



## 2.5.2 Protection from Retaliation for Reporting Suspected Wrongdoing

Chapter 2 - General	Original Effective Date: July 2005
Section: 2.5 Institutional Compliance Program	Date Last Reviewed: October 2022
Responsible Entity: Chief Compliance and Privacy Officer	Date Last Revised: October 2022

### I. Purpose

The purpose of this policy is to provide the requirements and guidelines for the protection of individuals from retaliation for good faith actions in reporting, or participating in an investigation pertaining to, alleged violations of laws, rules, policies or procedures applicable to the University of Health Science Center at San Antonio (UT Health San Antonio). This policy does not establish any additional rights or causes of action.

### II. Scope

This policy applies to all faculty, staff, students, residents, healthcare providers, researchers, contractors, or any other individual (collectively, Workforce Member, including employees and non-employees) who have direct or indirect involvement in operations by any UT Health San Antonio (UTHSA) controlled affiliate, including, not limited to its clinics, hospitals, and research operations.

### III. Policy

- A. UT Health San Antonio is committed to including workforce members in the process of ensuring that the University operates in an ethical, honest, and lawful manner. It is therefore the policy of UT Health San Antonio to:
1. Encourage individuals to report and to assist in any investigation by persons authorized or responsible for such matters, known or suspected violations of laws, rules, policies, or regulations, or improper activities; and,
  2. Prohibit unlawful retaliation against individuals as a consequence of good faith actions in the reporting of, or the participation in an investigation pertaining to, allegations of wrongdoing.

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### B. Procedures for Reporting and Investigating Allegations

1. UT Health San Antonio workforce members have a personal and professional obligation to report and to assist in any investigation by persons authorized or responsible for such matters, the following (collectively referred to as “wrongdoing”):
  - a. illegal or fraudulent activity;
  - b. financial misstatements, or accounting or auditing irregularities;
  - c. conflicts of interests, or dishonest or unethical conduct;
  - d. violations of the institutions code of conduct; or,
  - e. violations of other laws, rules, or regulations.
2. Individuals are expected to be truthful and cooperative in investigations of allegations of wrongdoing.
3. Individuals shall report allegations of wrongdoing through established administrative processes and procedures of the University, including but not limited to those already established:
  - a. for fraud, embezzlement, misappropriations, and other fiscal irregularities, see the Institutional Handbook of Operating Policies (IHOP) policy [2.5.5 Fraud, Abuse and False Claims Act](#).
  - b. for nondiscrimination, sexual harassment and sexual misconduct, see IHOP policy [4.2.1 Nondiscrimination Policy and Complaint Procedure](#) and [4.2.2 Sexual Misconduct](#);
  - c. for complaints concerning wages, hours of work, working conditions, performance evaluations, merit raises, job assignments, reprimands and human resource issues, see IHOP policy [4.9.5, Grievance Policy and Procedures](#); and/or,
  - d. to report compliance issues, wrongdoing, or improper or illegal conduct, see IHOP policy [2.5.1 Institutional Compliance Program](#).

### C. Protection Against Unlawful Retaliation

1. No UT Health San Antonio workforce member shall take any disciplinary or retaliatory action against any individual for, in good faith, reporting, or causing to be reported, suspected wrongdoing, or for assisting in an authorized disciplinary action for self-reported violations. The University will make every effort to protect an individual's privacy whenever possible.
2. If an individual believes that they have been subjected to any action that violates the non-retaliation provisions, they may file a complaint in accordance with IHOP policy [2.5.3 Procedures for Handling Allegations of Retaliation](#).
3. For claims of retaliation relating to discrimination, harassment, sexual harassment and sexual misconduct, faculty, residents, students, fellows and non-employee

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post-docs should be submitted to the appropriate associate dean for student affairs or the associate dean for graduate medical education, or the executive director, academic, faculty and student ombudsperson.

4. Classified and administrative and professional (A&P) workforce members should submit claims of retaliation to the Office of Human Resources.
5. If it is determined through the institution's retaliation complaint proceedings that an individual has experienced retaliation, the University shall take appropriate corrective action.
6. This policy does not protect an individual who files a report or provides information that the individual knows to be false or who does not have a reasonable belief in the truth and accuracy of the information. An individual who is determined to knowingly have made false accusations or given false information during an investigation may be subject to disciplinary action, including termination of employment or dismissal from an education or training program, in accordance with applicable institutional policies and procedures.

### IV. Definitions

*When used in this document with initial capital letter(s), the following words have the meaning set forth below unless a different meaning is required by context.*

Unlawful Retaliation – any action that adversely affects the employment or other institutional status of an individual (including discharging, demoting, suspending, threatening, harassing, or in any other manner discriminating against an individual in the terms and conditions of employment or academic status), that is taken by the University against an individual because the individual has, in good faith, made an allegation concerning the violation of a law, rule, policy, or procedure, or of inadequate institutional response thereto, or has cooperated in good faith with an investigation of such allegation.

### V. Related References

For questions regarding this policy, contact the Institutional Compliance and Privacy Office at 210-567-2014 or [compliance@uthscsa.edu](mailto:compliance@uthscsa.edu).

### VI. Review and Approval History

- A. The approving authority of this policy is the University Executive Committee.
- B. The review frequency cycle is set for three years following the last review date, a time period that is not mandated by regulatory, accreditation, or other authority.

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<b>Effective Date</b>	<b>Action Taken</b>	<b>Approved By</b>	<b>Date Approved</b>
<b>07/2005</b>	Policy Origination		
<b>03/2013</b>	Policy Revision		
<b>10/2022</b>	Policy Review	ICPO	10/28/22