



2.5.3 Procedures for Handling Allegations of Retaliation

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 set forth the procedures adopted by the University of Texas as San Antonio (UT Health San Antonio) to implement Institutional Handbook of Operating Procedures (IHOP) policy [2.5.2 Protection from Retaliation for Reporting Suspected Wrongdoing](#).

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. Submission of Retaliation Complaint

1. A complaint alleging retaliation must be submitted in writing to the chief compliance and privacy officer except claims relating to discrimination, harassment, sexual harassment, and sexual misconduct. These allegations for faculty, residents, students, fellows, and non-employee post-docs must be submitted to the appropriate associate dean for students affairs or the associate dean for graduate medical education or the executive director, academic, faculty and student ombudsperson. Allegations for the classified and administrative and professional (A&P) workforce must be submitted to the Office of Human Resources. For all other claims, a written complaint must be filed within thirty (30) calendar days of the occurrence of the alleged retaliation and contain the following mandatory information:
 - a. Name of the complainant;
 - b. Contact information, including address, telephone, and e-mail address, if applicable;

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- c. Name of the person directly responsible for the alleged retaliation;
 - d. Date and place of the alleged retaliation;
 - e. Nature of the alleged retaliation;
 - f. Detailed description of the specific conduct that is alleged to constitute retaliation;
 - g. Copies of documents pertaining to the alleged retaliation;
 - h. Names of any witnesses to the alleged retaliation;
 - i. Corrective action requested by the complainant;
 - j. Complainant's signature and date of filing; and,
 - k. Any other relevant information.
2. The following communications do not constitute a retaliation and will not be investigated or resolved pursuant to the retaliation complaint resolution process:
 - a. Oral allegations;
 - b. Anonymous communications;
 - c. Courtesy copies of correspondence or a complaint filed with others;
 - d. Inquiries that seek advice or information only; and,
 - e. Pre-complaint consultations and informal resolution activities.

B. Acknowledgement of Notification of Receipt of Complaint

1. Within five (5) working days after receipt of a written retaliation complaint, the chief compliance and privacy officer will send the complainant a brief acknowledgement of the complaint, stating that the complaint will be evaluated, and advising the complainant that they will be contacted within a given time. The acknowledgement letter will include a copy of this Policy. The chief compliance and privacy officer will keep the complainant apprised of the status of the investigation of the matter, to the extent that the chief compliance and privacy officer determines that the communication does not compromise the integrity of the investigation.
2. Within five (5) working days after receipt of a written retaliation complaint, the chief compliance and privacy officer will inform the department head of the allegation. The chief compliance and privacy officer will also keep the department head apprised of the status of the investigation of the matter. If the department head is the subject of the investigation, then the chief compliance and privacy officer will provide such information instead to the individual's supervisor.
3. The chief compliance and privacy officer will inform the individual against whom the allegations are raised (the "respondent") of the nature of the allegations and of the status of the investigation at the point and to the extent that the chief

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compliance and privacy officer determines that it will not compromise the investigation.

C. Complaint Evaluation

1. The chief compliance and privacy officer will initiate an investigation if the written, signed complaint contains all of the mandatory information, is timely, and states sufficient specific facts, which, if determined to be true, would support a finding that the non-retaliation provisions of the Institutional Handbook of Operating Policies (IHOP) policy [2.5.2 Protection from Retaliation for Reporting Suspected Wrongdoing](#) were violated. Although the complaint may meet the above-stated requirements, the chief compliance and privacy officer may determine not to proceed with a complaint investigation for any one of the following reasons:
 - a. the complainant withdraws the complaint;
 - b. corrective action has been taken, or has been offered and rejected;
 - c. another complaint resolution proves is more appropriate; or,
 - d. litigation or another complaint process is pending.
2. If the chief compliance and privacy officer determines not to proceed with a complaint investigation, they will send a notification letter to the complainant stating the reason for that determination. The notification letter will also include a statement informing the complainant that the complainant may appeal the determination not to proceed. The appeal must be delivered to the president or designee within ten (10) working days after the complainant's receipt of the notification letter. The appeal must be in writing and signed by the complainant and must state why the decision not to proceed with an investigation of the retaliation complaint was in error.
3. The president or designee will respond within twenty (20) working days of receipt of the appeal. If the decision to dismiss is upheld, that decision is final. If the decision to dismiss is overturned, the complaint is sent back to the chief compliance and privacy officer for investigation in accordance with the procedures outlined below.

D. Investigative Process and Findings

1. If it is determined that the institution will proceed with a retaliation complaint investigation, the chief compliance and privacy officer or their designee will interview the complainant, the respondent, and any other persons whom the investigator determines may have pertinent factual information related to the retaliation complaint. The investigator shall also gather and examine relevant documents. Facts will be considered on the basis of what is reasonable to persons of ordinary sensitivity and not on a basis of a particular sensitivity or reaction of an individual. Findings will be based on the totality of circumstances surrounding the alleged retaliation.

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2. During the retaliation complaint investigation process, the complainant and the respondent will provide the chief compliance and privacy officer or designee with all documents relied upon regarding the issues raised in the complaint.

E. Reporting of Findings and Recommendations and Final Determinations

1. The chief compliance and privacy officer will provide a proposed statement of findings, copies of relevant documents, and relevant physical evidence to the resident or designee within thirty (30) working days of receipt of the respondent's statement, unless unusual circumstances require more time. The president or designee and the investigator shall meet within ten (10) working days thereafter to discuss the findings.
2. Within fifteen (15) working days after that meeting, the president or designee shall take one of the following actions:
 - a. request further investigation into the complaint;
 - b. dismiss the complaint; or,
 - c. find the non-retaliation provisions of IHOP policy [2.5.2 Protection from Retaliation for Reporting Suspected Wrongdoing](#) were violated, in which event the president or designee, following consultation with the investigator or other knowledgeable persons as appropriate, shall determine disciplinary or corrective actions to be taken.
3. The president or designee shall notify in writing the complainant, respondent, and appropriate department head of the decision and shall attach a copy of the final statement of findings to the notification. The chief compliance and privacy officer shall retain copies of the letter, the statement of findings, and relevant documents in accordance with the institution's records and retention schedule.

F. Substitution of Officers

If a retaliation complaint is directed against an official who would otherwise act on the complaint, the function assigned to that official in these procedures will be delegated by the president, the chancellor, or the chair of the Board of Regents, as appropriate, to another person.

IV. Definitions

There are no defined terms used in this Policy.

V. Related References

For questions regarding this policy, contact the Institutional Compliance and Privacy Office at 210-567-2014 or 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.

Effective Date	Action Taken	Approved By	Date Approved
07/2005	Policy Origination		
03/2013	Policy Revision		
06/2021	Policy Revision		
10/2022	Policy Review	ICPO	10/28/22