Agency Agreements
- Alcohol Beverage Service Agreement
- Catering Agreements
- Continuing Education

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- Construction/Renovation
 - Faculty Contracts
 - Joint Staffing Agreements
 - Professional Service Agreements
 - Property/Leasing/Rentals Agreements
 - Service Agreements
 - Spivey Agreements

19.2 Risk Management Policy

Definitions used in this policy are: *RISK*

Risk refers to the probability of an event and potential consequences to an organization possible to eliminate entirely risk from activity. Some level of risk is not only expected in normal everyday activities but can be beneficial. It is, however, possible mitigate risk.

A risk is defined as *MAJOR* when the combination of an event's probability and the potential consequences is likely to:

1. Impair the achievement of a University System of Georgia (USG) strategic goal or objective;
2. Impair the achievement of a CSU strategic goal or objective;
3. Result in substantial financial costs either in excess of CSU's ability to pay or in an amount that may jeopardize CSU's core mission;
4. Create significant damage to CSU's or USG's reputation; or
5. Require intervention in CSU's or USG's operations by the Board of Regents and/or an external body.

Major Risks are a subset of the larger category of Significant Risks referenced in this Enterprise Risk Management Policy. The *Significant Risks* category includes Major Risks but also include less critical risks. At CSU, two examples of Significant Risks are the:

- a) failure to develop realistic budgets that are aligned with the University's strategic objectives which may lead to overspending and/or spending resources on secondary objectives rather than the institution's key objectives and priorities; and
- b) failure to develop, maintain and implement Business Continuity plans which may contribute to the inability of the University to continue operations during and immediately following the occurrence of critical events.

19.2.1 Purpose

The purpose of the Enterprise Risk Management Policy is to strengthen the proper

management of risk through proactive risk identification, risk management and risk acceptance pertaining to all activities within the University System Office and USG Institutions, including CSU.

This policy is intended to:

1. Ensure that Major Risks are reported to the Board and the Chancellor for review and acceptance;
2. Result in the management of those risks that may significantly affect the pursuit of the stated strategic goals and objectives;
3. Embed a culture of evaluating and identifying risks at multiple levels within the USG and USG institutions;
4. Provide a consistent risk management framework in which the risks concerning USG and CSU business processes and functions are identified, considered, and addressed in key approval, review and control processes;
5. Ensure that CSU communicates Significant Risks to the USG level so risk can be measured across the University System;
6. Inform and improve decision-making throughout CSU and the University System;
7. Meet legal and regulatory requirements;
8. Assist in safeguarding USG and CSU assets to include people, finance, property and reputation; and
9. Ensure that existing and emerging risks are identified and managed within acceptable risk tolerances.

19.2.2 Scope

CSU's Enterprise Risk Management Officer shall assist campus administrators in maintaining this policy and CSU's risk management framework and procedures. CSU shall review the risk management framework and procedures annually and shall conduct periodic reviews for compliance with system guidelines.

19.2.3 Policy

The BOR has adopted an enterprise risk management framework (ERM) to manage risk. ERM is defined as a process-driven tool that enables management to visualize, assess, and manage significant risks that may adversely impact the attainment of key organization objectives. It is the responsibility of CSU and its leaders to identify, assess, and manage risks using the ERM process. Further information regarding the BOR's adopted framework may be found at www.usg.edu/audit/risk, and the BOR's Enterprise Risk Management Policy may be found at www.usg.edu/policymanual/section7. Information on CSU's ERM

processes may be found on the SWAN under the Work Life tab and <http://www.clayton.edu/vpbusinessoperations>.

Categories of risk managed through the ERM framework include:

1. Strategic Risks – risks which affect the ability to carry out goals and objectives as articulated in the USG and CSU strategic plans;
2. Compliance risks – risks which affect compliance with laws and regulations, student, faculty and staff safety, environmental issues, litigation, conflicts of interest, etc.
3. Reputational Risks – risks which affect, for example, USG’s and CSU’s reputation, public perception, political issues;
4. Financial Risks – risks which affect the ability to acquire assets, technology, facilities, etc.
5. Operational Risks – risk which affect on-going management processes and procedures.

An identified risk may fall into multiple categories.

The following are not acceptable risks:

1. Willful exposure of students, employees or others to unsafe environments or activities;
2. Intentional violation of federal, state or local laws;
3. Willful violation of contractual obligations; or
4. Unethical behavior.

Risk management decisions should be made after conducting a cost-benefit analysis; such analysis should take into account the potential costs associated with the identified risk should the risk event take place as compared to the costs associated with mitigating the risk. It should be noted that these costs are not only financial but may also include substantial damage to reputation, opportunity costs, potential litigation, and distraction from CSU’s core mission, obsolescence and others.

Major risks that could result in significant long-term damage to the USG or CSU must be identified to CSU, the BOR and the Chancellor as soon as possible. Acceptance of Major Risks is at the discretion of the Board and the Chancellor. Significant Risks, which should be identified in a timely manner, shall be managed by CSU’s president or his/her designee.

All risk management efforts shall focus on supporting CSU’s objectives. Minimally, these efforts shall consist of:

1. Formal and ongoing identification of risk that impact CSU’s goals;
2. Development of risk management plans;

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3. Monitoring the progress of managing risks;
 4. Periodic updates of risk management plans;
 5. Reporting of risks so that Significant Risks can be rolled up to the System level.

Risks may be managed by using one of more of the following methods:

1. Avoid (eliminate, withdraw from or do not become involved in an activity creating risk);
2. Retain (accept the risk and plan for the expected impact);
3. Transfer/Share (move the risk to another party by hedging against undesired outcome or reduce the risk through processes such as insurance); and
4. Reduce (control the risk through additional or optimized controls).

19.3 Records Management Policy

19.3.1 Purpose

This policy promotes and ensures the proper retention and disposal of records to satisfy the legal, fiscal and administrative needs of the University and to assist the staff and faculty with record management issues.

19.3.2 Scope

This policy applies to CSU faculty and staff.

19.3.3 Policy

CSU faculty and staff shall maintain and preserve University records in accordance with the Retention Schedule of the Board of Regents, available at www.usg.edu/usgweb/busserv. Employees shall contact the Records Management Office at (678) 446 4251 or by email (dirkmorrell@clayton.edu) when wishing to deposit, retrieve or destroy records. The University's record management procedures are located at www.clayton.edu/facilities/services/records.

19.4 Sustainability Policy

19.4.1 Purpose

Clayton State is committed to being an environmentally conscious community by participating in various recycling programs and other sustainability initiatives.

19.4.2 Scope

These recycling programs and sustainability initiatives apply to the University community at large.

19.4.3 Policy

Clayton State has partnered with its waste provider to establish a Single Stream Recycling (SSR) program with the plan to gradually expand the program campus-wide to all buildings. This program allows participants to place all their recyclable into a single container at their desk for collection without the responsibility of sorting the materials. Each participant is responsible for the disposal of their non-recyclable waste into a designated, centralized waste bin.

This program is designed to promote responsible resource management, reduce waste collection costs, and give everyone on the campus an opportunity to help protect the environment.

Other campus sustainability programs include:

- Automatic sensors and energy meters in each building
- Participating in Rebuilding America program
- Utilizing Green Fleets
- Recycle irrigation water
- Installation of Water Bottle Filling Stations
- Trayless dining
- Used Book drives

19.5 Refund Policies

19.5.1 Purpose

These policies address how customer returns and refunds shall be handled.

19.5.2 Scope

These apply to the University community at large.

19.5.3 Policy

Refund policies vary based on department. Full refund policies are available on each department's webpage, provided below.

19.5.3.1 Vending

<http://www.clayton.edu/auxiliaries/vending/vendingrefunds>

19.5.3.2 Smart Print

<http://www.clayton.edu/auxiliaries/smartprint/smartprintsupport> and select Refunds.

19.5.3.3 Loch Shop

<http://www.clayton.edu/auxiliaries/thelochshop/refundandreturnpolicies>

19.5.3.4 Meal Plans

<http://www.csudining.com/documents/MealPlanRefund-ExpirationPolicyEXTERNAL061113ng.pdf>

19.5.3.5 LakerBucks

<http://www.clayton.edu/auxiliaries/lakercard/usagepolicies>, then select: Closing Account/Issuing Refunds of Account Balances.

19.6 Service of Alcohol on Campus

19.6.1 Purpose

The purpose of this policy is to provide guidance with regard to the service of alcohol on the CSU campus.

19.6.2 Scope

This policy applies to the University community.

19.6.3 Policy

The possession, consumption or furnishing of alcoholic beverages on the Clayton State University campus is prohibited except for (i) events sponsored by external organizations or (ii) pre-approved events sponsored by the University in the Harry S. Downs Center for Continuing Education, Spivey Hall Recital Hall, and the Student Activities Center.

Only the Center for Continuing Education, Spivey Recital Hall, and the Student Activities Center are authorized to permit clientele to schedule events where alcoholic beverages will be served. Prior written approval must be obtained from (i) the Vice President of Business & Operations, (ii) the President of Clayton State University and (iii) one of the following, as applicable: the Executive Director of Continuing Education and/or Director of Spivey Hall, and/or the Director of the Student Activities Center. The client and CSU shall enter into a written agreement in the form of the one posted at http://www.csudining.com/documents/CSU_Alcohol_Agreement_08.19.13.pdf.

Any event serving alcohol which has more than 100 adults in attendance shall have a Clayton State University Public Safety officer present at the event at all times. The University reserves the right to have a Public Safety officer available at smaller events. The client shall bear the cost of this service.

Alcoholic beverages supplied by the client shall only be served in the Center for Continuing Education, Spivey Recital Hall or the Student Activities Center when the following criteria are met:

1. Only wine and/or beer may be served.
2. All wine and beer must be furnished by the client. Beer must be furnished in bottles or cans.
3. A named representative of the sponsoring external organization or person is present during the entire event.
4. No sale or form of exchange for wine or beer is permitted.
5. Self-service is not permitted. All alcoholic beverages must be served by Sodexo, Clayton State University's dining services provider. CSU will coordinate with Sodexo to provide a licensed bartender for the event.
6. Printed materials, including invitations to functions, may not include reference to alcoholic beverages.
7. Proof of legal age must be requested of guests consuming alcoholic beverages.

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8. Continuous service of alcoholic beverages to a single user group may not exceed a period of one hour except when served with a meal. Service and consumption of alcoholic beverages is restricted to the specified location.
 9. Alternate, non-alcoholic beverages must be available and apparent.
 10. The licensed bartender has the obligation to refuse service to anyone who is visibly or otherwise apparently intoxicated.
 11. Alcoholic beverages may not be served to on-duty employees of Clayton State University.
 12. The facility must be properly opened prior to the event and secured immediately following the event by a designated CSU Public Safety employee.

19.7 Georgia Open Records Act (O.C.G.A. 50-18-70 through 50-18-77)

19.7.1 Purpose

“The purpose of the Open Records Act is both to encourage public access to information and to foster confidence in government through openness to the public.” Georgia law clearly provides that, except as otherwise specifically provided, “all public records ... shall be open for a personal inspection by any citizen of this state at a reasonable time and place; and those in charge of such records shall not refuse this privilege to any citizen.”

19.7.2 Policy

If an individual or department receives an Open Records request, it is their responsibility to make sure that a response is provided in compliance with the Act. “An agency must produce the record or records responsive to a request within **three (3) business days**.”

19.7.3 General Guidelines

Forward immediately all Open Records requests to Cindy Knight, Open Records Act Coordinator, at: cindyknight@clayton.edu for review. During her absence, forward the request to the Director of Auxiliary Services, at: normangrizzell@clayton.edu.

For additional information regarding legal compliance please visit:
http://law.ga.gov/00/channel_modifieddate/0,2096,87670814_87996542,00.html.

19.8 Property Risk Management

19.8.1 Purpose

The Georgia Department of Administrative Services (DOAS) provides insurance to Clayton State University (CSU) and the University System of Georgia Board of Regents through a self-insured program. The types of insurance coverage are: Building and Content, All Risk, Auto Physical Damage, General Liability, and Fidelity Bond. Excess insurance is purchased by DOAS to insure against catastrophic losses and to protect the assets of the State of Georgia.

Risk Management policies and procedures are established guidelines to assist those who may have questions concerning risk, liability, insurance coverage, or the processing of claims. Final approval of all claims rest with the State DOAS. In addition, all suits and legal actions become the responsibility of the Board of Regents and the Department of Law.

19.8.2 All Risk Policy

The All Risk policy insures property items not covered by the State Owned Building and Content Property Agreement. The following coverage's are available: Money & Securities, Fine Art, Hull, Non-State Owned Property, and Transient State Property.

Clayton State is billed an annual premium for All Risk Coverage. Transient Equipment and Non-Owned State Property are insured at 15 cents per \$100 market value. Fine Art is 25 cents per \$100 appraisal value. Money and securities are \$75 per \$5,000 coverage limit. The deductible is \$1,000 per occurrence unless otherwise stated. The \$1,000 deductible will be reduced to \$500 for Georgia agencies participating in the DOAS CLCP.

19.8.3 Building and Contents Policy

The State Owned Building and Content coverage provides for direct physical loss or damage to state owned property. Covered causes of loss include: fire, lightening (a Lightening Affidavit must be completed by a licensed electrician), windstorm, hail, smoke, vandalism, sprinkler leakage, flood, and water damage. Clayton State is billed an annual premium for Building and Content coverage. The premium is .10 cents per \$100 replacement value.

Reimbursement for a loss is based on the cost to repair or replace the building and/or contents with property of like kind and quality. All covered cause of loss is subject to a \$1,500 deductible per occurrence. Laptop computers are subject to a \$1,500 deductible per unit where the cause of loss is burglary. A burglary claim must be supported on the police report as forcible entry.

Note: Buildings that are not state-owned and under a lease agreement cannot be insured. Only the contents housed in the leased building can be insured.

19.8.4 Money, Securities and Fidelity Bonds Policy

The Fidelity Bond coverage protects the State's assets from losses due to the dishonest acts of its employees or the failure of the employees to faithfully perform their job duties.

19.8.5 Vehicle Insurance and Liability Policy

The Auto Physical Damaged coverage provides collision and comprehensive coverage for vehicles owned by Clayton State and leased vehicles if the lease is in excess of 30 days and there is no intent to purchase the leased vehicle. A leased vehicle must be in the name of Clayton State University. The deductible is \$500. Clayton State is charged an annual premium of \$1.00 per \$100 of market value for each vehicle.

The Automobile Liability coverage protects the employees of the State, Clayton State University, and the University System of Georgia Board of Regents against personal liability for damages arising out of the operation of state owned, personally owned, leased or short term rental vehicles, while acting within the course and scope of their official duties of employment. The self-insured auto liability program is included under the State Tort Claims Policy and General Liability.

Volunteers (whether or not receiving compensation) have liability coverage under the General Liability, State Tort Claims Act, and Auto Liability policy while participating in a structured volunteer program organized, controlled, and directed by the University for the purpose of carrying out the functions of Clayton State.

19.8.6 State Tort and General Liability Policy

The State Tort Claims policy protects the State, Clayton State and the USG Board of Regents against liability for torts (wrongful acts) committed by their employees while acting within the course and scope of their official duties of employment. The limits of liability are statutorily set at \$1,000,000 per person and \$3,000,000 per occurrence.

General liability is provided for Clayton State through the General Liability Agreement. The policy provides coverage for those employees of the State, Clayton State and the USG Board of Regents against personal liability for damages arising out of the performance of their job duties. The limits of liability are \$500,000 per occurrence.

For additional information concerning coverage, policy exclusions, liabilities, claims procedures and definitions visit: <http://www.clayton.edu/operation-services/insuranceclaimsprocedures, and www.doas.ga.gov>

19.9 Comprehensive Loss Control Program

19.9.1 Purpose

The Comprehensive Loss Control Program (CLCP) is the implementation vehicle developed by DOAS to comply with Senate Bill 425. The primary purpose of this program is to develop a risk management culture in all state entities to support operational changes to promote safety awareness and to eliminate hazards or minimize their impact towards reducing claims.

19.9.2 Policy

The CLCP consists of eight programs customized for each state entity's operational risks:

1. Employee Education and Training- policy for the broadcast of training material to all covered individuals and the verification of compliance.
2. Employee Accident Prevention Plan- plan to identify and control of hazards and exposures
3. Fidelity Losses (Employee theft)- policy to maintain property inventories and discipline of accused employees
4. General Liability-policies to eliminate or reduce the effect of Employment Practice claims
5. Workers' Compensation-Return to Work- policy to develop Georgia Activity Analyses for all positions to identify activities recovering employees can perform when returning to work
6. Property-policy to maintain systems and resources to ensure routine maintenance is performed to correct facility deficiencies and to track corrective actions
7. Auto Liability and Physical Damage- policy for Motor Vehicle Use, Drivers Qualification, and participate in Report My Driving program
8. Fleet Management-required to join Automotive Resources Incorporated (ARI) to monitor vehicle preventive and routine maintenance

For additional information concerning detail information regarding the eight components, program goals and implementation summary visit: <http://www.clayton.edu/clcp>.

19.10 MALFEASANCE NON-RETALIATION WHISTLEBLOWER PROTECTION HOTLINE MANAGEMENT

19.10.1 Purpose

Clayton State University ("CSU" or "the University") is committed to providing a workplace conducive to open discussion of the University's business practices and operations. This mission demands integrity, good judgment and dedication to public service from all members of the University community. University employees have an affirmative duty to report wrongdoing in a

timely manner and to refrain from retaliating against those who report violations or assist with authorized investigations.

The purpose of this policy is to reassure University employees that they can raise workplace concerns regarding alleged violations of Board of Regents (“BOR”) and University policy or local, State or Federal law without retaliation.

This policy is consistent with O.C.G.A. 45-1-4 (2010) entitled “Complaints or information from public employees as to fraud, waste, and abuse in state programs and operations.” In addition, this policy is in conformance with BOR policy 16.4 Reporting Wrongdoing and 16.5, Ethics & Compliance Hotlines. The University incorporates the aforementioned policies into this policy and has adopted these processes and procedures.

Also, the University is committed to preventing and detecting fraud, waste, abuse, and other forms of wrongdoing and taking action when wrongdoing occurs. It is the policy of the University to refer all criminal acts to law enforcement for investigation.

19.10.2 Scope of Application

This policy prohibits University officials, officers, employees, or contractors from retaliating against applicants, officials, employees, or contractors because of any of the protected activities as defined below.

19.10.3 Policy

University employees are expected and encouraged to promptly raise questions and concerns regarding possible violations of BOR and University policy or local, state or federal law with his/her immediate supervisor or another management employee within the employee’s department.

Promptly raising questions and concerns allows the opportunity for such concerns to be addressed quickly and can help prevent problems from occurring or escalating and allows the matter to be promptly investigated or reviewed while evidence and memories are fresh. In the event that an employee is not comfortable with raising an issue with his/her immediate supervisor or another management employee in the employee’s department, or if the employee believes that an important issue remains unresolved, employees can contact the University Department of Human Resources’ Office of Institutional Equity (“OIE”).

Complaints and concerns are accepted in person and by telephone, email, and regular mail and can be submitted anonymously through the Global Compliance Ethics Hotline at <http://www.clayton.edu/human-resources/Ethics-Hotline>.

For more information, please contact OIE at 678-466-4230 or email OIE's Assistant Director, Nikia Yallah at NikiaYallah@clayton.edu or visit the HR website. In addition, the "Ethics Compliance Brochure" may be located at <http://www.clayton.edu/portals/24/docs/Ethics-Compliance-Brochure.pdf>.

It is the policy of the BOR and the University to prohibit the taking of any adverse employment action against those who in good faith report or participate in investigations into complaints of alleged violations of BOR and University policy or local, state or federal law in retaliation for that reporting or participation. (Refer to definitions of "protected activity" and "adverse employment action" below.)

No employee of the University shall directly or indirectly use or attempt to use the authority or influence of such employee for the purpose of intimidating, threatening, coercing, directing or influencing any person with the intent of interfering with that person's duty to disclose alleged violations of BOR and University policy or local, state or federal law.

To the extent lawful, the University shall not after receipt of a complaint or information from an employee disclose the identity of the employee without the written consent of such employee, unless the University determines such disclosure is necessary and unavoidable during the course of the investigation. In such event, the employee shall be notified in writing at least seven days prior to such disclosure.

Disciplinary action, up to and including termination, will be taken against an employee who is found to have violated this Policy. Employees will be subject to appropriate sanctions. However, employees who file reports or provide evidence which they know to be false or without a reasonable belief in the truth and accuracy of such information will not be protected by this policy and may be subject to disciplinary action, including termination.

19.10.4 Definitions

1. "Government agency" means any agency of federal, state, or local government charged with the enforcement of laws, rules, or regulations.
2. "Law, rule, or regulation" includes any federal, state, or local statute or ordinance or any rule or regulation adopted according to any federal, state, or local statute or ordinance.
3. "Public employee" means any person who is employed by the executive, judicial, or legislative branch of the state or by any other department, board, bureau, commission, authority, or other agency of the state. This term also includes all employees, officials, and administrators of any agency or any local or regional governmental entity that receives any funds from the State of Georgia or any state agency.
4. "Public employer" means the executive, judicial, or legislative branch of the state; any other department, board, bureau, commission, authority, or other agency of the state which

employs or appoints a public employee or public employees; or any local or regional governmental entity that receives any funds from the State of Georgia or any state agency.

5. "Retaliate" or "retaliation" refers to the discharge, suspension, or demotion by a public employer of a public employee or any other adverse employment action taken by a public employer against a public employee in the terms or conditions of employment for disclosing a violation of or noncompliance with a law, rule, or regulation to either a supervisor or government official or agency.
6. "Supervisor" means any individual:
 - a. To whom a public employer has given authority to direct and control the work performance of the affected public employee;
 - b. To whom a public employer has given authority to take corrective action regarding a violation of or noncompliance with a law, rule, or regulation of which the public employee complains; or
 - c. Who has been designated by a public employer to receive complaints regarding a violation of or noncompliance with a law, rule, or regulation?
7. "Wrongdoing" is defined under this policy as violations of BOR and CSU policies, state or federal law, violations of ethical and professional conduct and fraud, waste or abuse. Examples of wrongdoing include, but are not limited to: BOR and CSU Code of Conduct violations, discrimination, harassment, research misconduct, academic misconduct and privacy violations.
8. "Waste" means the expenditure or allocation of resources in excess of need that is often extravagant or careless.
9. "Abuse" means the intentional, wrongful, or improper use of resources. Abuse may be a form of wastefulness, as it entails the exploitation of "loopholes" to the limits of the law, primarily for personal advantage.
10. "Fraud" means a false representation of a matter of fact that is intended to deceive another. A fraudulent act may be illegal, unethical, improper, or dishonest and may include, but is not necessarily limited to:
 - a. Embezzlement
 - b. Misappropriation
 - c. Alteration or falsification of documents
 - d. False claims
 - e. Asset theft
 - f. Inappropriate use of computer systems, including hacking and software piracy
 - g. Bribery or kickbacks

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- h. Conflict of interest
 - i. Intentional misrepresentation of facts

19.10.5 Where to Report

Employees should report wrongdoing or concerns through the administrative processes and procedures established by the BOR and the University. Unless otherwise indicated or circumstances make it inappropriate, employees should report wrongdoing through their supervisory chain of command. Other reporting avenues, are available including the University's Internal Audit Department, the University's Department of Human Resources' Office of Equity, etc.

Events presenting an immediate threat to life or property or that are obvious criminal acts should be reported to law enforcement. Wrongdoing and concerns also can be reported anonymously on the Ethics and Compliance Reporting Hotline, which is also available 24 hours a day, 7 days a week at: http://www.usg.edu/audit/compliance/reporting_contacts

19.10.6 Protection Against Retaliation – Whistleblower Protection

Protections Afforded: University employees may not interfere with the right of another employee to report concerns or wrongdoing, and may not retaliate against an employee who has reported concerns or wrongdoing, has cooperated with an authorized investigation, has participated in a grievance or appeal procedure, or otherwise objected to actions that are reasonably believed to be unlawful, unethical or a violation of BOR and University policy. Violations of this policy may result in disciplinary action, which may include the termination of employment.

Conduct Prohibited: Retaliation is any action or behavior that is designed to punish an individual for reporting concerns or wrongdoing, cooperating with an investigation, participating in a grievance or appeal procedure or otherwise objecting to conduct that is unlawful, unethical or violates BOR and University policy. Retaliation includes, but is not limited to, dismissal from employment, demotion, suspension, loss of salary or benefits, transfer or reassignment, denial of leave, loss of benefits, denial of promotion that otherwise would have been received, and non-renewal.

False Reports / False Information: This policy does not protect an employee who files a false report or who provides information without a reasonable belief in the truth or accuracy of the information. Any employee who knowingly files a false report or intentionally provides false information during an investigation may be subject to disciplinary action, which may include the termination of employment.

19.10.6 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. All University employees must ensure they comply with state and federal laws regarding whistleblower protection.

19.10.7 Complaint Procedures

An applicant, employee, officer, official, or contractor who believes he or she has been retaliated against in violation of this Policy should immediately report the conduct to the Office of Equity in the University's Department of Human Resources.

19.10.8 Investigation of Malfeasance

Malfeasance is any conduct or act carried out by a public official that cannot be legally justified or conflicts with the law including, but not limited to, fraud, waste, and abuse. The BOR's Office of Internal Audit and Compliance has the primary obligation for investigating reported malfeasance involving the University System Office, institutional senior administrators, and institutions without an institutional internal auditor. Institutional internal audit departments have the primary obligation for malfeasance investigations at institutions.

Malfeasance Reporting:

Incidents involving suspected criminal malfeasance by an employee must be reported to the University Audit Officer once an initial determination has been made that employee malfeasance may have occurred. Malfeasance reports should be marked confidential and submitted in draft form. Malfeasance reports should include:

1. Institution's name and point of contact , including the email address and phone number;
2. Description of the incident, including the incident time, date, location, improper activity, and estimated loss to the institution (if any);
3. Known suspect information, including the employee name, title, employment status (administrative leave, pending termination, etc.), and supervisor's name; and,
4. Current case status, including law enforcement involvement and the results of any internal audit investigation.

The University Audit Officer will consult senior management, as specified, will do so with the BOR's Office of Audit and Legal Affairs, The University Audit Officer may contact others to

establish the necessary team to proceed with the review or investigation. The investigative team will attempt to keep source information as confidential as possible.

19.10.9 CSU Triage Committee

All cases are presented to the University Triage Committee for review and initial Assessment. The University Triage Committee determines the University Case Manager and potential University Investigator.

A. Role of the University Triage Committee

The University Triage Committee consists of key University administrators. A core of at least 3 individuals serve with other administrators—Provost, Athletics Director, Vice Presidents brought in on specialized matters.

The Triage University Committee generally convenes either in person or via phone within two to five business days of the receipt of a report.

The University Triage Committee reviews the complaint and determines initial steps regarding the assignment of the matter to a Case Manager or Investigator (such individuals may be internal or external.)

B. Role of Case Manager:

1. Acknowledges that the complaint has been received.
2. Evaluates the information received to determine whether (a) to proceed with a formal workplace investigation or (b) whether an attempt at informal resolution could be appropriate under the guidance of the University Triage Committee.
3. If not a member of the University Triage Committee--notify the Vice President for Business Operations and/or Legal Affairs for the University that a complaint has been received.
4. As appropriate, contact the appropriate unit official of the nature of the complaint.
5. If a formal investigation is required contact investigators.
6. Take ownership of every case and monitor progress.
7. Support the Investigator(s) by providing advice and guidance on policies and procedures. Consult with Legal as needed.
8. Provide higher management with information on cases progressing within their area of control.

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9. Update the website case management file periodically and at least twice per month.
 10. Meet regularly with Investigator(s) as to the status and progress of the investigation.
 11. Direct as necessary additional work needed to be completed or additional follow up in the investigation. Review the report and provide a copy to Legal for review.
 12. Discuss resolution including sanctions with appropriate officials.
 13. Conduct post investigation review and debriefing and close case on hotline.
 14. Inform the University Triage Committee and any administrations of the outcome.

A. Investigator(s)

1. Assigned Investigator(s) will meet with the University's Chief Human Resources Officer or other University Authority(ies) to discuss and develop a "Case Management Plan" or strategy. The investigator will be responsible for the proper handling of the case by conducting interviews, documenting all relevant information in the case file, and ensuring that timely communication is maintained with all appropriate parties. The investigation will consist of all necessary procedures and actions to provide sufficient facts to reach accurate conclusions based on the investigator's best judgment. In instances of multiple infractions or complex matters, more than one investigator may be used for cross-functionality. Instances of retaliation, discrimination, and sexual harassment may require additional investigative procedures applicable to policies, laws and regulations.
 - a) Log into Ethics site and outline initial action plan and tentative timeline or provide data to the Case Manager.
 - b) Gather background information on the Complainant, the Respondent (the person(s) who the allegations are made against), others as necessary; e.g. review personnel files, other data sources, etc. Consult with Triage Committee or other administrators if permission is needed to access materials.
 - c) Determine order of interviews:

Normally: *Complainant -> Accused -> Witnesses*
2. Launch investigation.
3. Provide updates to the University Case Manager and Ethics hotline site.
4. Contact the Complainant for interview. If anonymous contact other individuals named in allegation.

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- a) Ask Complainant if he/she would prepare a statement specific to their complaint if they have not already done so (See (i) below).
 - i. The Complaint: At a minimum, ask the Complainant:
 1. What happened?
 2. What was your role?
 3. How did you become aware of the event?
 5. Prepare for the Interview e.g. determine location, prepare questions, prepare script, decide on whether to record or not record, etc.
 6. Interview Complainant and obtain a signed Complainant Statement.
 - a) Prepare summary of interview.
 7. Consider all relevant circumstances and decide whether Precautionary Action is necessary and, if so, what form such action should take. Consult with Case Manager, Legal and HR.
 8. Gather all evidence and documentation.
 9. As soon as reasonably practicable after interviewing Complainant, contact Respondent and provide sufficient details so that the Respondent can answer questions, and meet with Respondent(s) for interview.
 10. Prepare for the Interview.
 11. Interview Respondent(s).
 - a) Prepare summary of interview.
 12. Contact potential witness(s) to arrange interviews.
 13. Prepare for the Interview(s).
 14. Interview Potential witnesses.
 - a) Prepare summary of interview(s).
 15. Carefully consider the need to re-interview the Complainant, Respondent, and/or Witnesses to clear up any ambiguities or to discuss any new evidence upon which a decision is being made.
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- a) Prepare summary of re-interview(s).
 16. To the extent possible, ensure that both Complainant and other relevant parties are kept updated on the status as necessary throughout the investigation.
 17. Meet with the Case Manager and/or other University Authorities to discuss facts of the case.
 18. Findings or Decisions are rendered based on the facts of the investigations and completed Investigative Report.
 19. The Findings and Recommendations must be reviewed.
 20. Work with the University Case Manager to submit investigation report into hotline.
 21. At the conclusion of the investigation the investigator will issue a report which will be reviewed by the appropriate officials to determine final appropriate course of action. The case will be closed through the Global Compliance site, and the status will be communicated to the Complainant.
 22. The University will implement corrective action, as appropriate.

19.10.10 General Requirements

1. All individuals involved in an investigation or complaint will not retaliate against any individual or group that reported the allegations.
2. All individuals involved in an investigation or complaint will comply with all Whistleblower protection requirements.
3. All individuals involved in an investigation or complaint will exercise reasonable care to maintain the integrity and confidentiality of information.
4. All individuals involved in an investigation or complaint will investigate matters fairly and objectively.

19.10.11 Tracking and Analyzing Reports

Bi-annually the University Triage Committee will meet to analyze and identify trends or problem areas.

Approved: Cabinet

Effective: November 1, 2014 (presented 10/28/14)