

## COMPLIANCE HOTLINE PROCEDURES

These procedures govern the compliance hotline for Brigham Young University, Brigham Young University-Hawaii, Brigham Young University-Idaho, and LDS Business College (“Institutions”).

### Objective

The objective of the compliance hotline is to allow students, employees, and visitors to report instances of suspected noncompliance outside the normal chain of command. The hotline also allows for anonymous reporting, helps promote confidentiality, and provides safeguards against nonretaliation. Students should use the hotline when they are not satisfied with the response of faculty, staff, or administration to a compliance issue, or if they fear retaliation by a school official. Employees should use the hotline when they are not satisfied with their supervisors’ response to a compliance issue, or if they fear retaliation by a supervisor. Under normal circumstances, compliance issues should be addressed through normal managerial, academic, and administrative channels.

### Proper Uses of the Hotline

The compliance hotline may be used to report any instance of noncompliance with a federal, state, or local law; other legal obligation; or any institutional policy or procedure. The following are examples of noncompliance that may be reported through the compliance hotline:

- Conflicts of interest or other unethical practices;
- Financial reporting or accounting irregularities;
- Fraud, theft, or embezzlement;
- Safety or environmental problems;
- Sexual harassment, sexual violence, domestic violence, dating violence, or stalking
- Threats to information security or data privacy;
- Unauthorized use of intellectual property;
- Violation of anti-discrimination or equal opportunity laws;
- Violation of NCAA rules;
- Violation of tax laws or IRS regulations; and
- Waste, abuse, or misuse of resources;

### General Complaints

The compliance hotline is **not** a general complaint hotline. Only matters involving noncompliance with law or policy will be reviewed, and if appropriate, investigated. Students, employees, and others with noncompliance related complaints should pursue normal academic, managerial, or administrative channels, as appropriate under the circumstances.

### Supervision of Hotline

To help protect the anonymity and confidentiality of reports, the Institutions have contracted with EthicsPoint, an outside service provider, to manage the compliance hotline. The EthicsPoint system for the Institutions is administered and supervised by an administrative team consisting of BYU’s general counsel, compliance officer, and compliance attorneys, who are assisted by the director of internal audit, director of compliance, and any other assigned hotline administrator(s) for each Institution (collectively, “Hotline Administrators”).

### **Anonymity and Confidentiality**

“Anonymity” relates to protecting the identity of the individual who reports an issue of noncompliance. “Confidentiality” relates to protecting the information reported. The compliance hotline is designed and administered to help protect the anonymity of reporters and the confidentiality of the information submitted. Nonetheless, depending on the facts and circumstances, the Institutions cannot guarantee anonymity and confidentiality in every situation.

Those who use EthicsPoint to report compliance issues may choose to do so anonymously. EthicsPoint does not generate or maintain any internal connection logs with IP addresses, so no information automatically linking the reporter to EthicsPoint is available. EthicsPoint does not track or attempt to identify the reporting party or his or her location unless the reporting party voluntarily discloses that information. Still, information disclosed by reporting parties may reveal their identity, whether inadvertently or because of the necessities of investigating the relevant facts.

Information disclosed in a report generally will be treated as confidential, except as provided below. Anyone involved in receiving, investigating, or resolving a compliance hotline report must exercise reasonable care in protecting the anonymity of the reporter and the confidentiality of the information reported. Neither the identity of an anonymous reporter (if discovered) nor confidential information disclosed in a report or during an investigation will be disclosed to anyone who is not properly authorized to receive, investigate, or resolve the issues in the report, unless (1) the reporter consents to such disclosure; (2) disclosure is necessary to comply with federal, state, or local law (including legally mandated disclosure, such as a lawfully issued subpoena, warrant, or court orders), or with Institution policy or procedure; or (3) maintaining anonymity or confidentiality would interfere with investigating, stopping, preventing, remedying, or imposing discipline for the reported misconduct, and those to whom the information is disclosed have a legitimate need to know the information in order to perform those responsibilities.

### **Noninterference and Nonretaliation**

The Institutions do not tolerate any form of improper interference or retaliation against those who use or desire to use the compliance hotline in good faith. Accordingly, officers and employees may not (1) interfere with or prohibit anyone from reporting in good faith compliance concerns or wrongdoing through the compliance hotline; or (2) take any adverse action (employment, academic, or otherwise) against someone who, in good faith, either submits a compliance hotline report or otherwise cooperates with an investigation of a report. Those who engage in such improper interference or retaliation may be subject to disciplinary action by their Institution, including but not limited to the possibility of suspension or termination.

### **Conflicts of Interest**

To the extent reasonable under the circumstances, if a compliance hotline report or information learned in investigating the report includes a specific allegation of noncompliance by an employee or officer, then such employee or officer will be excluded from access to the EthicsPoint record for that report and from any responsibility for investigating or making determinations or decisions based on that report. If necessary, in circumstances involving a conflict of interest, the review, investigation, and resolution of the report will be reassigned to one or more employees or officers who do not have such a conflict of interest.

### **False Reports / False Information**

The compliance hotline is not meant to shield, or provide a forum for, those who, in connection with a compliance hotline report, knowingly provide false information, recklessly misrepresent facts, or intentionally withhold pertinent information in an attempt to mislead. Students or employees who engage in such activities may be subject to disciplinary action by their Institution, including the possibility of suspension or termination. Nonetheless, those who, in good faith, report instances of noncompliance will not be subject to disciplinary action for such reporting.

### **Applicable Policies and Procedures**

For hotline reports covered by an existing institutional policy or procedure (e.g., Sexual Misconduct Policy, Honor Code Investigation and Administrative Review Process), the report generally is reviewed, assigned, investigated, and resolved pursuant to such policy or procedure. Otherwise, the report generally is reviewed, assigned, investigated, and resolved as set forth herein. To the extent that this policy and procedure conflicts with another institutional policy or procedure, such other policy or procedure (not this document) will govern.

### **Submission of Hotline Reports**

Individuals may submit compliance hotline reports through EthicsPoint either (1) by filling out and submitting a report form on the EthicsPoint website; or (2) by calling a toll-free number (888-238-1062) and verbally providing information to trained EthicsPoint report intake personnel. As outlined above, reporters may choose to submit hotline reports anonymously and may choose to provide as much or as little information as they desire. Nonetheless, reporters are encouraged to provide as much information as possible (including their identity) to assist Institution officials in stopping, preventing, and remedying the reported noncompliance. Upon submission of a hotline report, reporters are provided with a code or login information that will allow them to check on the status of the report and to communicate with Institution officials.

### **Receipt of and Access to Reports**

EthicsPoint automatically distributes the report received to the Hotline Administrators for the Institution that is the subject of the report. Depending on the category of the report (e.g., Title IX, employment discrimination), individuals with responsibility for that area (e.g., the Title IX coordinator, equal employment opportunity manager) also may automatically receive hotline reports. The Hotline Administrators also may grant other individuals access to individual reports on a case-by-case basis, as appropriate. The Hotline Administrators work with officials at each Institution to determine who should have access to hotline reports for different reporting categories and for individual reports. Such access rights may be changed from time to time to support compliance efforts and to reflect the needs of the Institution.

### **Initial Review, Assignment, and Response**

Upon receipt of a compliance hotline report, the Hotline Administrators, in consultation with the attorney within the Office of the General Counsel assigned to the Institution and anyone else assigned to receive that report, as reasonably appropriate and necessary (collectively, the “Case Review Team”) will conduct an initial review of the report to determine the following:

- (1) **Emergency.** If any member of the Case Review Team determines that the report involves an immediate threat to the safety or security of a person or property, then, as soon as practical, such member of the Case Review Team should refer the report to appropriate emergency first

responders and, if appropriate, to other relevant Institution authorities, and then inform the other members of the Case Review Team that such referral has been made.

- (2) **Conflict of Interest.** If the report or information learned in investigating the report includes a specific allegation of noncompliance by any employee or officer (including any member of the Case Review Team), then that person will be excluded from access to the EthicsPoint record for that report and from any responsibility for investigating or making determinations or decisions based on that report. If the report or information learned includes a specific allegation of noncompliance by a member of the institution's president's council, then the Case Review Team will submit the report to the institution's president, who may retain outside counsel or an outside investigator to conduct an independent investigation.
- (3) **Major Risk.** If the Case Review Team determines that the report poses a substantial threat or major risk to the Institution, then unless there is an actual or potential conflict of interest, the General Counsel or an assigned member of the Case Review Team will provide notice of the report to the member of the Institution's president's council with stewardship over the matter, or to the Institution's compliance oversight committee, or, if appropriate, directly to the Institution's president.
- (4) **Frivolous Complaints.** If the Case Review Team determines that the report is frivolous or implausible on its face or makes allegations that, even if accepted as true, would not constitute a legal or policy violation, then the Initial Review Team may decide either not to respond to the report or to respond to the reporting party that the report does not meet this minimum standard and will not be investigated without additional facts or evidence.
- (5) **Informal Resolution.** If the Case Review Team determines that the issues raised in the report should be resolved informally without an investigation, then the report may be referred directly to the appropriate Institution official (e.g., the supervisor of the accused) for informal resolution. The Institution official then should report to the Case Review Team with information about the informal resolution.
- (6) **Mandatory Reporting Obligations.** If the Case Review Team determines that the issues raised in the report necessitate mandatory reporting obligations to an outside person or entity, then the Case Review Team, in consultation with the Office of the General Counsel, should make a determination on whether to make such a report immediately or if further investigation is necessary before making such a report.
- (7) **Formal Investigation.** If the Case Review Team determines that the report warrants a formal response or investigation, then (a) the Case Review Team will assign an individual ("Primary Case Manager") who will coordinate the response and any investigation and be primarily responsible for following up on and, if possible, resolving the report; and (b) as soon as reasonably possible, the Primary Case Manager or another assigned member of the Case Review Team should respond to the reporter by acknowledging receipt of the report and, if appropriate, indicating that an investigation will occur or asking for additional facts and evidence regarding the report.

### **Investigation Procedures**

No formal investigation of a hotline report should begin without first conducting the initial review set forth above. Once assigned, the Primary Case Manager is responsible for the investigation and any resolution of the report but may consult with the Case Review Team or other responsible Institution officials, as long as the Primary Case Manager and others involved in the investigation respect the

principles of anonymity, confidentiality, noninterference, nonretaliation, and conflict of interest, as outlined above. If necessary to preserve the integrity of the investigation, the Case Review Team may remove the Primary Case Manager and assign a new one to investigate.

Prior to an investigation, the Primary Case Manager, in consultation with members of the Case Review Team, as needed, should develop an investigation strategy to determine (1) the proper scope of the investigation, (2) the compliance issues and risks to the university, (3) the individuals and offices that should (and should not) be involved in the investigation, (4) any interviews that should be conducted, and (5) any documents and information should be collected. Simultaneously, the Primary Case Manager also should develop a communication strategy to determine when and how to provide information to and ask questions of parties affected by the allegations and the investigation.

Prior to and during the investigation, in consultation with the Office of the General Counsel, the Primary Case Manager should determine whether the report itself or any information discovered during the investigation gives rise to any notice or reporting obligations to an outside person or entity (e.g., federal or state officials or agencies, NCAA, outside auditors, etc.). If such obligations exist, the Primary Case Manager should coordinate and fulfill any such notice and reporting obligations. Throughout the investigation, the Primary Case Manager and others involved in the investigation should coordinate with the Office of the General Counsel on issues that may result in claims against or liability to the university, as well as efforts to preserve the attorney-client privilege.

During the investigation, the Primary Case Manager, in coordination with the Case Review Team, should consider, recommend, and, upon approval from and in coordination with Institution officials with authority, implement appropriate interim measures that are necessary to stop, prevent, or remedy the harm caused by the reported misconduct. Such interim measures may include, among other things, steps to protect the reporting party, other witnesses, or the broader campus community during the course of the investigation.

In conducting an investigation, the Primary Case Manager may request additional facts or evidence from the reporter, whether in the form of written documents or an interview. If the reporter does not provide such facts or evidence within a reasonable time, the Primary Case Manager may proceed with a limited investigation based on the facts and evidence available or may close the report and notify the reporter that the failure to provide such facts and evidence precludes further investigation of the report.

If doing so will not compromise the investigation, and if authorized by the Office of the General Counsel, the Primary Case Manager will provide any individual(s) accused of wrongdoing in the report with notice of the allegations and an opportunity to respond. In doing so, the Primary Case Manager also should provide any accused with notice of the Institution's nonretaliation policies and the need to maintain the confidentiality of the information shared during the investigation.

During the investigation, either before or after contacting any person accused of wrongdoing, as appropriate, the Primary Case Manager may also interview other witnesses and gather additional documents and information. In conducting the investigation, the Primary Case Manager and others involved in the investigation should use reasonable efforts to respect the principles of anonymity, confidentiality, noninterference, nonretaliation, and conflict of interest, as outlined above.

Throughout the investigation, the Primary Case Manager and others involved in the investigation should collect and preserve relevant documents, information, and findings, including correspondence with the parties. In cases in which the reporter chooses to remain anonymous, EthicsPoint should be used to communicate with the reporter.

## **Resolution**

All hotline compliance issues will be resolved as quickly as reasonably possible. Members of the Case Review Team should regularly review the status of any pending hotline report to determine what efforts may be made to resolve and close out the report. At all times, the status of a hotline report should be updated and tracked in EthicsPoint. Upon final resolution of a hotline report, the Primary Case Manager or other individual assigned by the Case Review Team should (1) record in EthicsPoint any investigation findings, ultimate resolution, and referral to another Institution official or group, or outside entity; (2) if appropriate, communicate such findings, resolution, and referral to the reporter and any accused individual(s); and (3) close out the report in EthicsPoint. If the hotline report is resolved informally or through another policy or procedure, the resolution should be reported to the Primary Case Manager or the Case Review Team for proper tracking and recording of the resolution in the EthicsPoint system.

If the Primary Case Manager deems it appropriate, or if requested by the Case Review Team or other Institution official with authority, the Primary Case Manager should prepare a final written report with findings and recommendations. If relevant, such a final written report should include, among other things, (1) any investigation findings; (2) any recommended remedial measures; (3) any recommended disciplinary measures; and (4) any recommended changes to Institution policy, procedure, or practices relevant to the reported issue. To the extent practical, the Primary Case Manager and the Case Review Team should work with Institution officials to implement any recommendations arising from the investigation of the hotline report and its resolution.