



ETHICS REPORTING
PROGRAM

2024 VERSION

Contents

- COMMITMENT TO ETHICAL BEHAVIOR..... 3
- 1. Preventative Measures 3
- REPORTING UNETHICAL BEHAVIOR..... 3
- 2. Confidential Reporting Hotline 3
- 3. Unit Reporting..... 4
- 4. Reports and Cases 4
- 5. Active Case and Data Collection 4
- 6. Case Escalation..... 4
- INVESTIGATIONS..... 5
- 7. Investigation Protocol 5
- 8. Investigation Standard Operating Procedures (SOP)..... 6
- 9. Investigation Time Limits 6
- UNIVERSITY DATA REPORTING..... 6
- 10. Data Reporting..... 6
- MANAGEMENT AND GOVERNANCE..... 6
- 11. Program Management..... 6
- 12. Program Governance 7

COMMITMENT TO ETHICAL BEHAVIOR

Syracuse University aspires to promote learning and a positive campus culture, of which the foundation is laid through ethical behavior. In achieving ethical behavior, we seek to support scholarly learning as the central mission of the University, uphold the highest ideals of personal and academic honesty, promote a culturally and socially diverse climate that supports the development of each member of our community, and maintain a safe and healthy environment for each member of our community.

The University is committed to an environment where open, honest communications are the expectation, not the exception. Employees should feel comfortable approaching their supervisor or manager to discuss instances where a violation of policies or standards may have occurred. Equally, students should feel comfortable approaching advisors, faculty members, and school or college leadership to convey concerns about instances where a violation of policies or standards may have occurred.

In those situations where an employee or student prefers to make an anonymous report, via the web or by telephone, the University's **Confidential Reporting Hotline** can be used to report concerns related to violations of policies and procedures, rules and regulations, or other irregularities/improprieties.

1. Preventative Measures

The Office of Compliance will lead educational outreach for access to ethical reporting options through an annual memo from the Chancellor to the Syracuse University community. In addition, a statement regarding reporting and the link in the university's Annual Security (Clery) Report is sent to all community members annually. The Office of Compliance also partners with the Office of Human Resources to ensure ethical reporting content is included in the required annual New York State sexual harassment training for all employees.

REPORTING UNETHICAL BEHAVIOR

2. Confidential Reporting Hotline

The University's primary reporting function is the [Confidential Reporting Hotline](#) hosted by a third-party provider. The third-party provider will be forward the confidential report to the University. The confidential report is triaged through the Office of Compliance.

Reporting areas include the following:

- Environmental Health & Safety Matters
- Financial
- Harassment & Discrimination
- NCAA/ Athletics Violations
- Research
- Title IX (Sexual Misconduct)
- Other

All reported incidents will be considered and, where appropriate, investigated. Syracuse University employees who report an activity that may be in violation of a law, rule, or

regulation are protected against retaliation by the University's [Prohibition of Retaliation Policy](#).

The Confidential Reporting Hotline is open to any individual who wishes to report a concern regarding irregularities at Syracuse University. Reports, as preferred by the person filing, may remain anonymous.

3. Unit Reporting

The University will maintain multiple unit reporting systems to enhance reporting resources. These unit systems may be preferred for reporting, such as Title IX, Bias, Athletics, and others.

4. Reports and Cases

A submission to the University Ethics and Compliance Reporting or other unit reporting entry points is considered a report. If enough information is available to the receiving office and next steps are appropriate, they will pursue an investigation and the case will become active.

5. Active Case and Data Collection

Once a case is deemed active, the clock or daily count toward the limit on the investigative period begins. A report may not require an investigation if there is insufficient evidence to pursue an investigation, the report is not applicable to university interests, or other reasons deemed appropriate by the investigative or oversight team.

Individual units may collect different data points from reporters as deemed appropriate for their area and as informed by requirements set forth from the various reporting agencies. Individual SOPs are outlined to define how each unit collects reports and their management steps from the point of submission, through the investigation, and finally to resolution.

6. Case Escalation

Cases may be escalated due to extenuating circumstances such as emergencies and/or serious allegations directed toward senior leaders.

- a. Emergencies involving an immediate threat to life or property should be escalated to the Department of Public Safety upon receipt.
- b. Cases involved allegations directed toward members of the senior leadership (defined as Chancellor's Council members) are reported, upon receipt, to the Chief Financial Officer, the University's General Counsel, the Chief Human Resources Officer, and the Chief Compliance Officer. Should one or more of the named officers be involved, the remaining officers will preside. Together with the receiving unit leadership, an investigative path and timeline will be developed.

INVESTIGATIONS

7. Investigation Protocol

All investigations will include the following components:

- a. **Submission** - receipt of a complaint or allegation, referred to as a report until the initial review.
- b. **Receipt of Submission**- all submitted reports receive an automated or manual confirmation of receipt.
- c. **Initial Review** – all reported complaints and allegations are reviewed to determine 1) the significance and immediacy of the matter; 2) whether sufficient information exists to initiate a review; and 3) the most appropriate office to address the situation considering the nature and topic of the complaint or allegation.
- d. **Assignment of Inquiry** – If, after initial review, an investigation is warranted, the receiving office conducts and/or coordinates the investigation with other university staff that is independent of the concern and has the expertise to adequately review the complaint or allegation. Reports meeting these criteria will be referred to as **active cases**.
- e. **Inquiry** – an independent and objective review of information available to the University is conducted. Information gathered through review of materials and interviews, as necessary, is evaluated to determine whether there is sufficient evidence to support a conclusion regarding the complaint or allegation.
- f. **Confidentiality** – all proceedings related to reports, cases and investigations will be conducted with the upmost confidentiality while seeking to explore the details of the case.
- g. **Case Resolution** – Resolution can be achieved through a). case closure or b.) inactivity.
 - a. **Case closure** is the result of a completed inquiry by the investigator. At the point of case closure, the investigator will determine if the case is substantiated or unsubstantiated and report their findings back to the reporter.
 - b. **Inactive closure** is deemed following a period of 45 days since the last report or contact with the reporter and/or lapse since any new information became available to the investigator. An inactive case may be reopened at any point at which new outreach or information occurs. An inactive case does not require a substantiated or unsubstantiated finding.
- h. **Case Closure Determination** - All closed cases must be noted as Substantiated or Unsubstantiated.
 - a. **Substantiated** – Substantiated cases are those where the claims have been backed up by sufficient evidence.
 - b. **Unsubstantiated** – In the context of ethics reporting refers to a claim or allegation that lacks sufficient evidence or proof to be confirmed as valid or true. In other words, it is an assertion that has not been proven to be factual or accurate.
- i. **Communication of the Results** – Results of investigations are kept confidential for the protection of all involved, including the initiator of the complaint or allegation. Results are shared on a need-to-know basis only. The reporter should receive a high-level summary of the findings where appropriate.

8. Investigation Standard Operating Procedures (SOP)

Investigation SOPs are outlined to define how each unit conducts investigations and reaches resolution beyond this standard protocol. Examples of units conducting investigations are Human Resources, Title IX, Community Standards, Athletics, Office of Compliance.

As a general rule, internal functions shall proceed until a case crosses to an external function. At which point, the case will be resolved within that external process.

9. Investigation Time Limits

Investigation time limits are defined by subject group and informed by parameters such as required process or committee work, time of year received, complexity of the investigation, etc.* Guiding parameters are set forth as the following:

Students, staff and athletes	90 days
Faculty (HR Related)	120 days
Faculty (Research Integrity Related)	180 days
Criminal	Dependent on case resolution/ court directives

UNIVERSITY DATA REPORTING

10. Data Reporting

The University will report data in three areas: case subject matter content, time to resolution, and whether cases are substantiated or unsubstantiated. This data will be collected in October and May of each year and shared with university leadership in November and June of each year.

Reporting timelines are based on the following external reporting deadlines:

- a. Enough is Enough October 1
- b. Clery October 1 release- content produced in May
- c. OIRP annual- Jan-April content gathered from prior year

MANAGEMENT AND GOVERNANCE

11. Program Management

The Office of Compliance oversees the implementation of the University's Ethics and Confidential Reporting programs. The Office of Compliance convenes an Ethics and Compliance Reporting Committee that meets twice per semester to review procedures and trends. Program policies are required annually and program elements are reviewed every three years.

12. Program Governance

The Confidential Reporting Program is governed by the principles outlined in the following University policies:

- a. [Code of Ethical Conduct Policy](#)
- b. [Prohibition of Retaliation Policy](#)