THE UNIVERSITY OF CONNECTICUT & UCONN HEALTH
OFFICE OF INSTITUTIONAL EQUITY (OIE)
COMPLAINT PROCEDURES

These procedures, effective for all reports made to the Office of Institutional Equity (OIE)\(^1\) on or after August 1, 2018, govern OIE’s investigation process when a University of Connecticut or UConn Health employee or other individual affiliated with the University or UConn Health in one of the capacities set forth below is alleged to have violated any University or UConn Health policy within OIE’s jurisdiction.\(^2\)

Individuals wanting to report alleged violations of University Policies, as defined below, are encouraged to contact OIE as soon as possible following an incident to allow for internal resolution of their complaints, and to connect employees and students with appropriate resources.

These procedures govern OIE’s investigations of alleged violations of University Policy. Suspected crimes or any behavior that poses an imminent risk to any person or the University community should be reported immediately to law enforcement.

OIE will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this complaint process. Such arrangements may include, but are not limited to, providing qualified interpreters or assuring a barrier-free location for the proceedings.

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\(^1\) OIE maintains office locations on both the Storrs campus and UConn Health.

\(^2\) Hereinafter, all references to “University” include UConn Storrs campus, UConn regional campuses (including the School of Law and School of Social Work), and UConn Health (including the School of Medicine and School of Dental Medicine). University policies falling under OIE’s jurisdiction, include but are not limited to the following policies: Policy Against Discrimination, Harassment, and Related Interpersonal Violence; Policy Statement: People with Disabilities; Non-Retaliation Policy; Policy Statement: Affirmative Action and Equal Employment Opportunity; UConn Health Affirmative Action, Non-discrimination and Equal Opportunity (2002-44); UConn Health Persons with Disabilities (2002-46); and UConn Health Non-Retaliation (2003-40) (individually, “University Policy”; collectively, “University Policies”).

In addition to these procedures, individuals are strongly encouraged to read the relevant University Policies in their entirety. Capitalized terms used within these procedures are given the same meaning as defined in the Policy Against Discrimination, Harassment, and Related Interpersonal Violence.

These procedures do not govern reports in which a UConn student is alleged to have violated any University Policy (see www.community.uconn.edu).
I. UNIVERSITY POLICIES UNDER OIE’S JURISDICTION

A. As set forth in the University Policies, the University prohibits unlawful discrimination in education, employment, and the provision of services on the basis of legally protected characteristics (race, color, ethnicity, religious creed, age, sex, marital status, national origin, ancestry, sexual orientation, genetic information, pregnancy, physical or mental disability [including learning disabilities, intellectual disabilities, and past or present history of mental illness], veteran’s status, prior conviction of a crime, workplace hazards to reproductive systems, gender identity or expression, and membership in any other protected classes as set forth in state and federal law). More specifically, the University prohibits discrimination, as well as discriminatory harassment, sexual assault, sexual exploitation, intimate partner violence, stalking, sexual or gender-based harassment, complicity in the commission of any act prohibited by the Policy Against Discrimination, Harassment, and Related Interpersonal Violence, and retaliation against a person for the good faith reporting of any of these forms of misconduct or participation in any investigation or proceeding related to any of these forms of misconduct under University Policies (“Prohibited Conduct”).

B. In accordance with University Policies, all parties who participate in the good-faith reporting, filing, investigation, and/or proceedings related to reports of Prohibited Conduct under these procedures shall be free from retaliation on the basis of their participation in this process.

II. GENERAL PROVISIONS

A. Who May File a Complaint & Scope of Procedures
   i. Reports of Prohibited Conduct may be filed by Students, Employees, Patients or Third Parties.
      1. “Complainant” means the individual who presents as the victim of any Prohibited Conduct under University Policies, regardless of whether that person makes a report or seeks action under University Policies.
      2. “Respondent” means the individual who has been accused of violating University Policy.
      3. These procedures apply to reports of Prohibited Conduct by University and UConn Health Employees, including graduate students when the action complained of was taken in the graduate student’s employment capacity (for example, as a Graduate Assistant, Teaching Assistant or Research Assistant, Resident and/or Fellow); or Third Parties when:

3 As set forth in Section III.D. of the Policy Against Discrimination, Harassment and Related Interpersonal Violence, the University’s ability to take appropriate corrective action against a Third Party will be determined by the nature of the relationship of the Third Party to the University. The University will determine the appropriate manner of resolution consistent with its commitment to a prompt and equitable process.
a. the conduct occurred on campus or other property owned or controlled by the University;

b. the conduct occurred in the context of a University employment or education program or activity, including, but not limited to, University-sponsored study abroad, research, on-line, or internship programs; or

c. the conduct occurred outside the context of a University employment or education program or activity, but has continuing adverse effects on or creates a hostile environment for Students, Employees or Third Parties while on campus or other property owned or controlled by the University or in any University employment or education program or activity.

B. Support Persons

Complainants, Respondents, and witnesses shall have the right to have one (1) support person (which may be a union representative) accompany them to any meeting with OIE related to a report or investigation under these procedures. An individual who is reasonably likely to participate as a witness in the investigation may not serve as a support person during any substantive interview. The Complainant, Respondent or witness is responsible for arranging their support person’s attendance at any OIE meeting. It is within OIE’s discretion whether to reschedule a meeting or extend other timelines in the investigation process due to a support person’s unavailability.

C. Right to File External Complaint

i. Complainants shall be advised of their right to file an external complaint with the applicable local, state and/or federal agency that enforces laws concerning non-discrimination and anti-harassment in employment or education such as the Connecticut Commission on Human Rights and Opportunities (CHRO), the Equal Employment Opportunity Commission (EEOC), U.S. Department of Labor, Wage and Hour Division, and the Office for Civil Rights (OCR). See Appendix I for agency contact information.

ii. When an external complaint has been filed, OIE will review the complaint and determine on a case-by-case basis, in consultation with other University offices as appropriate, whether OIE will conduct its own, internal investigation or, if OIE has already commenced an investigation, whether such investigation will be discontinued in light of the external filing.

D. OIE Files

OIE will create and maintain a file related to each report of Prohibited Conduct as described herein. The University is committed to protecting the privacy of all individuals involved in the investigation and resolution
of a report. OIE will take reasonable efforts to protect the privacy of participants, in accordance with applicable state and federal law, while balancing the need to gather information to assess the report and to take steps to eliminate the discrimination, harassment or retaliation; prevent its recurrence; and remedy its effects. To that end, OIE may provide information regarding matters it handles to individuals with a need to know the information.

E. Informal Resolution
Nothing in these procedures precludes an individual from seeking to discuss or resolve concerns independently with the University’s Ombudsperson or other appropriate resources at the University. A Complainant may withdraw a complaint and/or their participation at any point; however, it is within OIE’s discretion to determine whether and in what manner a matter may proceed, as noted in Section V.A. below.

III. WHERE AND HOW TO REPORT PROHIBITED CONDUCT

A. A report of Prohibited Conduct may be made in written or verbal form to OIE:

Storrs Campus, Wood Hall - Unit 4175, 241 Glenbrook Road, Storrs, CT 06269; Phone: 860-486-2943; Email: equity.uconn.edu; Fax: 860-486-6771.

UConn Health, at 16 Munson Road, 4th Floor, Farmington, CT 06030; Phone: 860-679-3563; Email: equity.uconn.edu; Fax: 860-679-3805.

B. The following information should be included in reports/complaints (to the extent known): the identities of the Complainant(s) and Respondent(s), the approximate date of the incident(s), a description of the concerning behavior, and, if applicable, the protected characteristic(s) alleged to be the basis of the discrimination or harassment.

C. A Dean, Department Head, Director or Supervisor who knows or should have known about an incident of Prohibited Conduct must comply with that Employee’s Reporting Responsibilities as set forth in Section VI (“Employee Reporting Responsibilities”) of the Policy Against Discrimination, Harassment, and Related Interpersonal Violence.

IV. JURISDICTIONAL REVIEW & ASSESSMENT OF MERITS

A. OIE will review any report made to its office to determine whether OIE has jurisdiction to investigate. If not, OIE will advise the reporting person and will not investigate the report further. However, OIE may, in its discretion, refer the report to other appropriate University offices for further review.

4 https://equity.uconn.edu/campus-resources/
B. If OIE has jurisdiction, it will then conduct an assessment of the merits of the allegations to determine whether the conduct at issue, if it occurred as alleged, would constitute a violation of University Policy. To make this determination, OIE’s analysis is guided by state and federal law. In making this assessment, OIE will consider information provided by Complainant, and may also, in its discretion, review information from other sources as deemed relevant by OIE. If OIE determines that the conduct would not violate University Policy even if all the allegations are credited, OIE will advise the Complainant of its determination and will not undertake further investigation. OIE may notify other individuals (including the Respondent) or offices within the University of the reported allegations in order to mitigate the impacts of any potentially discriminatory conduct and/or to alert management of concerns potentially implicating other policies outside of OIE’s jurisdiction.

C. If, based on the allegations, OIE determines that the alleged conduct may violate University Policy, the investigation will proceed as described below.

V. THE INVESTIGATION

A. OIE will notify the Complainant that their matter will proceed to a full investigation after OIE determines that it will initiate an investigation. OIE will determine the appropriate timing of such notification. OIE may determine an investigation must proceed even in the absence or withdrawal of Complainant participation.

B. Respondents will be informed of the allegations against them and given an opportunity to respond. OIE will determine the appropriate timing of such notification. Respondents also will be informed that they may enlist the assistance of their union representative, if applicable, for support throughout this process. As their support person (sec. II(b)), a Respondent’s union representative may accompany the Respondent to any meetings with OIE.

C. The standard of proof utilized in OIE’s investigations is Preponderance of the Evidence (“more likely than not”).

D. It is within OIE’s discretion to determine appropriate investigative steps, which may include but are not limited to, interviewing witnesses determined in OIE’s discretion, to have relevant information, and obtaining and reviewing relevant documents or other evidence. These investigative steps may be taken prior to notification of the Respondent(s) under subsection B.

E. During the course of the investigation, OIE will provide the Complainant and Respondent with the opportunity to review their own respective interview summaries and to provide any additional information. The Complainant and Respondent will have three (3) business days to provide a response to their interview summaries.
F. OIE strives to complete its investigation process within sixty (60) calendar days and to keep parties reasonably informed as to the status of the investigation, consistent with the need to protect the integrity of the investigative process and the privacy of the participants. Investigations may exceed sixty (60) calendar days for good cause, which includes but is not limited to: investigations where additional time is necessary to ensure the integrity and completeness of the investigation; to comply with a request by external law enforcement for temporary delay to gather evidence for a criminal investigation; to accommodate the availability of parties and/or witnesses; to account for University breaks or vacations; to account for complexities of a case, including the number of witnesses and volume of information provided by the parties; or for other legitimate reasons.

G. OIE will notify the parties in writing at the conclusion of its investigation. OIE will also notify the Office of the President and/or the Executive Vice President of UConn Health, and any other individual or office that may need to know the information.

VI. WRITTEN RESPONSE TO OIE’S FINDINGS AND RECOMMENDATIONS REPORT

A. Both the Complainant and Respondent may submit a written response to OIE’s Findings and Recommendations report in lieu of a request for review (pursuant to Section VII below) no later than 5:00 PM (EST) on the fourteenth (14) calendar day from written receipt of OIE’s findings. Written receipt is presumed to be five (5) calendar days after transmittal by U.S. mail and the same day if issued via email before 5:00 PM (EST). A request for an extension of time beyond fourteen days may be granted at the discretion of OIE’s Associate Vice President.

B. All written responses will be added to and maintained with OIE’s file.

VII. REVIEW OF OIE’S FINDINGS

A. Panel of Reviewers
   i. OIE will appoint a standing pool of trained faculty, staff, and members of the administration to serve two-year terms on a Panel of Reviewers.
   ii. OIE will select the Chair of the Panel of Reviewers.
   iii. The Panel of Reviewers shall be given an orientation and training by OIE regarding the nature of the review process, OIE’s procedures, prohibited forms of discrimination, harassment and retaliation, and other issues related to their roles.

B. Request for Review
   i. Either party may request a review of OIE’s findings by submitting a written request for review to the Chair of the Panel of Reviewers, in care
of the OIE Associate Vice President, no later than 5:00 PM (EST) on the fourteenth (14) calendar day from written receipt of OIE’s findings. Written receipt is presumed to be five (5) calendar days after transmittal by U.S. mail and the same day if issued via email before 5:00 PM (EST). A request for an extension of time beyond fourteen days may be granted at the discretion of OIE’s Associate Vice President.

ii. The grounds for review are limited to: (1) violations of these complaint procedures, which would have had a material effect on the outcome; and/or (2) additional evidence that was not available during the investigation, which would have had a material effect on the outcome. A party’s request for review must identify at least one of the two grounds for review and provide sufficient detail to understand the basis for the request. Mere disagreement with OIE’s findings is not sufficient grounds for review.

iii. If the request for review is submitted within the timeframe set forth in sec. VII(B)(i), OIE will forward the request to the Chair of the Panel of Reviewers within two (2) business days of receipt.

C. Review Committee

i. The Chair of the Panel of Reviewers shall choose three members from the Panel of Reviewers to serve as a Review Committee. The Chair of the Panel of Reviewers may serve as a member of the Review Committee. The Review Committee will first review the request to determine if at least one of the review grounds is identified. The Review Committee has the discretion to deny a request if it is clear that neither of the two permissible grounds for review are identified. The Review Committee’s decision to deny a request for failure to identify either of these two grounds is deemed final.

ii. If either of the two permissible grounds for review is identified, the role of the Review Committee is to determine whether OIE violated its complaint procedures and/or whether there exists new information that was not available during the investigation, and that such error/new information could have had a material effect on the outcome.

iii. The proceedings of Review Committees are informal. Review Committees should exercise their discretion not to consider cumulative, repetitious or irrelevant evidence. In discharging their duties, Review Committees may interview the parties and review relevant records. The Review Committees also may interview the OIE investigator(s) with regard to procedural questions. A Review Committee is not obligated to do any or all of those things if the Review Committee deems it unnecessary under the circumstances.

iv. Once the Review Committee has concluded its evaluation of all relevant evidence, it will make a recommendation to the President and/or the Executive Vice President of UConn Health, which may include accepting or rejecting one or all of OIE’s findings, or any other actions deemed necessary or appropriate in the discretion of the Review Committee.
v. The Review Committee shall make its recommendation in writing and provide it to the President and/or the Executive Vice President of UConn Health within twenty (20) business days of the Committee’s receipt of the request for review. Extensions of time may be granted by the President and/or the Executive Vice President of UConn Health on the basis of good cause.

D. Presidential Action
The President or designee and/or the Executive Vice President of UConn Health or designee will notify the parties in writing of his or her response to the Review Committee’s recommendation within ten (10) business days of receipt.
APPENDIX I

MOST COMMONLY USED CIVIL RIGHTS ENFORCEMENT AGENCIES

Connecticut Commission on Human Rights and Opportunities (CHRO)*
CAPITOL REGION OFFICE:
450 Columbus Boulevard
Hartford, CT 06103-1835
PHONE: (860) 566-7710
FAX: (860) 566-1997
TDD: (860) 566-7710

EASTERN REGION OFFICE
100 Broadway
Norwich, CT 06360
PHONE: (860) 886-5703
FAX: (860) 886-2550
TDD: (860) 886-5707

WEST CENTRAL REGION OFFICE
Rowland State Government Center
55 West Main Street, Suite 210
Waterbury, CT 06702-2004
PHONE: (203) 805-6530
FAX: (203) 805-6559
TDD: (203) 805-6579

SOUTHWEST REGION OFFICE
350 Fairfield Ave., Sixth Floor
Bridgeport, CT 06604
PHONE: (203) 579-6246
FAX: (203) 579-6950
TDD: (203) 579-6246

*For information on which CHRO field office to utilize, please visit

U.S. Equal Employment Opportunity Commission (EEOC)
John F. Kennedy Federal Building
475 Government Center
Boston, MA 02203
PHONE: (800) 669-4000
FAX: (617) 565-3196
TTY: (800) 669-6820
ASL Video Phone: (844) 234-5122