Name of Standard: Complaint Reporting and Investigation

Responsible Department
UMMS Office of Management (OoM)
OoM Contact: PrivacyandCompliance@umassmed.edu or 508-856-TEAM

STANDARD STATEMENT

CWM is committed to enforcing compliance with applicable laws, regulations, and University and CWM policies and shall establish a mechanism to receive Reports and facilitate investigations of known or suspected violations of such Rules in connection with or related to CWM business activities.

REASON FOR STANDARD

This Complaint Reporting and Investigation Standard establishes requirements for individuals to submit reports to OoM about known or suspected violations or breaches of applicable compliance laws, regulations and University policies and CWM standards (Rules) in connection with or related to Commonwealth Medicine business activities (Reports). This standard also establishes the process by which OoM will investigate these Reports.

ENTITIES AFFECTED BY THIS STANDARD

All Commonwealth Medicine Business Units.

RELATED DOCUMENTS

University of Massachusetts Medical School, Human Resources Policies:
http://inside.umassmed.edu/hr/policy/hr_policies.aspx
• Corrective Action Policy

University of Massachusetts Medical School, Office of Compliance and Review Policies:
• Non-Retaliation and Whistleblower Standard
• Policy on Fraudulent Financial Activities (Doc. T00-051)

DEFINITIONS: See Glossary on Office of Management (OoM) website for definitions

RESPONSIBILITIES

A. UMMS Compliance and Privacy Officer or designee shall:
• Oversee the compliance reporting system and investigate Reports.
• Refer complaint to the appropriate CWM or University Department, if not within the jurisdiction of OoM, and advise the reporting individual of the referral if it was not an anonymous Report.
• Coordinate all investigations.
B. **Program Director or Supervisor shall:**
   - Promote and support compliance with all applicable laws, regulations, policies, procedures and standards.
   - Disseminate content of standard to Workforce and comply with this standard.
   - Report compliance-related violations or issues to OoM as soon as practicable and without unreasonable delay.
   - Cooperate with OoM in investigation, mitigation, and follow-up related to incident.

C. **Workforce shall:**
   - Report all compliance-related violations or instances in which there is a reasonable belief there was a violation, including actual or potential violations of law, regulation, policy, standard, procedure, or the code of conduct as soon as practicable and without unreasonable delay to:
     - Supervisor, Program Director or Business Unit Head, and
     - OoM or the UMMS Privacy, Compliance and Ethics Hotline.
   - All Workforce shall cooperate fully in any investigation.

D. **Human Resources (HR) shall:**
   - Work with the Business Unit Manager, and with input from OoM, to evaluate corrective action plans and discipline as appropriate.
   - To the extent that Report is within the jurisdiction of HR, HR shall conduct investigation.

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**STANDARDS**

A. **Obligation to Report.**
   1. Knowledge or suspicion of misconduct, violations of law, UMMS compliance-related policies, and CWM compliance standards must be immediately reported to a Supervisor and OoM.
   2. Employees may submit a Report to OoM, either directly or via the UMMS Privacy, Compliance and Ethics Hotline, if he or she is not comfortable reporting to his or her Supervisor or if the Supervisor is the subject of the complaint or concern. Reports to OoM may be made anonymously or confidentially.
   3. Supervisors shall report promptly to OoM all allegations and Reports presented to them and all violations of the Rules that come to their attention or should reasonably come to their attention in the ordinary course of performing their responsibilities.
   4. Failure to report a known or suspected violation or breach of the Rules may result in appropriate disciplinary action.

B. **Compliance Reporting System.**
   1. OoM shall maintain a compliance reporting system, including a telephone hotline and an email address, to which individuals may submit Reports. Reports may be made orally or in writing to OoM, or in person to OoM staff.
      a. Employees may call the confidential UMMS Privacy, Compliance and Ethics Hotline (Hotline) at 508-856-TEAM or submit a written report to OoM at PrivacyandCompliance@umassmed.edu 24 hours a day/7 days a week.
      b. The Hotline voicemail is checked twice daily, and email is checked once daily in accordance with OoM office hours of Monday through Friday, 8:00 A.M. to 4:30 P.M., excluding the Observed Holidays listed in the UMMS Holidays Policy 06.01.03.
      c. All Reports received via the Hotline shall be documented in the Office of Management.
      d. All other notification Reports shall also be documented by OoM personnel.
   2. Anyone having knowledge or information about a known or suspected violation must submit a Report to OoM, without threat of retaliation.
   3. All Reports received shall be forwarded to the UMMS Compliance and Privacy Officer, or their delegate, who will coordinate, or delegate coordination of, the investigation.
   4. In addition to submitting Reports, individuals may also contact OoM to seek information or guidance on compliance-related matters.
5. Only reports with sufficient information to support an investigation can be acted upon. OoM may contact reporters who self-identify to gather additional information and ask follow-up questions, if necessary.

6. Investigations and Reports shall be confidential, to the extent practical and as permitted by law. Generally, Reports will be shared only with those who have a need to know so that CWM can conduct an effective investigation, take appropriate action, and consult appropriate government agency personnel, if necessary.

C. Reports Submitted to OoM
Reports should contain as much of the following information as possible:

1. Name of individual making the Report (unless individual remains anonymous), including contact information, Supervisor and Business Unit.
2. Name(s) and title(s) of the employee(s) about whom the Report is being made.
3. A specific description of the misconduct, suspected misconduct, or breach, including dates, times, and any other relevant information needed to substantiate the allegation(s).
4. How the reporter came to know this information, such as from first-hand observation or a report received from another person or persons.
5. Names of other individuals who are or may be aware of the violation or issue.

D. Investigation
1. Upon receipt of a Report, OoM shall act promptly to commence an investigation.
2. OoM shall prioritize investigations, as determined appropriate by the UMMS Compliance and Privacy Officer, in order to effectively process the most critical cases with available resources.
3. To the extent that the Report is not within the jurisdiction of OoM, OoM shall refer the complaint to the appropriate CWM or University Department and advise the reporting individual if the Report was not made anonymously. Report shall be marked “closed” upon verification from appropriate CWM or University Department that it will investigate the Report.

4. In addition to the information in the Report, OoM may obtain further information necessary to investigate and follow-up fully. Only those CWM or University personnel who have a need to know will be informed.

5. In conducting the investigation, OoM shall:
   a. Initially, investigate sufficiently to gauge credibility and level of severity of Report.
   b. Preserve all relevant documents and institute document holds as needed and suspend destruction of all relevant documents.
   c. Depending on the nature and seriousness of the Report under investigation:
      i. Determine whether to involve counsel to preserve attorney-client privilege;
      ii. Determine whether to notify members of executive staff;
      iii. Request assistance with the investigation from other University personnel, as determined necessary by the UMMS Compliance and Privacy Officer, including HR, UMMS IT, Office of General Counsel, or outside counsel;
      iv. Identify relevant members of the investigation team; and,
      v. Determine whether external expertise or external resources are required to conduct investigation.
   d. Identify individuals who may have relevant information; gather and review documents and facts; identify relevant statutes, regulations, policies, and directives.
   e. Determine whether mitigation steps are required prior to completion of investigation.
      i. OoM shall work with Business Unit manager or Compliance Liaison and DSAs as needed, to implement mitigation measures; and,
      ii. OoM shall work with contracted entity, if necessary, to implement mitigation measures.

6. OoM shall determine whether and when notice to contracted party is required by contract provisions, when Report relates to work conducted pursuant to an ISA or contract.
7. Investigation team shall interview individuals to obtain pertinent information and shall:
b. To the extent practical, always have a witness present during interviews.
c. Prepare written summary of each interview.

8. Investigation team shall determine whether to validate the Report and whether corrective or disciplinary action, or both, is required.

9. OoM shall evaluate:
   a. Steps to prevent a reoccurrence including, follow-up training or the development of new procedures or guidelines.
   b. Whether the incident was timely reported, contained and investigated.
   c. Whether the appropriate people were involved in the investigation.

E. Investigation Reports.
   1. OoM shall maintain a final written report documenting the investigation including:
      a. summary of the violation reported to OoM;
      b. timeline of events;
      c. individuals interviewed;
      d. OoM’s findings and conclusions; and
      e. recommendations to resolve the matter.
   2. OoM shall refer the final written report to Supervisors or HR if further corrective or disciplinary action is recommended.
   3. Anyone found in violation of the standards may be subject to disciplinary action up to and including termination.
   4. In the case of contractors, remedies will be in accordance with the contract but may include:
      a. Corrective action plan to guard against future incidents; or
      b. Termination of the contract; and/or

DOCUMENT HISTORY

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APPROVALS

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