

## CP017 Misconduct Disclosure Policy

**Policy Type:** Administrative/Operations  
**Responsible Administrator:** Peter Navarro,  
Chief Compliance Officer  
**Responsible Office:** Office of Compliance

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**Approved by:**



Marc J Kahn, MD, Dean

**Date:** Month DD, YYYY

### Definitions

**Misconduct:** Misconduct does not only apply to perceived actions that may be in violation of state or federal law. Rather, the term “misconduct” means any action, whether or not such action is taken within the scope of a person’s employment, which violates any state or federal law or regulation, or any Nevada System of Higher Education (NSHE), University of Nevada Las Vegas (UNLV), or Kirk Kerkorian School of Medicine at UNLV (KSOM) policy. Examples include, but are not limited to, unprofessionalism, bullying, academic or research misconduct, corruption, bribery, theft of UNLV, KSOM, or UNLV Health property, fraudulent claims, misappropriation of funds, coercion, discrimination, sexual assault, sexual harassment, quid pro quo, violation of civil rights and other illegal, improper or unethical practices. For purposes of this policy, a disclosure should be made to the KSOM regarding any misconduct by an individual(s):

- employed by UNLV, KSOM, or UNLV Health;
- enrolled as a student at the KSOM;
- doing work or volunteering (e.g. community faculty) for, or on behalf of, UNLV, KSOM, or UNLV Health;
- using UNLV, KSOM, or UNLV Health facilities or property;
- affiliating with the name or program of UNLV, KSOM, or UNLV Health; or
- who can reasonably be interpreted or perceived as representing or affiliating with the UNLV, UNLV Health, or KSOM.

**Good Faith Disclosure:** The person making the disclosure holds a reasonable belief that misconduct has occurred or that an action which has been taken is prohibited conduct under this policy. In other words, if another person in the same or similar position could conclude, in a fair, proper and sensible manner, that a violation occurred, the belief is reasonable. A disclosure is not made in good faith if it is made with reckless disregard or willful ignorance of facts that would disprove the disclosure.

**Retaliation:** Any materially adverse action or threat of a materially adverse action taken by one individual against another individual for: (1) making a good faith disclosure of misconduct; (2) reasonably participating in the inquiry or investigation of an alleged incident(s) of misconduct; (3) reasonably objecting to or resisting misconduct; or (4) being a close associate of someone who makes or may make a good faith disclosure of misconduct.

### Statement of Purpose

The purpose of this policy is to:

- 1) Provide a mechanism for individuals to report good faith concerns about improper, illegal or unethical conduct without retaliation; and
- 2) Require individuals who receive reports of alleged misconduct to properly report those concerns to the KSOM Office of Compliance.

### Entities Affected By This Policy

All KSOM departments, employees, volunteers and students.

### Required Acknowledgement

All KSOM employees, volunteers, and students.

### Policy

The KSOM requires employees, volunteers, and students to disclose suspicion of alleged misconduct promptly to the proper individuals for assessment, inquiry and/or investigation.

It is not your responsibility to determine if a situation indeed constitutes misconduct, but it is your personal responsibility to disclose those concerns. The KSOM has a responsibility to assess, review and adjudicate each disclosure of alleged misconduct in accordance with the requirements of the law, our ethical commitments, and the values of the KSOM.

### Reporting

- A. All individuals affected by this policy should promptly report all misconduct concerns or issues involving violations of law, regulation, policy, or procedure through the following proper channels:
  1. KSOM management staff and leadership;
  2. Their supervisor or another supervisor in their chain of command;
  3. The UNLV SOM Human Resources Department (e.g., for general workplace issues); or
  4. The Office of Compliance: <https://www.unlv.edu/medicine/compliance>
    - a) In-person;
    - b) By telephone: (702) 895-1634;
    - c) Via the anonymous (Ethics Point) hotline: (844) 665-2938;
    - d) Via email to [compliance.som@medicine.unlv.edu](mailto:compliance.som@medicine.unlv.edu); or
    - e) By mail to: Chief Compliance Officer UNLV Health  
2040 W. Charleston Blvd, Suite 315,  
Las Vegas, NV 89102
- B. Where a disclosure of alleged misconduct is received by a KSOM employee, student, or volunteer, the individual receiving the disclosure is required to notify the Office of Compliance of the alleged misconduct with 48 hours of receipt.

C. Nothing in this policy is meant to:

1. Circumvent independent reporting, assessment, inquiry, investigation, adjudication, discipline, or other due process guidelines set forth by Undergraduate Medical Education (UME) or Graduate Medical Education (GME).
2. Interfere with the right of any individual to pursue other avenues of recourse which may include, but are not limited to, filing a complaint (at the beginning, during, or after use of the complaint resolution procedure) with NSHE, UNLV (see e.g. <https://www.unlv.edu/facultystaff/help-with-complaint>, or any other state or federal entity (e.g. the U.S. Department of Education's Office for Civil Rights, or the U.S Equal Employment Opportunity Commission).
3. Prevent an individual from consulting or disclosing to confidential resources such as professional counselors, pastoral counselors, victim's advocates, law enforcement or other professionals who are not required to report incidents unless granted permission by the discloser or as otherwise required by law ("Confidential Resources").
4. Require Confidential Resources to disclose information that they are not otherwise allowed to report absent permission from the individual making the disclosure or as otherwise required by law.

### **Retaliation**

- A. All individuals affected by this policy should promptly report all misconduct concerns or issues involving violations of law, regulation, policy, or procedure through the following proper channels:
- B. Those who subject others to retaliation and/or allow retaliation/retribution may be subject to disciplinary action up to and including termination of their employment or affiliation with KSOM. Individuals who intentionally provide false information in making a disclosure may be subject to disciplinary action up to and including termination of employment or expulsion.

### **Assessments/Investigations**

- A. All disclosures and reports of alleged misconduct will be handled in a manner which, to the extent possible, protects the privacy of the individual(s) reporting the alleged incident of misconduct.
- B. All assessments of alleged misconduct reported to the Office of Compliance will be initiated within approximately three (3) business days of receipt.
- C. All reports of alleged misconduct will be promptly assessed with a goal of completing the assessment, generally within 4 weeks of receipt.
- D. All disclosures of alleged misconduct will be assessed by individuals having a sufficient level of expertise, which may include engagement of appropriate (internal and external) personnel with regard to the issue(s) presented by the case.
- E. The KSOM takes seriously every report of misconduct and possesses the discretionary authority to assess, inquire and/or investigate reported concerns of incidents of alleged misconduct as it deems necessary.
- F. If the KSOM can quickly or easily assess misconduct, a formal investigation and formal investigative report may not be necessary to resolve the issue and other means of resolution may be appropriate. It may be that the Office of Compliance concludes the matter with a memo to file and/or an informal mediation with all affected parties, instead of a formal investigative report.
- G. The Chief Compliance Officer shall be responsible for determining where a disclosure of alleged misconduct warrants a formal investigation.
- H. Individuals that make disclosures may or may not receive any additional information regarding the specific outcome of their disclosure from the Office of Compliance. The Office of Compliance will follow up with individuals only if additional information is needed or clarification is warranted. This

is to protect the integrity of assessment, inquiry and investigation and provide for those who only have a “need to know” with additional follow up.

- I. However, where an inquiry and/or investigation has concluded, the Office of Compliance will work to ensure that notice is provided to disclosers/complainants that the inquiry/investigation has finished. As applicable, the Office of Compliance may also inform disclosers/complainants whether the matter had been forwarded to a supervisor and/or senior leadership for further action/assessment.
- J. For unsubstantiated cases, the Office of Compliance will contact disclosers/complainants, as appropriate, to advise them that a matter was assessed/investigated and the allegations were found to be unsubstantiated.
- K. Where a report of misconduct against an individual has been unsubstantiated, that individual may request a written confirmation from Office of Compliance indicating the same. Such confirmations shall not be unreasonably withheld.

### Related Documents

N/A

### Contacts

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Office of Compliance

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