

UConn HEALTH

OFFICE OF DIVERSITY AND EQUITY

Report Pursuant to Connecticut Public Act No. 14-11



January 1, 2014 – December 31, 2014

UConn HEALTH Report Pursuant to Connecticut Public Act No. 14-11

Pursuant to Connecticut Public Act No. 14-11, UConn HEALTH submits the following information pertaining to the time period of January 1, 2014 – December 31, 2014.

I. UConn Health's Policies Regarding Sexual Assault, Stalking, and Intimate Partner Violence (IPV)

Attached please find a copy of the following UConn Health policies regarding sexual assault, stalking and intimate partner violence:

- Responsibilities of Community Life: The Student Code
- Academic Policies & Procedures Manual (selected sections)
- Sexual Assault Response Policy
- Prohibition of Sexual Harassment
- Non-Retaliation Policy
- Rules of Conduct
- Workplace Violence Prevention
- Child Abuse and Neglect Reporting Policy

II. UConn Health's Concise Written Notification of a Victim's Rights and Options

Please find a copy of UConn Health's "Resources for Victims" attached. UConn Health's Office of Diversity and Equity (ODE) also sends a letter inviting each victim to meet with ODE to address their concerns. The letter informs victims on both their internal and external reporting options. These documents are sent to all victims who disclose sexual violence, relationship violence or stalking. Internal and external reporting options are also explained to all incoming students and employees during training sessions.

Victims also are guided to UConn's comprehensive sexual violence, relationship violence and stalking website: www.sexualviolence.uconn.edu through the Sexual Assault Response Policy.

III. UConn Health's Sexual Assault, Stalking and Intimate Partner Violence Prevention, Awareness and Risk Reduction Programs

Attached please find a chart of the 63 sexual assault, stalking, and intimate partner violence prevention, awareness and risk reduction programs implemented at UConn Health in 2014.

IV. UConn's Sexual Assault, Stalking and Intimate Partner Violence Prevention and Awareness Campaigns

During 2014, there were no sexual assault, stalking, and intimate partner violence prevention and awareness campaigns implemented at UConn Health in 2014 but awareness campaigns are being planned for 2015.

V. Incidents of Sexual Assault, Stalking and Intimate Partner Violence Reported to UConn Health¹

When UConn Health's Office of Diversity and Equity (ODE) receives a report, the appropriate institutional response is determined in part by whether the reported sexual misconduct took place at UConn Health and/or by a UConn Health community member (faculty, staff or student). If the answer is yes – i.e. the sexual violence is reported to have occurred at UConn Health and/or by a UConn Health student – ODE begins by making immediate contact with the victim to ensure that the s/he is receiving appropriate support and resources. During their first conversation, ODE will discuss on-campus and off-campus support and resources, and also will explain the criminal and UConn Health investigation processes. A victim is under no obligation to reply or respond to this contact. If the answer is no – that is, that the reported sexual misconduct did not take place at UConn Health and did not involve a UConn Health community member as the alleged perpetrator – ODE will make immediate contact with the victim to offer support and resources, including an explanation of investigation options depending on where the incident occurred.

Incidents of Sexual Assault, Stalking and IPV Reported to UConn Health in 2014

<i>Type of Incident</i>	<i>Number of Incidents Reported</i>	<i>Incident Alleged to have Occurred in 2014</i>	<i>Number of Incidents Alleged to have Taken Place at UConn Health and/or Alleged to have Been Committed by a UConn Health Community Member</i>	<i>Victim Chose Not to Participate in UConn Health Process</i>	<i>Confidential or Anonymous Reports</i>
Sexual Assault	2	1	2	0	0
Stalking	0	0	0	0	0
IPV	2	2	2	2	0

Disciplinary Cases Resulting from Report of Incidents of Sexual Assault, Stalking and IPV

¹ It is important to note that the statistics of sexual misconduct reports received by ODE differ from the statistics of reported incidents of forcible rape, forcible fondling, and stalking in UConn Health's Annual Security Report and Annual Fire Safety report. As required by the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Clery Act), the Annual Security Report contains the numbers of certain types of reported crimes, as defined by criminal statute, reported to have occurred in particular geographic locations during a calendar year. This difference in geographical scope means that some of the reported incidents referenced in this report do not fall within the Clery Act statistical definitions, as they did not occur within the geographical limits imposed under the Clery Act.

For reports of sexual misconduct alleged to have taken place at UConn Health and/or by a UConn Health community member, ODE attempts to speak with the victim about the incident(s).² When the victim participates in UConn Health's process or UConn Health determines that it must move forward despite the victim's non-participation, UConn Health conducts an investigation and determines whether there is a preponderance of evidence that the respondent engaged in sexual misconduct in violation of a UConn Health policy. If UConn Health determines that a violation occurred and the respondent is a student, depending on the school in which the student is enrolled, the appropriate discipline authority will adjudicate the matter and determine the appropriate disciplinary sanction. If UConn Health determines that a violation occurred and the respondent is an employee, the Office of Labor Relations assists with determining the appropriate disciplinary sanction in consultation with the employee's supervisor(s).

Disciplinary Cases

<i>Type of Incident</i>	<i>Number of Disciplinary Cases³</i>	<i>Finding of Not Responsible</i>	<i>Finding of Responsible & Termination</i>	<i>Finding of Responsible & Suspension</i>	<i>Finding of Responsible & Probation</i>
Sexual Assault	1	0	1	0	0
Stalking	0	0	0	0	0
IPV	0	0	0	0	0

Appeals in Disciplinary Cases

When the respondent is a student and the matter is adjudicated through an administrative hearing, the decision reached by the hearing body or a sanction imposed by the hearing body may be appealed by the accused student or complainant. The review shall be for one or more of the following purposes: (1) To determine whether the administrative hearing was conducted in conformity with prescribed procedures giving the complainant and investigating student conduct officer a reasonable opportunity to prepare and to present information and giving the accused student a reasonable opportunity to prepare and to present a response to the allegations; (2) To determine whether the sanction(s) imposed were appropriate for the

² If the victim requests to remain confidential, UConn Health will give serious consideration to that request. Only in limited circumstances will the UConn Health proceed to a full Title IX investigation against the wishes of the victim. Generally, the UConn Health will seek to honor the request of the victim not to proceed to a Title IX investigation and to remain confidential. The UConn Health will consider a number of factors in deciding whether the request can be honored, including the age of the victim, whether there is evidence of a pattern of misconduct or perpetration, the severity of the misconduct, and whether there is a safety risk to the victim or the UConn Health community. Should the UConn Health, in weighing such factors, determine that it must proceed, the University will explain its rationale to the victim and make sure that the victim is offered support throughout the process. The victim will not be required to participate in the process.

³ In addition to non-participation by the victim, the number of disciplinary cases is less than the number of incidents connected to UConn Health because although an incident occurred on UConn Health property, the respondent was not connected to UConn Health as a student or employee. Therefore, UConn Health does not have authority to issue discipline against the individual. UConn Health nonetheless provides resources and support to victims in cases with respondents who are not connected to UConn Health as a student or employee.

violation(s) for which the student was found responsible; or (3) To consider new information, sufficient to alter a decision, or other relevant facts not brought out in the original hearing, because such information and/or facts were not known to the person appealing at the time of the original administrative hearing.

Appeals

<i>Type of Incident</i>	<i>Number of Findings Appealed</i>	<i>Appeals Denied</i>	<i>Appeals Granted & Outcome</i>
Sexual Assault	0	0	0
Stalking	0	0	0
IPV	0	0	0

Policies

*Regarding Sexual Assault, Stalking and Intimate
Partner Violence*

**UConn
HEALTH**

OFFICE OF DIVERSITY AND EQUITY

University of Connecticut
Responsibilities of Community Life: The Student Code

"We never educate directly, but indirectly by means of the environment. Whether we permit chance environments to do the work, or whether we design environments for the purpose makes a great difference." (John Dewey 1933, p. 22).

Preamble

Admission to the University of Connecticut means acceptance into a new and special kind of community - an academic community. With acceptance comes a responsibility to uphold and build upon the values and the traditions that have served to define and to strengthen this community over time. New students are welcomed as partners in a fellowship of learning and personal growth. Membership in the University of Connecticut academic community should be considered a privilege and an honor by those students who are invited to join.

The "spirit of inquiry" lies at the heart of our community. It is the realization that the act of learning is essential to personal growth. The desire to know and the willingness to explore require the strength to resist the false promises of shortcuts and substitutes in the process of learning. The spirit of inquiry is the passion and the patience to commit oneself to a continual journey toward understanding.

Incorporating the spirit of inquiry into one's life as a student is not easy. It calls for curiosity, stamina, vulnerability, honesty, grace, courage, and integrity. A student needs to look beyond comfortable assumptions in search of new perspectives and seek the very information that might change his or her mind. To adopt the spirit of inquiry is to consciously decide to explore opportunities that may be hidden in contradictions. Facing the unfamiliar, making decisions on the value as well as on the meaning of new information, reflecting on the "how" and the "why" of personal choices, and accepting responsibility for one's actions are all part of this process.

The spirit of inquiry can only flourish in an environment of mutual trust and respect, and that environment cannot be limited to the classroom or to the lab. Each member of the community must have the opportunity to participate fully in the process of learning and understanding if the community as a whole is to remain strong and vital. Therefore, all members must accept responsibility for creating an environment that promotes individual growth and builds community through the safe, respectful exchange of diverse thought, opinion, and feeling.

Unfortunately, a few students may abuse the freedom inherent in such an environment. Students who breach the trust that has been extended to them by the University community shall be held accountable for their actions. *Responsibilities of Community Life: The Student Code* describes the process for addressing such matters. It rests on the principles of individual development, community involvement, and fairness. Therefore, whenever appropriate, it encourages alternative methods of dispute resolution.

Introduction

The University of Connecticut seeks to balance the needs and the rights of the individual with the welfare of the community as a whole. Students are expected to conduct themselves in a manner that is consistent with the values embraced by the University community and reflected in its various policies, contracts, rules and regulations, including those contained herein.

This document is intended to describe the types of acts that are not acceptable in an academic community as well as the general process by which they will be addressed (including the types of sanctions that may be imposed). Procedural rules consistent with the provisions of this code will be developed as necessary from time to time so that fundamental fairness may prevail.

Students do not lose their rights as citizens of or visitors in this country when they become members of the University community. Conversely, they do not shed their responsibilities. For example, the University supports a student's freedom of expression and expects that freedom to be exercised by the student in a manner that does not violate the law or University policy.

Maintaining a balance between the individual and the community is a continual process that requires insight, sensitivity, and diligence on the part of each member of the University. Students are encouraged to become involved in University programs and services that promote this effort. For more information on these and other opportunities, please contact Community Standards.

Part I: Student Conduct Authority

The University of Connecticut *Responsibilities of Community Life: The Student Code* (*The Student Code*) was approved by the Board of Trustees on April 11, 2000. It is administered under the direction of the Office of the Provost and Executive Vice President for Academic Affairs (Provost). The Vice President for Student Affairs shall coordinate recommendations from members of the University community regarding suggested revisions to *The Student Code*, and shall present proposed substantive changes to the Student Life Committee of the Board of Trustees for consideration by the full Board.

Part II: Definitions

The following selected terms are defined in an effort to facilitate a more thorough understanding of *The Student Code*. This list is not intended to be a complete list of all the terms referenced in *The Student Code* that might require interpretation or clarification. The Director of Community Standards or designee shall make the final determination on the definition of any term found in *The Student Code*.

1. **"Administrative hearing officer" or "student conduct officer"** means a University staff member who is authorized to determine the appropriate resolution of an alleged violation of *The Student Code*, and/or to impose sanctions or affect other remedies as appropriate. Subject to the provision in this code, an administrative hearing officer as well as a student conduct officer is vested with the authority to, among other duties, investigate a complaint of an alleged violation of *The Student Code*; decline to pursue a complaint; refer identified disputants to mediation or other appropriate resources; establish *The Student Code* alleged violations regarding a respondent; approve an administrative agreement developed with a respondent; conduct an administrative hearing; impose sanctions; approve sanctions recommended by another hearing body; chair and/or advise a hearing or Probation Review Committee; and conduct an appellate review.
2. **"Appellate body"** means any person or persons authorized by the Provost, Vice President for Student Affairs, or designee to conduct a review of a decision reached by a hearing body.
3. **"Business day"** means any day, Monday through Friday, that the University is open.
4. **"Complainant" or "Complainant/Victim"** means any person who submits an allegation that a student violated *The Student Code*. When a student believes that s/he has been a victim of another student's misconduct, the student who believes s/he has been a victim will have the same rights under *The Student Code* as are provided to the complainant, even if another member of the University community submitted the allegation itself.
5. **"Consent"** is an understandable exchange of affirmative words or actions, which indicate a willingness to participate in mutually agreed upon sexual activity. Consent must be informed, freely and actively given. It is the responsibility of the initiator to obtain clear and affirmative responses at each stage of sexual involvement. Consent to one form of sexual activity does not imply consent to other forms of sexual activity. The lack of a negative response is not consent. An individual who is incapacitated by alcohol and/or other drugs both voluntarily or involuntarily consumed may not give consent. Past consent of sexual activity does not imply ongoing future consent. See Appendix B for additional definitions regarding sexual misconduct and relationship violence.
6. **"Designee"** refers to a staff or faculty member who has responsibility for implementing the student conduct process or administering the student conduct system, in part or in whole.
7. **"Director of Community Standards"** refers to that person in Student Affairs, designated by the Provost to be responsible for the overall coordination of the University student conduct system, including the development of policies, procedures, and education and training programs. The Director of Community Standards may serve as an administrative hearing officer, student conduct officer, and/or an appellate body.
8. **"Hearing Board/Committee Advisor"** means an administrative hearing officer who observes a hearing body or the Probation Review Committee throughout the hearing/meeting and during the hearing body's/committee's private deliberations for the purpose of providing information and interpretations relative to the University student conduct system and *The Student Code*.
9. **"Hearing Body" or "Student Conduct Officer"** means one or more members of the University community authorized by the Director of Community Standards or designee to determine whether a student has violated *The Student Code* and to impose sanctions as warranted.
10. **"Incident database"** means the electronic database used to track an incident and the response taken.

11. **"Instructor"** means any faculty member, teaching assistant, or any other person authorized by the University to provide educational services (e.g., teaching, research, or academic advising).
12. **"May"** is used in the permissive sense.
13. **"Member of the University community"** includes any person who is a student, instructor, or University staff member; any other person working for the University, either directly or indirectly (e.g., private enterprise on campus); or any person who resides on University premises. A person's status in a particular situation shall be determined by the Director of Community Standards.
14. **"Policy"** is defined as the written regulations, standards, and student conduct expectations adopted by the University and found in, but not limited to, *The Student Code*; *The On-Campus Housing Contract*; the *Policy on Alcohol and Other Drugs*, the *Policy on Harassment*; graduate and undergraduate catalogs; and other publicized University notices.
15. **"Probation Review Committee"** shall review University Probation removal petitions upon the request of a student or registered student organization at least six months after the student is placed on University Probation. The Probation Review Committee shall typically consist of at least two University community members. Generally, a Probation Review Committee shall have an advisor. Probation Review Committees do not conduct hearings of alleged violations.
16. **"Respondent"** means any student accused of violating *The Student Code*.
17. **"Shall"** and **"Will"** are used in the imperative sense.
18. **"Student"** means any person admitted, registered, enrolled, or attending any University course or University conducted program; any person admitted to the University who is on University premises or University-related premises for any purpose pertaining to his or her registration or enrollment.
19. **"Student conduct file"** means the printed/written/electronic file which may include but is not limited to incident report(s), correspondence, academic transcript, witness statements, and student conduct history.
20. **"Student organization"** means an association or group of persons that has complied with the formal requirements for University recognition by the Department of Student Activities.
21. **"Support person"** means any person who accompanies a respondent, a complainant, or a victim for the limited purpose of providing support and guidance. A support person may not directly address the hearing body, student conduct officer(s), question witnesses, or otherwise actively participate in the student conduct process, including hearings.
22. **"University"** means the University of Connecticut.
23. **"University official"** includes any person employed by the University to perform administrative, instructional, or professional duties.
24. **"University premises"** includes all land, buildings, facilities, and other property in the possession of or owned, used, or controlled by the University, either solely or in conjunction with another entity.

Part III: Proscribed Conduct

The Student Code applies to students and to their registered organizations. Throughout this document the term "student" generally shall apply to the student as an individual and to a registered student organization as a single entity. Registered student organizations may be held accountable either through Department of Student Activities' policies or *The Student Code*. The officers or the leaders of a particular registered student organization usually will be expected to represent the organization during the student conduct process. Nothing in this code shall preclude holding certain members of an organization accountable for their individual acts committed in the context of or in association with the organization's alleged violation of *The Student Code*.

Individual accountability is a cornerstone of *The Student Code*. Normally, the influence of drugs and/or alcohol on a student's judgment or behavior will not be accepted as a mitigating factor with respect to the resolution of an act of misconduct.

A. Jurisdiction of the University

1. Each student shall be responsible for his/her conduct from the time of admission through the actual awarding of a degree, even though conduct may occur before classes begin or after classes end, as well as during the academic year and during periods between terms of actual enrollment (and even if his/her conduct is not discovered until after a degree is awarded). *The Student Code* shall apply to a student's conduct even if the student withdraws from the University while a student conduct matter is pending.
2. Generally, University jurisdiction shall be limited to student conduct that occurs on University premises or at University-sponsored or University-supervised events (including students involved with off-campus internships and study abroad programs). However, the University may apply *The Student Code* to students whose misconduct has a direct and distinct adverse impact on the University community, its members, and/or the pursuit of its objectives regardless of where such conduct may occur. The following examples describe the kinds of off-campus acts that might be addressed through the University student conduct system. They are illustrative in intent and they should not be regarded as all-inclusive: driving under the influence of alcohol or drugs; physical/sexual assault; sale/distribution of illegal substances; and malicious destruction of property. Should the Director of Community Standards reasonably determine that a particular alleged act of off-campus misconduct falls within the jurisdiction of the University, the case will be referred to the University student conduct system.
3. University student conduct proceedings may be instituted against a student charged with conduct that potentially violates both the criminal law and *The Student Code* (that is, if both possible violations result from the same factual situation) without regard to the pendency of civil or criminal litigation in court or criminal arrest and prosecution. Proceedings under *The Student Code* may be carried out prior to, simultaneously with, or following civil or criminal proceedings off-campus at the discretion of the Director of Community Standards. Determinations made or sanctions imposed under *The Student Code* shall not be subject to change because criminal charges arising out of the same facts giving rise to violation of University rules were dismissed, reduced, or resolved in favor of or against the criminal law defendant.

B. Conduct Rules and Regulations

As members of the University community, students have an obligation to uphold *The Student Code* as well as to obey federal, state, and local laws. The Director of Community Standards or designee shall make the final determination on what constitutes a potential violation of *The Student Code* and shall establish the specific behavioral allegations(s) as appropriate.

The following list of behaviors is intended to represent the types of acts that constitute violations of *The Student Code*. Although the list is extensive, it should not be regarded as all-inclusive. All community members are responsible for knowing and observing all University policies and procedures.

1. Violation of the Academic Integrity in Undergraduate Education and Research policy (Appendix A).
2. Disruptive behavior which is defined as participating in or inciting others to participate in the disruption or obstruction of any University activity, including, but not limited to: teaching, research, events, administration, student conduct proceedings, the living/learning environment, or other University activities, on or off-campus; or of other non-University activities when the conduct occurs on University premises; or of the living environment, on or off-campus.
3. Harming behavior which includes, but is not limited to, the true threat of or actual physical assault or abuse and also includes harassment. For the purposes of *The Student Code*, bullying is considered a form of harassment.

Harassment is the severe or repeated use by one or more students of a written, verbal, or electronic expression, or a physical act or gesture, or any combination thereof, directed at another individual that has the effect of: causing physical or emotional harm to the individual or damage to the individual's property; placing the individual in reasonable fear of harm to the individual and/or his/her property; or infringing on the rights of other University community members to fully participate in the programs, activities, and mission of the University.

Bullying means the repeated use of a written, oral or electronic communication, or a physical act or gesture by one or more individuals, repeatedly directed at another individual that: (i) Causes physical or emotional harm or damage to property, (ii) places the target of such behavior in reasonable fear of harm to self, or of damage to property, (iii) creates a hostile environment or otherwise infringes on the rights of such individual or (iv) substantially disrupts the education process. Bullying shall include, but not be limited to, a written, oral or electronic communication or physical act or gesture based on any actual or perceived differentiating characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity or expression, socioeconomic status, academic status, physical appearance, or mental, physical, developmental or sensory disability, or by association with an individual or group who has or is perceived to have one or more of such characteristics.

In determining whether an act constitutes harassment, Community Standards will consider the full context of the conduct, giving due consideration to the protection of University climate, individual rights, freedom of speech, academic freedom and advocacy. Not every act that might be offensive to an individual or a group constitutes harassment and/or a violation of *The Student Code*.

4. Intimate partner violence, sexual misconduct, and/or stalking as defined by University policy and/or Appendix B of *The Student Code*.
5. Endangering behavior which includes, but is not limited to, conduct that threatens or endangers the health or safety of any person including one's self.
6. Hazing, defined as an act which endangers the mental or physical health or safety of a student, or which destroys or removes public or private property for the purpose of initiation, admission into, affiliation with, or as a condition for continued membership in a group or organization. The express or implied consent of the victim will not be a defense. Apathy and/or acquiescence in the presence of hazing are not neutral acts; they are violations of this rule.
7. Violation of the *Policy on Alcohol and Other Drugs* (Appendix C).
8. Use, possession, or distribution of firearms, weapons, facsimile of weapons, fireworks, explosives, or dangerous chemicals.
9. Uncooperative behavior which includes, but is not limited to, uncooperative behavior and/or failure to comply with the directions of, providing false information, and/or failure to identify oneself to University officials or law enforcement officers acting in the performance of their duties.
10. The setting of or participation in unauthorized fires; the unauthorized or improper possession, use, removal, or disabling of fire safety equipment and warning devices; failure to follow standard fire safety procedures; or interference with firefighting equipment or personnel.
11. Assisting another person in the commission, or attempted commission, of a violation of *The Student Code*. This includes hosting a non-student who commits a violation.
12. Violation of published University policies, rules or regulations.
13. Violation of the On-Campus Housing Contract.
14. Theft which includes, but is not limited to, attempted or actual theft of property or services.
15. Forcible entry and/or unauthorized presence in University-owned buildings or property. Reasonable notice of authority, or lack thereof, shall be given.
16. Unauthorized possession, duplication, or misuse of University property or other personal or public property, including but not limited to records, electronic files, telecommunications systems, forms of identification, and keys.
17. Damage or misuse of property which includes, but is not limited to, attempted or actual damage to or misuse of University property or other personal or public property.

18. Violation of federal, state or local law.
19. Abuse of the University student conduct system, including but not limited to:
 - a. Disruption or interference with the orderly conduct of a student conduct proceeding.
 - b. Falsification, distortion, or misrepresentation of information to a student conduct officer or hearing body.
 - c. Influencing or attempting to influence another person to commit an abuse of the student conduct system.
 - d. Attempting to discourage an individual's proper participating in, or use of, the student conduct system.
 - e. Attempting to intimidate or retaliate against a member of the hearing body or any other participant prior to, during, and/or after a student conduct proceeding.
 - f. Institution of a student conduct code proceeding in bad faith.
 - g. Failure to comply with the sanction(s) imposed under *The Student Code*.

Part IV: Student Conduct Policies

A. Allegations

1. Any person may file a report regarding any student or registered student organization alleging misconduct. Reports shall be prepared in writing and directed to the Director of Community Standards or to a designee. Complaints regarding alleged misconduct by a student or registered student organization at a regional campus shall be directed to the Associate Vice Provost or designee. A report should be submitted as soon as possible after the alleged misconduct takes place.
2. The Director of Community Standards or designee shall determine if a complaint alleges or addresses a potential violation of *The Student Code* and will notify the respondent of such allegations. The decision to continue a complaint through the conduct process is the decision of the Director of Community Standards or designee.
3. Generally, the Director of Community Standards or designee will assign a student conduct officer(s) to the case who will investigate, schedule a conference with the respondent(s) and other individuals as deemed necessary and appropriate.

B. Administrative Conference

1. The administrative conference is a meeting between a respondent and a student conduct officer to review a complaint/incident, explain the student conduct process, and possible options for resolving the matter.
2. After reviewing the incident with the respondent, the student conduct officer will determine appropriate allegations, if any, and whether or not the situation may be resolved by way of an administrative agreement or by an administrative hearing. Respondents can also request an administrative hearing. A student who agrees to resolve any allegation(s) without an administrative hearing shall have no right to appeal.

C. Administrative Hearing Bodies

The Director of Community Standards or designee will assign either an administrative hearing officer(s) or an academic misconduct hearing board to conduct an administrative hearing depending on the nature of the matter.

1. **Administrative hearing officers:** The Director of Community Standards designates and trains administrative hearing officers annually. Administrative hearing officers are University officials. They may conduct hearings on any type of alleged violation of *The Student Code*. Administrative hearing officers may impose any sanction as appropriate. Typically, a hearing will consist of one or two administrative hearing officers.
2. **Academic misconduct hearing board:** Academic misconduct hearing boards for undergraduate academic integrity issues shall typically consist of two faculty members, two students, and one hearing advisor. They may conduct hearings on any alleged violation regarding *Academic Integrity in Undergraduate Education and Research* (Appendix A). The board may impose any sanction as appropriate. Academic consequences are determined by the instructor.

D. Administrative Hearing

Generally, an administrative hearing brings several people together in an effort to allow for the full consideration of an allegation that a student has violated *The Student Code*. The hearing participants may include the investigating student conduct officer(s), respondent(s), a complainant, witnesses, the member(s) of the hearing body, a hearing advisor, and a support person for each respondent or complainant.

An essential component of any administrative hearing is the determination and the weighing of the facts that pertain to the allegation(s). Therefore, it is vital that personal statements and other information be presented clearly and factually. All participants are expected to be respectful of each other's purpose in the hearing process and to conduct themselves according to the direction of the hearing body. In an effort to be as fair as possible to the complainant and respondent, student conduct procedures may be modified by Community Standards. In certain cases, such as those involving assault and harassment, support and privacy of all those potentially involved in the hearing process must and will be taken into consideration. This may include, but is not limited to, alteration of the hearing room setup, use of multiple rooms and video-conferencing equipment, or other electronic means.

1. Normally, an administrative hearing will be conducted within fifteen (15) business days of an investigation report being submitted to Community Standards.
2. The complainant, any alleged victim and the respondent shall each have the right to:
 - a. Be notified of all alleged violations by means of the address (University e-mail, residence hall address, or permanent address) provided by the student via the Registrar's Office. Typically, this will be done via e-mail.
 - b. Review the completed investigation and findings report.
 - c. Be informed about the hearing process.
 - d. A reasonable period of time to prepare for a hearing.
 - e. Request a delay of a hearing due to extenuating circumstances.
 - f. Be notified of the proposed information to be presented and to know the identity of witnesses who have been called to speak at the hearing or provide written information for the hearing when such information is known by the Director of Community Standards or designee prior to the hearing.
 - g. Be accompanied by a support person during the portions of the hearing in which the student is participating. A student should select a support person whose schedule allows attendance at the scheduled date and time for the administrative hearing because delays will not normally be allowed due to the scheduling conflicts of a support person.
 - h. Be present at the pertinent stages of the hearing process as indicated by the Director of Community Standards or designee. The deliberations of the hearing body are private. Following the hearing, the hearing body shall advise the respondent in writing of its determination and of the sanction(s) imposed, if any. The Director of Community Standards or designee will disclose to the alleged victim of any crime of violence, non-forcible sex offense, or sexual harassment the results of the hearing in writing.
 - i. Submit a written response to the investigation and findings report. The decision to not present information is not an admission of responsibility.
 - j. Present information, incident witnesses, and incident witness statements when deemed appropriate and relevant by the hearing body as long as such witnesses and information are identified to the hearing body no less than two days in advance of the hearing.
 - k. Respond to statements and other information presented at the hearing.
 - l. Present a personal or community impact statement to the hearing body upon a finding of "Responsibility".
3. An administrative hearing shall be conducted by a hearing body in accordance with the procedures listed below. When a University official serves as the sole member of the hearing body, that official may also be referred to as the "chair". Specific hearing bodies may adopt additional procedures that are not inconsistent with the provisions of *The Student Code*:
 - a. Formal rules of process, procedure, and/or technical rules of evidence, such as are applied in criminal or civil court, are not used in these proceedings.
 - b. A hearing shall be conducted in private.
 - c. Admission of any person into the hearing room shall be at the discretion of the chair of the hearing body. The chair shall have the authority to discharge or to remove any person whose presence is deemed unnecessary or obstructive to the proceedings. Names of witnesses coming to the hearing should be presented to the chair of the hearing body at least two days prior to the hearing.
 - d. When a hearing involves more than one respondent, the Director of Community Standards or designee may, at his or her discretion, permit the administrative hearings concerning each student to be conducted either separately or jointly.
 - e. If a respondent, after receiving notification, does not appear for a hearing, the hearing will proceed without the student.
 - f. Except as directed by the chair, the support person shall limit his/her role in a hearing to that of a consultant to the respondent, to the complainant, or to the victim.
 - g. The complainant, the respondent, the investigating student conduct officer, and the hearing body may arrange for witnesses to present pertinent information to the hearing body. The respondent, complainant, investigating

student conduct officer, and any witnesses will provide information to and answer questions from the hearing body. Questions may be suggested by the investigating student conduct officer, respondent and/or complainant to be answered by each other or by other witnesses. This will be conducted by the hearing body with such questions directed to the chair, rather than to the individuals directly. This method is used to preserve the educational tone of the hearing and to avoid creation of an adversarial environment. Questions of whether potential information will be received shall be resolved at the discretion of the chair.

- h. Pertinent records, exhibits, and written statements (including student impact statements) may be accepted as information for consideration by the hearing body at its discretion as long as such information was provided in accordance with Part IV.D.2.j. Information presented by a student during a hearing that indicates a potential violation of *The Student Code* may be adjudicated at a future time.
 - i. After the portion of the hearing concludes in which all pertinent information has been received, the hearing body shall determine whether the respondent has violated each section of *The Student Code* which the student is alleged with violating.
 - j. The hearing body's determination shall be made on the basis of whether it is more likely than not that the respondent violated *The Student Code*.
 - k. When a student respondent has been found "Responsible" on any violation, the hearing body shall review the student's academic transcript and student conduct history, hear impact statements by the respondent, complainant, and investigating student conduct officer, and impose the appropriate sanction(s).
 - l. All procedural questions are subject to the final decision of the chair or the hearing advisor of the hearing body.
4. All administrative hearings will be recorded and the University will maintain the audio recordings as required by Connecticut state law and are the property of the University. Participants are prohibited from making their own recording. Upon written request, a respondent or complainant may review the audio recording and make appropriate arrangements for it to be transcribed on University premises. Arrangements for a transcriber and all associated costs involved in the transcription will be the responsibility of the requesting individual.

E. Sanctions

1. The following sanctions may be imposed, individually or in various combinations, on any student found to have violated *The Student Code*. Please note this is not an exhaustive list of sanctions:
 - a. **Warning:** A notice that the student has violated University policy and a warning that another violation will likely result in a more severe sanction which could include University Probation, University Suspension or University Expulsion.
 - b. **University Probation:** University Probation is an indefinite period of time where the student is given the opportunity to modify unacceptable behavior, to complete specific assignments, and to demonstrate a positive contribution to the University community in an effort to regain student privileges within the University community. After six months from being placed on University Probation, the student may apply for a review of the student's probationary status. The student will need to meet with the Probation Review Committee and demonstrate significant contributions, both of an academic and co-curricular nature, to the University community. The Probation Review Committee will determine if the student will continue on University Probation or if the University Probation is lifted. The decision of the committee is final and not subject to appeal. If it is decided that University Probation will continue the student may re-apply in six months after the committee's decision. Due to the student's conduct history there is the possibility of University Suspension or University Expulsion if the student is found responsible for a subsequent violation.
 - c. **University Suspension:** University Suspension is separation from the University for a designated period of time after which the student shall be eligible to apply for readmission to the University. Readmission to the University is not guaranteed. Conditions for consideration of readmission may be specified. A student's reacceptance into his/her school or college is at the discretion of the school or college. A student who is on suspension is prohibited from participating in any University activity or program. The individual may not be in or on any University owned or leased property without securing prior approval from the Director of Community Standards or designee. A notation of "Suspension" shall be placed on the student's official transcript until graduation. However, the student may petition the Director of Community Standards for earlier removal of the notation upon completion of the suspension. The University of Connecticut will not accept credits earned at another institution during a period of suspension.
 - d. **University Expulsion:** University Expulsion is permanent separation from the University. A student who has been expelled is prohibited from participating in any University activity or program. The individual may not be in or on any University owned or leased property. A permanent notation of "Expulsion" shall be placed on the student's transcript.
 - e. **Additional Sanctions:** The following may be given in conjunction with any of the above:

- i. **Loss of Privileges:** Denial of specified privileges for a designated period of time.
 - ii. **Restitution:** Compensation for loss of or damage to property or services rendered. This may take the form of appropriate service and/or monetary or material replacement.
 - iii. **Removal from Housing:** Separation of the student from University approved housing for a designated period of time after which the student shall be eligible to return. Removal may include loss of dining privileges. Conditions for readmission may be specified.
 - iv. **UConn Compass:** The UConn Compass program has a sanction component which is designed to promote student engagement through co-curricular involvement. UConn Compass facilitators will assist students in designing a customized involvement plan based on their individual interests and academic plans.
 - v. **Educational Initiatives:** Projects; participation in health or safety programs (the student may be required to pay a fee); service to the University or to the larger community; seminars; and other assignments as warranted.
2. The following sanctions may be imposed upon registered student organizations:
- a. Those sanctions listed above in Part IV, E.1, "a" through "e".
 - b. **Loss of Recognition:** Loss of all University privileges for a designated period of time. Loss of recognition for more than two consecutive semesters requires an organization to reapply for University recognition. Conditions for future recognition may be specified.
3. **Aggravated Violations:** If a student is responsible for violation of any University policy that is directed toward an individual or group due to race, ethnicity, ancestry, national origin, religion, gender, sexual orientation, gender identity or expression, age, physical or mental disabilities, including learning disabilities, intellectual development disorders, and past/present history of a mental disorder the student conduct officer or hearing body may enhance the sanctions.

F. Appeals

1. A decision reached through the administrative hearing process may be appealed by the respondent(s) or complainant(s) to the next level of student conduct authority within five (5) business days of the decision. All appeals shall be in writing and shall be delivered to the designated appellate body via the mechanism identified by Community Standards. The decision reached as a result of an administrative conference may not be appealed.
2. Except as required to explain the basis of new information, an appeal shall be limited to a review of the student case file. The audio recording of the administrative hearing shall be available for the appellate body for review as necessary. The review shall be for one or more of the following purposes:
 - a. To determine whether the administrative hearing was conducted in conformity with prescribed procedures giving the complainant and investigating student conduct officer a reasonable opportunity to prepare and to present information that *The Student Code* was violated, and giving the respondent a reasonable opportunity to prepare and to present a response to those allegations.
 - b. To determine whether the sanction(s) imposed were appropriate for the violation(s) of *The Student Code* which the student was found responsible.
 - c. To consider new information, sufficient to alter a decision, or other relevant facts not brought out in the original hearing, because such information and/or facts were not known to the person appealing at the time of the original administrative hearing.
3. If an appeal is granted by the appellate body, the matter shall either be referred to the original hearing body for re-opening of the administrative hearing to allow reconsideration of the original determination or the appellate body will determine any change in sanctions. If an appeal is denied, the matter shall be considered final and binding upon all involved.

G. Accommodations for Students with Disabilities

1. By federal law, a person with a disability is any person who: 1) has a physical or mental impairment; 2) has a record of such impairment; or 3) is regarded as having such an impairment, which substantially limits one or more major life activities such as self-care, walking, seeing, hearing, speaking, breathing, or learning.
2. A student requesting an accommodation in regard to an administrative conference, hearing, or probation review meeting must follow the appropriate process for requesting an accommodation through the Center for Students with Disabilities. The Center for Students with Disabilities will make a determination regarding the request and notify the appropriate parties.

3. Reasonable accommodations depend upon the nature and degree of severity of the documented disability. While the Americans with Disabilities Act of 1990 requires that priority consideration be given to the specific methods requested by the student, it does not imply that a particular accommodation must be granted if it is deemed not reasonable and other suitable techniques are available.

Part V: Interim Administrative Action

The Provost or designee may impose an interim "University Suspension", an interim "Removal from Housing," an interim "Loss of Recognition", and/or other necessary restrictions on a student prior to an administrative hearing on the student's alleged violation. Such action may be taken when, in the professional judgment of a University official, a threat of imminent harm to persons or property exists.

Interim administrative action is not a sanction. It is taken in an effort to protect the safety and well-being of the respondent, of others, of the University, or of property. Interim administrative action is preliminary in nature; it is in effect only until there is a resolution of the student conduct matter.

Part VI: Maintenance and Review of Student Conduct Files

Student conduct files are maintained separately from any other academic or official file at the University by the Director of Community Standards or designee. Generally, information from the files is not released without the written consent of the student. However, certain information may be provided to individuals within or outside the University who have a legitimate legal or educational interest in obtaining it (Please refer to the federal Family Educational Rights and Privacy Act of 1974, as amended).

The sanctions of "Suspension" and "Expulsion" will be noted on the student's official transcript. A suspension will be noted until graduation or four (4) years following the end of the period of suspension, whichever occurs first. An expulsion will be noted permanently.

A student conduct file is maintained chronologically by incident date and then by respondent. A student may have more than one file. Generally, a student conduct file, including related documents, will be kept seven (7) years from the date of the incident. This may include electronic and hard copy files. The student conduct file of an expelled student shall be retained indefinitely. Audio recordings of administrative hearings are used for appellate purposes only and are not part of the student conduct file. Audio recordings are generally retained until the end of the appeal process. Information contained in the incident database is maintained for seven (7) years from the date of the incident with the exception of expelled students. That information is retained indefinitely.

Part VII: Interpretation and Revision

1. Any question of interpretation regarding *The Student Code* shall be referred to the Director of Community Standards or designee for final determination.
2. *The Student Code* shall be reviewed at least every three (3) years under the direction of the Vice President for Student Affairs. Substantive revisions shall be approved by the Board of Trustees.

7/16/2015

Appendix A
Academic Integrity in Undergraduate Education and Research
[Adopted March 2008]

The following policy on undergraduate academic integrity was originally formulated by the University of Connecticut Scholastic Standards Committee. It was adopted by the University Senate on March 31, 2008 and modified by the University Senate in December of 2012.

This appendix of *The Student Code* describes the types of acts that shall be considered academic misconduct by undergraduates, and it presents the process for resolving complaints of academic misconduct.

Cheating – Student Academic Misconduct

Academic misconduct is dishonest or unethical academic behavior that includes, but is not limited, to misrepresenting mastery in an academic area (e.g., cheating), failing to properly credit information, research or ideas to their rightful originators or representing such information, research or ideas as your own (e.g., plagiarism).

A. Instructor's Role

1. Instructors shall take reasonable steps to prevent academic misconduct in their courses and to inform students of course-specific requirements.
2. When the instructor of record or designee (instructor) believes that an act of academic misconduct has occurred s/he is responsible for saving the evidence in its original form and need not return any of the original papers or other materials to the student. Copies of the student's work and information about other evidence will be provided to the student upon request.
3. When an instructor believes there is sufficient information to demonstrate a case of academic misconduct, s/he shall notify the student in writing of the allegation of misconduct and the academic consequences that the instructor will impose. The appropriate academic consequence for serious offenses is generally considered to be failure in the course. For offenses regarding small portions of the course work, failure for that portion is suggested with the requirement that the student repeat the work for no credit. The written notification shall also inform the student whether the case has been referred to the Academic Integrity Hearing Board (Board) for consideration of additional sanctions. The instructor shall send the written notification to the student with a copy to the Office of Community Standards (Community Standards) within five business days of having discovered the alleged misconduct. At the Regional Campuses, a copy shall be sent to the Office of Student Affairs (Regional Campus Student Affairs). Cases that are purely technical in nature, without any perceived intent to achieve academic advantage, may be reported at the discretion of the instructor.
4. In certain cases, the Dean of a school or college or designee may become aware of alleged academic misconduct and may bring a complaint forward to the Board.
5. The student has five business days from receipt of the written notice to respond to the instructor and/or to request a hearing (see "Academic Integrity Board"). If the student does not respond within the allotted time the instructor's sanctions shall be imposed. If the student requests a hearing the instructor shall forward the request to Community Standards or the Regional Campus Student Affairs. If the student and the instructor reach a mutually acceptable resolution of the case the instructor shall notify Community Standards (or Regional Campus Student Affairs) of the agreement. The instructor shall also notify Community Standards (or Regional Campus Student Affairs) if s/he withdraws the allegation of misconduct. A student who has been notified that s/he has been accused of academic misconduct may not withdraw from the course in which the alleged misconduct has occurred without the approval of the instructor and the appropriate dean. If a student withdraws from a course during a pending academic misconduct case, any academic sanction imposed will overturn the withdrawal.
6. If a semester concludes before an academic misconduct matter is resolved, the student shall receive a temporary "I" (Incomplete) grade in the course until the instructor submits the appropriate grade.

B. The Academic Integrity Hearing Board

1. The Academic Integrity Hearing Board, which is administered by Community Standards, is comprised of two faculty members, two students, and a nonvoting chairperson, all of whom are appointed by the Director of Community Standards. At each Regional Campus, a designee working in conjunction with Community Standards is responsible for the organization and administration of their Academic Integrity Hearing Board. Hearing procedures will be in

accordance with the hearing procedures described below. Community Standards will ensure that appropriate Dean(s) and Faculty are kept informed of the status of misconduct cases in a timely fashion.

2. The respondent or the accusing instructor may refer a case of alleged academic misconduct to Community Standards for it to be adjudicated by the Board. Community Standards will review all academic misconduct cases as they are received to determine if a case needs to be heard by the Board to determine if additional sanctions need to be considered. After receiving written notification of the academic misconduct from the instructor, Community Standards may meet with students to discuss additional sanctions outlined in *The Student Code* to determine if an agreement about additional sanctions can be reached. If an agreement cannot be reached between a student and Community Standards, the case will be heard by the Board.

C. Hearing on Academic Misconduct

1. An essential component of any academic integrity hearing is the determination and the weighing of the facts that pertain to the allegation(s). Therefore, it is vital that personal statements and other information be presented clearly and factually. All participants are expected to be respectful of each other's purpose in the hearing process and to conduct themselves according to the direction of the Board.
2. Normally, an academic integrity hearing will be conducted within fifteen (15) business days of the respondent being notified of the hearing.
3. The complainant (instructor or designee), any alleged victim and the respondent shall each have the right to:
 - a. Be notified of all alleged violations. This will typically be done through the University e-mail system. Students are responsible for checking their University e-mail and following the instructions contained within the e-mail.
 - b. Review any written complaint(s), as permitted by law, submitted in support of the allegation(s).
 - c. Be informed about the process.
 - d. Submit a written account, a personal statement regarding the incident and/or any relevant documentation or records. All documentation must be provided by the date established by the non-voting chairperson. Documentation will not be accepted past the established deadline and failure to provide documentation by the established deadline will not be an acceptable reason for an appeal. The decision to not present information is not an admission of responsibility.
 - e. Provide the names and contact information of incident witnesses, those who have direct knowledge of the incident, and provide a list of questions for any incident witnesses, including the involved parties. This information must be provided by the date established by the non-voting chairperson. Failure to provide witness information by the established deadline will not be an acceptable reason for an appeal. The non-voting chairperson will make every effort to interview those witnesses with direct knowledge; however, the witness cannot be compelled to speak with the non-voting chairperson.
 - f. Be notified of the identity of witnesses, as permitted by law, who have been called to speak at the hearing or who have been asked to provide additional written information by the Board.
 - g. Be accompanied by a support person. A student should select a support person whose schedule allows attendance at the scheduled date and time for the meeting(s) because delays will not be allowed due to the scheduling conflicts of a support person. A student is only allowed one support person.
 - h. Be present at the pertinent stages of the hearing as indicated by the Board. The deliberations of the Board are private.
 - i. Present a personal or community impact statement to the Board upon a finding of "Responsibility".
 - j. Following the hearing, the Board shall advise the respondent in writing of its determination and of the sanction(s) imposed, if any.
4. An academic integrity hearing shall be conducted by the Board in accordance with the procedures listed below:
 - a. Formal rules of process, procedure, and/or technical rules of evidence, such as are applied in criminal or civil court, are not used in these proceedings.
 - b. A hearing shall be conducted in private.
 - c. Admission of any person into the hearing room shall be at the discretion of the Board. The Board shall have the authority to discharge or to remove any person whose presence is deemed unnecessary or obstructive to the proceedings.
 - d. When a hearing involves more than one respondent, the Director of Community Standards or designee may, at his or her discretion, permit the hearing concerning each student to be conducted either separately or jointly.
 - e. If a respondent, after receiving notification, does not appear for a hearing, the hearing will proceed without the student.
 - f. The support person shall limit his/her role in a hearing to that of a consultant to the respondent or the complainant.
 - g. The respondent and the complainant will each have an opportunity to provide a response.
 - h. The Board may request certain witnesses to provide additional or clarifying information to the Board.

- i. Any opportunity for additional, clarifying questions to be asked during the hearing is at the sole discretion of the Board.
 - j. All documentation to be used for consideration by the Board must be submitted according to the deadline established by the non-voting chairperson.
 - k. Information presented by a student during a hearing that indicates a potentially egregious violation of *The Student Code* may be adjudicated at a future time.
 - l. The Board shall determine whether the respondent has violated the *Academic Integrity in Undergraduate Education and Research Policy*. The Board's determination shall be made on the basis of whether it is more likely than not that the respondent violated the policy.
 - m. When a respondent has been found "Responsible" for any violation, the Board shall examine the student's academic transcript and student conduct history, accept impact statements by both the respondent and complainant, and then impose the appropriate sanction(s).
 - n. All procedural questions are subject to the final decision of the Board.
5. If the Board finds that the student is "not responsible" for the alleged misconduct, the Board shall not impose any sanctions and the instructor must reevaluate the student's course grade in light of the Board's finding.
 6. If the Board finds that the student is "responsible", the instructor's grading sanction shall be imposed. The Board does not have the authority to change or influence the grading sanction imposed by the instructor.
 7. Upon consideration of a student's record of misconduct and/or the nature of the offense, the Board may impose additional sanctions. The Board should apply these sanctions in proportion to the severity of the misconduct. These sanctions may include any sanction as described in *The Student Code*.
 8. All administrative hearings will be recorded and the University will maintain the audio recordings as required by Connecticut state law and are the property of the University. Participants are prohibited from making their own recording. Upon written request, a respondent or complainant may review the audio recording and make appropriate arrangements for it to be transcribed on University premises. Arrangements for a transcriber and all associated costs involved in the transcription will be the responsibility of the requesting individual.

D. Hearing Appeal

1. The decision of the Board may be appealed to the Provost or his/her designee. An appeal is not a new hearing. It is a review of the record of the hearing.
2. An appeal may be sought on three grounds:
 - a. On a claim of error in the hearing procedure that substantially affected the decision.
 - b. On a claim of new evidence or information material to the case that was not known at the time of the hearing.
 - c. To determine whether any additional sanction(s), not including academic consequences, imposed by the Board were appropriate for the violation based on the student's conduct history and/or significance of the violation.
3. Appeals on such grounds may be presented, specifically described, in writing within five business days of the announcement of the Board's decision.
4. The decision of the Provost or his/her designee is final. There will be no further right of appeal.
5. The Provost or his/her designee shall have the authority to dismiss an appeal not sought on proper grounds.
6. If an appeal is upheld, the Provost shall refer the case with procedural specifications back to the original Board who shall reconsider the case accordingly.

Appendix B Information Regarding Sexual Misconduct, Intimate Partner Violence and Stalking Cases

Introduction

Community Standards is responsible for the management of *Responsibilities of Community Life: The Student Code* (*The Student Code*) which can be viewed at <http://www.community.uconn.edu>. *The Student Code* describes the process for handling complaints of alleged student misconduct. This document provides supplemental information regarding the student conduct process for addressing issues regarding sexual misconduct. All members of the University community are encouraged to review the University of Connecticut's *Policy Against Discrimination, Harassment, and Inappropriate Romantic Relationships* which can be viewed at <http://www.sexualviolence.uconn.edu>.

As stated in *The Student Code's* Preamble, "Admission to the University of Connecticut means acceptance into a new and special kind of community - an academic community. With acceptance comes a responsibility to uphold and build upon the values and the traditions that have served to define and to strengthen this community over time." Any behavior, including sexual misconduct and harassment, that denigrates others is unacceptable and deplorable. All members of the campus community are expected to conduct themselves in a manner that does not infringe upon the rights of others. Complaints against students regarding such alleged behavior are governed by the provisions of *The Student Code*.

Consent

Consent is an understandable exchange of affirmative words or actions, which indicate a willingness to participate in mutually agreed upon sexual activity. Consent must be informed, freely and actively given. It is the responsibility of the initiator to obtain clear and affirmative responses at each stage of sexual involvement. Consent to one form of sexual activity does not imply consent to other forms of sexual activity. The lack of a negative response is not consent. An individual who is incapacitated by alcohol and/or other drugs both voluntarily or involuntarily consumed may not give consent. Past consent of sexual activity does not imply ongoing future consent.

If any of the following are present, consent cannot be given:

- **Incapacitation** is a state where someone cannot make rational, reasonable decisions because s/he lacks the capacity to give knowing consent (e.g. to understand the "who, what, when, where, why, or how" of their sexual interaction).
 - Sexual activity with someone who one should know to be, or based on circumstances should reasonably have known to be, mentally or physically incapacitated (by alcohol or drug use, unconsciousness or blackout), constitutes a violation of *The Student Code*.
 - A person whose incapacity results from mental disability, sleep, involuntary physical restraint, or from the consumption of rape drugs cannot give consent.
 - Alcohol related incapacity results from a level of alcohol ingestion that is more severe than impairment, being under the influence, drunkenness or intoxication. Evidence of incapacity may be detected from context clues, such as:
 - Slurred speech
 - Bloodshot eyes
 - The smell of alcohol on their breath
 - Shaky equilibrium
 - Vomiting
 - Unusual behavior
 - Unconsciousness
 - Context clues are important in helping to determine incapacitation. These signs alone do not necessarily indicate incapacitation.
- **Force** is the use of physical violence and/or imposing on someone physically to gain sexual access. Force also includes threats, intimidation (implied threats) and/or coercion that overcome resistance.
- **Coercion** is unreasonable pressure for sexual activity. Coercion is the use of emotional manipulation to persuade someone to do something they may not want to do such as being sexual or performing certain sexual acts. Being coerced into having sex or performing sexual acts is not consenting to having sex and is considered sexual misconduct.

Sexual Misconduct

Sexual misconduct includes, but is not limited to, the true threat of or actual sexual assault, unwelcome sexual contact, and/or sexual harassment. Sexual misconduct may vary in its severity and consist of a range of behaviors or attempted behaviors including, but not limited to the following examples:

- **Non-consensual Sexual Contact** (or attempts to commit) is any intentional sexual touching with any object(s) or body part that is without consent and/or by force.

- **Non-consensual Sexual Intercourse (or attempts to commit)** is penetration of a bodily orifice with any object(s) or body part that is without consent and/or by force.
- **Sexual Exploitation** occurs when a student takes advantage of another without that individual's consent for the initiator's own advantage or benefit or to benefit or advantage anyone other than the one being exploited, and that behavior does not otherwise constitute one of the other sexual misconduct offenses.
 - Examples of sexual exploitation include, but are not limited to:
 - Sexual exhibitionism
 - Prostituting or soliciting another person
 - Non-consensual video, photographing, or audio-recording of a sexual nature and/or distribution of these materials via mediums such as the internet
 - Exceeding the boundaries of consent (e.g., allowing people to watch consensual sex without knowledge from the participants)
 - Peeping or other voyeurism
 - Knowingly transmitting a Sexually Transmitted Infection (STI) or HIV to another individual
 - Sexually-based stalking and/or bullying may also be forms of sexual exploitation
- **Sexual Harassment** is any unwelcome conduct of a sexual nature. It can include unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature, such as sexual assault or acts of sexual violence. Sexual harassment also may include inappropriate touching, suggestive comments and public display of pornographic or suggestive calendars, posters, or signs where such images are not connected to any academic purpose. All forms of sexual and sex-based harassment and discrimination are considered serious offenses by the University. A violation of *The Student Code* will be found where: (a) submission to sexual harassment of any kind is made either explicitly or implicitly a term or condition of an individual's employment, performance appraisal, or evaluation of academic performance; or (b) these actions have the effect of creating a hostile learning or working environment. Sexual harassment creates a hostile environment when the harassment is sufficiently severe or pervasive to deny or limit a student's or employee's ability to participate in or benefit from the academic or work environment. State and federal law protect individuals from discrimination or discriminatory harassment in connection with employment and all academic, educational, extracurricular, athletic or other programs of a school. This protection extends to conduct that occurs both on and off University property.
 - Examples of sexual harassment include, but are not limited to:
 - Unwelcome sexual advances
 - Requests or attempts to extort sexual favors
 - Sexual violence
 - Inappropriate touching
 - Suggestive comments
 - Public display of pornographic or suggestive calendars, posters, or signs
 - Acts that do not necessarily involve conduct of a sexual nature but are based on sex or sex-stereotyping and which may include physical aggression, intimidation or hostility are considered gender-harassment and are similarly prohibited.

Intimate Partner Violence (also referred to as dating violence, domestic violence and relationship violence)

Intimate partner violence is a pattern of behavior in an intimate relationship that is used to establish power and control over another person through fear and intimidation.

A pattern of behavior is typically determined based on the repeated use of words and/or actions and inactions in order to demean, intimidate, and/or control another person. This behavior can be verbal, emotional and/or physical. Examples of intimate partner violence include, but is not limited to:

- Slapping
- Pulling hair
- Punching
- Damaging one's property
- Driving recklessly to scare someone
- Name calling
- Humiliating one in public
- Harassment directed toward a current or former partner or spouse
- Threats of abuse such as threatening to hit, harm, or use a weapon on another (whether complainant or acquaintance, friend, or family member of the complainant), or other forms of verbal threats

Stalking

Stalking involves any behaviors or activities occurring on more than one occasion that collectively instill fear in the victim and/or threaten her/his safety, mental health, and/or physical health. Such behaviors or activities may include, but are not limited to:

- Non-consensual communications (face to face, telephone, e-mail)
- Threatening or obscene gestures
- Surveillance/following/pursuit
- Showing up outside the targeted individual's classroom or workplace
- Sending gifts (romantic, bizarre, sinister, or perverted)
- Making threats

Sexual Misconduct Reporting Options

Reports of sexual harassment and discrimination made to any University employee may be reported to the University's Title IX Coordinator, Elizabeth Conklin, Office of Diversity and Equity (ODE) (860-486-2943; elizabeth.conklin@uconn.edu; Wood Hall; 241 Glenbrook Road, Unit 4175, Storrs, CT 06269-4175). Sexual assaults reported to any University employee must be reported to the University's Title IX Coordinator/Office of Diversity and Equity. The Title IX Coordinator will ensure complaints of this nature are addressed by the appropriate University entities and will assist complainants in receiving any medical, mental health, or other services that may be warranted. The Title IX Coordinator or designee will also facilitate any interim measures that may be necessary to protect the complainant in the institutional setting.

Complaints against students are governed by *The Student Code*. Such complaints should be directed to Title IX Lead Investigator Meredith Smith, Title IX Investigator Alexis Phipps Boyd, or Title IX Investigator Ashley Cain. They are located in Wood Hall (first floor) and can be reached by calling 860-486-2943 or via email at ode@uconn.edu.

Third party or anonymous reports alleging student sexual misconduct will be accepted through the previous mentioned contact venues. The information provided anonymously will only be used in compliance of *The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act* for data collection. Anonymous reports will typically not be used to initiate the formal student conduct process; however, under federal law the University is required to investigate all incidents of sexual harassment and discrimination, including sexual assaults, about which the University knows or has reason to know to protect the health and safety of the University community. The University may undertake an investigation even in those cases in which the complainant chooses not to cooperate.

Any person who believes that s/he has been sexually harassed or discriminated against on the basis of his/her sex or sexual orientation is strongly encouraged to contact the University's Title IX Coordinator, Elizabeth Conklin, Office of Diversity and Equity (ODE), located in Wood Hall (241 Glenbrook Road, Unit 4175, Storrs, CT 06269-4175). The telephone for ODE is 860-486-2943 and email is elizabeth.conklin@uconn.edu. The Title IX Coordinator or designee will ensure complaints of this nature are addressed by the appropriate University entities and will assist complainants in receiving any medical, mental health, or other services that may be warranted. The Title IX Coordinator or designee will also facilitate any interim measures that may be necessary to protect the complainant in the institutional setting.

It is encouraged that incidents of sexual assault be reported to the University of Connecticut Police Department at 860-486-4800 or by dialing 911 in the event of an emergency. The University of Connecticut Police Department is available 24 hours a day and may also be contacted anonymously through the Anonymous Tip Line by calling 860-486-4444 or sending an email to crimealerts@uconn.edu. Off-campus incidents can be reported to the Connecticut State Police, Troop C, 860-896-3222.

Individuals may decide not to file a report with any of the above units. Individuals are highly encouraged to seek medical attention, including counseling. The preservation of evidence, either through medical services and/or the police, can be critical in any investigation. A listing of resources can be found at www.sexualviolence.uconn.edu. Students who wish to file a report at a later date may contact any of the above mentioned units. Please note that a delay in reporting could weaken the information used to determine whether a student is responsible for sexual misconduct.

Student Conduct Process

The student conduct process for dealing with complaints is described in *The Student Code*. The information contained in this document provides additional information regarding sexual misconduct complaints. Individuals are strongly encouraged to read *The Student Code* to fully understand the process.

Upon receiving a report of sexual misconduct, the Office of Diversity and Equity may initiate an interim administrative action(s) as allowed by *The Student Code*. Such action may be taken when, in the professional judgment of a University

official, a threat of imminent harm to persons or property exists. Interim administrative action is not a sanction. It is taken in an effort to protect the safety and well-being of the accused student, of others, of the University, or of property. Interim administrative action is preliminary in nature; it is in effect only until a student conduct matter has been resolved. Actions may include, but are not limited to, no contact instructions, modification of residence hall status, limited access to campus, or interim suspension. The Office of Diversity and Equity and/or the Dean of Students Office may also impose interim measures or remedies that are not limited by *The Student Code*.

After receiving a complaint, the designated Title IX investigator(s) will immediately begin to investigate and strive to reach a resolution within 60 days of notification; however, there are circumstances that may extend this resolution timeline (e.g., gathering witness information, scheduling). Incidents resulting in an administrative review/hearing are typically conducted within fifteen days of the accused student being formally notified of the actual alleged violations. Regular updates as to the progress of the investigation will be provided to the complainant and the accused student by the investigator(s). Both the complainant and the accused student will be notified in writing of the outcome within 24 hours of the conclusion of the investigation or administrative review/hearing, whichever is later. Either party may request an appeal by submitting a request in writing within five business days of notification. Appeals are limited to a review of the process as outlined in *The Student Code*.

Both the complainant and accused student are afforded the same rights as outlined in *The Student Code*. This includes participating in the student conduct process, being accompanied by a support person, notification of the outcome, and the opportunity for appeal. The complete list is available in Part IV of *The Student Code*.

Determination of Facts Relative to an Alleged Violation

The standard used in determining whether or not the accused student violated University policy is a preponderance of evidence (whether it is more likely than not that a violation occurred).

Sanctions

If the accused student is found responsible for committing sexual misconduct and therefore, violating *The Student Code* appropriate sanctions will be imposed. Sanctions are determined by the seriousness of the violation, precedent for similar violations, and any existing aggravating and/or mitigating factors.

The University has four major sanctions: Warning, University Probation, University Suspension, or University Expulsion. When a student is found responsible for a violation(s), one of these is imposed. It is highly unlikely that a student found responsible for sexual misconduct would receive the sanction of a University Warning. The precedent regarding sexual assault is University Expulsion. A student may receive additional sanctions related to housing, student privileges, educational interventions, etc.

Privacy versus Confidentiality

To the extent possible, under federal law, if a student makes a report about an act of sexual misconduct to the Title IX Coordinator or designees, the institution has an obligation to investigate the complaint. The Title IX Coordinator and/or designees will protect the privacy of all parties to a complaint of sexual misconduct but cannot promise confidentiality. By law, very few University employees are permitted to promise confidentiality and are primarily limited to those employed by the University's Counseling and Health Services and the University's Department of Health Services.

Retaliation

Retaliation against a person for filing a complaint, or against witnesses for providing a statement during an investigation, is also prohibited and is a violation of *The Student Code*.

Appendix C

Policy on Alcohol and Other Drugs

The consequences of college drinking can be significant and more destructive than commonly realized according to the 2012 study done by the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

Consequences of Underage Alcohol Use:

- Research indicates that alcohol use during the teenage years could interfere with normal adolescent brain development and increase the risk of developing an AUD. In addition, underage drinking contributes to a range of acute consequences, including injuries, sexual assaults, and even deaths.

Researchers at NIAAA estimate that each year:

- 1,825 college students between the ages of 18 and 24 die from alcohol-related unintentional injuries, including motor-vehicle crashes.
- 696,000 students between the ages of 18 and 24 are assaulted by another student who has been drinking.
- 97,000 students between the ages of 18 and 24 report experiencing alcohol-related sexual assault or date rape.
- Roughly 20 percent of college students meet the criteria for an AUD.
- About 1 in 4 college students report academic consequences from drinking, including missing class, falling behind in class, doing poorly on exams or papers, and receiving lower grades overall.
- <http://pubs.niaaa.nih.gov/publications/AlcoholFacts&Stats/AlcoholFacts&Stats.htm>

In recognition of these statistics, the University has created and adopted this Alcohol and Other Drug Policy ("AOD Policy"), with an emphasis on individual and shared responsibility, healthy and informed decision-making, and maintaining a caring environment. The AOD Policy of the University of Connecticut has been established to support a safe and legal use of alcohol. The AOD Policy both (1) identifies actions the University does not support in an effort to prevent harmful situations resulting from the irresponsible and/or illegal use of alcohol and other drugs; and (2) provides guidelines to support safe and legal use of alcohol for all university constituents.

Jurisdiction

The AOD Policy for the University of Connecticut applies to all students as defined by *Responsibilities of Community Life: The Student Code (The Student Code)*. Each member of the University of Connecticut community shall be involved in the implementation of and compliance with this policy. Unless otherwise stated by law, each individual retains responsibility for his or her actions at all times regardless of his or her mental or physical state, even if altered by alcoholic beverages or other drugs. Campus organizations may develop and enforce additional group/individual standards which are more restrictive than those established in this policy.

Persons who violate the laws of this state may be subject to arrest or citation. Students of the University may also be referred to the appropriate University authority for disciplinary sanctions for policy violations. Visitors who violate the laws or policies of the University may be required to leave University property. The AOD Policy will be interpreted and adjudicated through *The Student Code* (this AOD Policy applies to students of the University of Connecticut. Professionals, faculty and staff are subject to separate University policy regarding alcohol and other drugs, specifically the General Rules of Conduct).

Philosophy of the Alcohol and Other Drug Policy

Our community at the University of Connecticut is maintained by each individual and organization adhering to a code of conduct which emphasizes compassion, respect to self and others, honesty and integrity. The concern for these values and ethics are expressed in *The Student Code* and in other policies published throughout the University.

As an institution of higher education, the University of Connecticut strives to support the scholastic, physical, and mental development of our students. The University's principle role is to engage in education that leads to high standards, respectful conduct and a healthy, productive environment. When those are compromised, the University will take disciplinary action against organizations and individuals violating *The Student Code*. The University offers reasonable assistance for students who are substance-dependent.

Policy Statement

Alcohol

As members of the University community, students have an obligation to uphold *The Student Code* as well as obey all federal, state and local laws. The University of Connecticut has established the following policy requirements that define illegal alcohol use (including being under the influence), possession, sale or distribution of alcoholic beverages that violate university policy.

University standards regarding alcohol include but are not limited to the following:

1a. *Illegal consumption, possession, proximity.* Possession of alcohol on all of the University of Connecticut campuses is limited to persons 21 years of age or older. If an individual is under 21 years of age that person is not permitted to consume alcohol or carry alcohol on their person. Alcohol paraphernalia (which includes but is not limited to: empty beer cans or bottles, shot glasses, etc.) being owned displayed or in the possession of a person is considered a violation of this policy.

1b. *Strength of alcohol.* Any alcohol that is stronger than 80 proof is not permitted on University of Connecticut campuses except where approved for academic purposes of the University.

1c. *Serving, distributing or obtaining alcohol.* Serving, distributing to or obtaining alcohol for any individual who is under 21 years of age is prohibited. Allowing a person under the age of 21 to consume alcohol is prohibited. Providing alcohol to a person who is visibly intoxicated and or pressuring others to use alcohol is a violation of this policy.

1d. *Public Consumption.* Alcohol may not be consumed anywhere on University of Connecticut campuses except in designated locations such as a restaurant or bar where the permittee assumes all liability of properly monitored events. University officiated events require proper server training of all personnel providing alcohol. No alcohol is to be consumed in public areas and open containers of alcohol are not permitted in public areas on University property except as defined by above criteria. ("Public areas" are defined as any area that could be used for general use including but not limited to stairways, hallways, lounges, bathrooms, dining halls, arenas, library, academic and administration buildings, and outside buildings on University property.)

1e. *Location for Consumption.* Alcohol can only be consumed on University of Connecticut campuses where there is a liquor permit to serve alcohol. A consumer can only ingest alcohol at the event location.

1f. *Alcohol Procurement.* Alcohol may not be purchased with University funds or Trustee student organizations. The Department of Dining Services is the sole liquor permit holder on University campuses.

1g. *Alcohol Service on University Campuses* - The Department of Dining Services is the sole liquor permit holder on University campuses and is responsible for ensuring the proper service of alcohol at official University events. The Department of Dining Services must be used to serve alcohol on campus locations where they have a permanent installation. At University sites where Dining Services does not have a permanent installation, departments must seek approval from Dining Services to use an alternate service. Exceptions must be approved in writing by the Department of Dining Services.

1h. *Tap Systems.* No tap systems to administer alcohol may be used on University property except by a licensed permittee.

1i. *Drinking games and paraphernalia.* Drinking games are prohibited. Paraphernalia used to administer drinking games or assist the user in ingesting alcohol at a fast rate are a violation of University policy. This includes, but is not limited to, funnels and beer pong. Such paraphernalia may not be maintained on University property and will be confiscated if discovered.

1j. *Common Source Containers.* Common source containers containing alcohol are prohibited. This includes but is not limited to, kegs, beer balls, and/or punch bowls being used to serve alcohol.

1k. *Off-campus Functions.*

There are policies for student organizations holding events off campus at which there is alcohol.

- All Registered Student Organizations (RSOs) must participate in the Student Activities Off Campus Event Registration process. RSOs must register off campus events and subsequently receive risk management advising.
- Law School student organizations must assure compliance with Law School Off-Campus Social Event Guidelines

1l. *Driving under the influence.* Driving under the influence of alcohol on campus or off-campus is prohibited.

Drugs

As members of the University community, students have an obligation to uphold *The Student Code* as well as obey all federal, state and local laws. The University of Connecticut has established the following policy requirements that define

Responsibilities of Community Life: The Student Code

drug and medication use (including being under the influence), possession, sale, distribution or manufacturing of controlled substances and/or drugs, or drug paraphernalia, except as expressly permitted by law and University policy. University requirements regarding drug and medication use by students include but are not limited to the following (employees must abide by a separate policy regarding alcohol and other drugs identified in the General Rules of Conduct):

2a. *Illegal Drugs* - Illegal drugs are not permitted on University property.

2b. *Medications* - Prescription drugs are permitted on University of Connecticut campuses if accompanied by an authentic medical prescription. Use of legal medication outside the parameters of the medical authorization is prohibited.

2c. *Contraband* - Substance use paraphernalia, use, possession, sale, distribution and manufacturing except as permitted by law and the University's AOD Policy is prohibited.

2d. *Driving under the influence* - Driving under the influence of drugs on campus or off-campus is prohibited (exception: the use of medication prescribed by a doctor for whom physician recommendations are followed).



ACADEMIC POLICIES & PROCEDURES MANUAL

Updated: July 30, 2015

**UConn
HEALTH**

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ACADEMIC POLICIES & PROCEDURES MANUAL

1. INTRODUCTION



About the School

The University of Connecticut School of Medicine (SOM) is fully accredited by the Liaison Committee on Medical Education (LCME), the national accrediting body for medical schools. The UConn SOM was originally conceived in the early 1960's when there was a national shortage of healthcare providers and such opportunities for careers in medicine were not easily accessible for Connecticut residents. Today, the SOM continues to commit to this vision with approximately 35% of graduates practicing medicine in Connecticut. The SOM is particularly proud of the many opportunities available to students who want to have a meaningful impact on the various communities in Connecticut and we encourage our students to investigate all areas of interest to them: clinical care, scholarly work and research, global health, community service, advocacy, medical education, and the humanities and medicine.

The SOM has five affiliated hospitals (Saint Francis Hospital and Medical Center, The Hospital of Central Connecticut, Connecticut Children's Medical Center, John Dempsey Hospital and Hartford Hospital) where students will find themselves interacting in the broader Connecticut medical community. We also have hundreds of community physicians who are dedicated to educating students in various clinical settings such as our Student Continuity Practice and our Ambulatory Care Experiences. Faculty on site and at our affiliated sites have diverse expertise and interests and enjoy teaching, mentoring and working with students in the clinical realm, in research and other projects. Our educational staff is committed to providing support to students in partnership with the faculty. This team approach is carefully role modeled for our students as they advance in a team-oriented clinical environment.

The Home Office of Medical Education (HOME) is an excellent resource for students who have questions about their classes, grades, schedules and electives.

Students who are in need of guidance concerning their medical careers and/or personal issues are advised to speak with the Office of Student Affairs, who can also make referrals to other resources. Our curriculum experts invite student feedback and student participation as facilitators to junior colleagues.

The People of Undergraduate Medical Education

Academic Affairs & Education

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Important Considerations

This Academic Policies and Procedures Manual is subject to review and change from time to time. The Manual is continuously revised and updated as necessary and policies may change in the course of any given academic year. We therefore suggest that you check this Manual to confirm policies and requirements in effect at any given time. Manual updates are typically done annually but there may be instances where updates are required sooner. In general new policies are implemented for all students immediately. There are a few exceptions where a new policy may not be implemented for students currently in the school, i.e. students will be “grandfathered” to the old policy. Examples are not limited to but include the following:

- 1. Creation of new grade designations**
- 2. Graduation requirements**
- 3. Disciplinary procedures followed will be those in place at the time of the complaint.**

Any policy that may not affect students currently enrolled at the time of the creation of the policy will be indicated as such within the policy.

2. STUDENT LIFE AND WELL-BEING

*Academic Policies &
Procedures Manual:
Section 2*

UConn Health is comprised of the Schools of Medicine, Dental Medicine, The Graduate School, and Clinical Operations. Students enrolled in the School of Medicine are working towards the MD degree and those in the School of Dental Medicine work towards the DMD. In a unique fashion, medical and dental students are taught in an interprofessional environment with overlap of the first two years of the curriculum. The Graduate School offers Doctoral and Master's level degree programming. Some students pursue joint degrees across the schools at UConn Health as well as the other schools at the University of Connecticut. Clinical Operations includes the John Dempsey Hospital, UConn Medical Group and University Dentists. UConn Health is located on 180 acres in the Town of Farmington, five miles west of Hartford, the capital city. As Farmington is a residential suburb in the Hartford Metropolitan area that has retained its distinctive character through maintenance of its historic districts and careful land use planning for the future. Several office parks, large retirement communities and condominium developments contribute to an interesting economic and demographic mix.

UConn Health is an open, non-residential campus. As a leading research center and teaching hospital, many of its buildings are active on a seven-day, twenty-four-hour basis. There are 927 students and 5,518 employees, 3,918 of which are considered full time equivalents. With approximately 2,100 outpatient visits per day, as well as numerous visitors, there is an effective population of approximately 8,000.

Information included in this section:

- 2.A. Immunization Policy*
- 2.B. Health Insurance*
- 2.C. Needlestick and Blood/ Body Fluid Exposure Procedure*
- 2.D. Mental Health Services and Student Wellness*
- 2.E. Impaired Student Policy*
- 2.F. Disability Policy*
- 2.G. Technical Standards*
- 2.H. Library Services*
- 2.I. Electronic and Email Procedures*
- 2.J. Security and Public Safety*
- 2.K. Dress Code*
- 2.I. Duty Hours*

2.J. Security and Public Safety

Students are expected to wear their UConn Identification (IDs) at all times while on campus and while visiting affiliated sites. Replacement badges can be obtained through [Public Safety](#) for a fee.

Security measures are provided within the University of Connecticut School of Medicine, the sponsoring institution, as well as all of the major affiliated hospitals, including UConn Health, Hartford Hospital, St. Francis Hospital and Medical Center, Hospital of Central Connecticut, Connecticut Children's Medical Center and the Veterans' Administration. These include foot and vehicle patrol of the facilities and general response to problems that arise. Security also provides assistance with ambulance security, transportation of patients to and from aircraft sent to the hospital, unlocking doors, escorts to vehicles, and assistance with cars that will not start in the middle of the night. Blue emergency phones located throughout the UConn Health campus dial directly into public safety dispatchers.

Public Safety Telephone Numbers

UConn Health - (860) 679-2121 or (860) 679-7777 (emergency)

Hartford Hospital - (860) 972-2147

St. Francis Hospital & Medical Center - (860) 714-4000

Hospital of Central Connecticut - (860) 224-5011

Connecticut Children's Medical Center - (860) 545-7130

UConn Health Uniform Campus Crime Report

All students are encouraged to read the complete [UCHC Uniform Campus Crime Report manual](#). The following is an excerpt from that document pertaining specifically to students:

Clery Act: Overview

The "Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act of 1998," commonly referred to as the "Clery Act," requires institutions of higher education receiving federal financial aid to report specified crime statistics on college campuses and to provide other safety and crime information to members of the campus community.

UConn Health provides crime information and statistics to the public in a variety of ways. In addition to the Clery Act, UConn Health provides to the United States Department of Justice crime statistics that are classified pursuant to the Uniform Crime Reporting (UCR) Program administered by the FBI. These statistics are reflected in the annual *Crime in Connecticut* publication which is the annual report of the Uniform

Crime Reporting Program of the State of Connecticut, Division of State Police, as well as the FBI *Crime in the United States* publications.

Reporting of Crimes or Emergencies

The university has its own emergency telephone number, 7777, which is answered at the Public Safety dispatch center. Emergency help—police, fire or medical—will be immediately dispatched. Emergency phones are also located throughout the campus. If you are a victim of a crime or you have witnessed a crime, but there is no immediate danger or emergency, call UConn Health Police at 860-679-2121 (or 2121 from any university phone). Reports may also be made in person at the Police Department, LG 044, or to officers on patrol.

Timely Warnings

UConn Health Police Department issues Crime Alerts when deemed necessary to keep the campus community informed about security and safety matters. The decision to issue a Crime Alert is made on a case by case basis after reviewing all the facts, including the nature of the crime, the continuing threat to the campus community, and the risk of compromising law enforcement efforts. Notification may be made utilizing e-mail, text message, voice mail, and web page. These notifications are disseminated with the goal of notifying as many people as possible, as rapidly as possible. Further information and a registration link can be accessed at <http://alert.uchc.edu>. Testing is done on an annual basis or more often if needs dictate.

Daily Crime Logs

The Police Department maintains a Daily Crime Log that records, by the date the incident was reported, all crimes and other serious incidents that occur within the department's patrol jurisdiction. This log is available for public inspection and includes the nature, date, time, and general location of each crime reported to the department.

Policy on Alcoholic Beverage and Illegal Drugs

Students at UConn Health are expected to become aware of and abide by state laws and University regulations regarding use of alcohol and illegal drugs. The University alcohol beverage policy is designed to be consistent with the laws of the state of Connecticut, which, in general, prohibit the possession, consumption and serving of alcoholic beverages by and to persons less than 21 years of age.

State law prohibits possession, use, manufacture, or distribution of illegal substance or drug paraphernalia or of any illegal drug or narcotic, including barbiturates, hallucinogens, amphetamines, cocaine, opium, heroin, marijuana or any other substance not chemically distinguishable from them except as authorized by medical prescription.

Weapons on Campus

Possession and/or use of firearms, fireworks, dangerous weapons and hazardous chemicals is strictly prohibited and in many cases violates state law. This applies to students and employees except where authorized to handle weapons or chemicals.

Sexual Assault

The UCONN SOM is compliant with all title IX requirements, which prohibits discrimination and retaliation. See section 3.F and section 8.G

- [UConn Health Policy Prohibition of Sexual Harassment](#)
- [Title IX Federal Policy](#)
- [Sexual Assault Response Policy](#)

Title IX Policies

Title IX is a federal law that prohibits discrimination based on the sex (gender) of employees and students of educational institutions that receive federal financial assistance. Title IX's prohibition of sex discrimination includes prohibition of sexual harassment and sexual violence. Sexual harassment is unwelcome conduct of a sexual nature and can include unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature, including rape and sexual assault.

The University of Connecticut School of Medicine does not tolerate sex discrimination, sexual harassment or sexual violence of any kind. This prohibition is further explained in the University's [Title IX Notice](#). To ensure compliance with Title IX and other federal and state civil rights laws, the University has a designated Title IX coordinator in the office of ODE who is charged with monitoring compliance with Title IX and ensuring that reports of sex discrimination, sexual harassment and sexual violence are investigated and addressed by the SOM.

Any student, faculty, or staff member with questions or concerns about the [applicable policies](#) or who believes that he or she has been the victim of sex discrimination, sexual harassment, or sexual violence is encouraged to contact the [Title IX Coordinator](#).

Filing a Complaint of Sex Discrimination or Sexual Harassment

Individuals who believe that they have been discriminated against on the basis of protected qualifications, including sex discrimination, sexual harassment and sexual violence may file a complaint with the ODE. Any concerns of sexual harassment, sexual assault, and/or sex discrimination, regardless of the identity of the accused, may be brought to the Title IX Coordinator.

Non-Retaliation Policy

The SOM encourages individuals to bring forward information and/or complaints about sexual harassment and sexual assault. Retaliation against any individual who, in good faith, reports or participates in the investigation of alleged violations is *strictly forbidden* and will be enforced by the appropriate members of the SOM's administration.

3. PROFESSIONALISM

*Academic Policies &
Procedures Manual:
Section 3*

Students are expected to maintain high standards of personal and professional integrity and conduct at all times. The Code of Professionalism (see 3.A.) addresses appropriate and acceptable behavior expected of medical students in their role as healthcare professionals. This document was created as a guide to help invoke appropriate behavior in all areas of professional conduct and outlines the expected student competencies in professionalism. This document also explains the process for submitting reports of praise or concern regarding professional behavior and the mechanisms used to investigate any adverse occurrence.

Other models for professionalism are found in several UConn Health and School of Medicine documents including the Student Honor Code (3.B.) and the Compact between Faculty and Trainees (3.C.). UConn Health also has [rules of conduct](#) which students are expected to uphold.

Information included in this section:

- 3.A. Code of Professionalism**
- 3.B. Student Honor Code/ Honor Board**
- 3.C. Compact Between Faculty and Trainees**
- 3.D. Role of the Academic Advancement Committee in Professionalism**
- 3.E. Faculty and Student Relations**
- 3.F. Prohibition of Sexual Harassment and Sexual Assault**

3.C. Compact Between Faculty and Undergraduate and Graduate Medical Trainees

Preparation for a career in medicine demands the acquisition of a large fund of knowledge and a host of special skills. It also demands the strengthening of those virtues that embody the doctor/patient relationship and that sustain the profession of medicine as a moral enterprise. This Compact serves both as a pledge and as a reminder to teachers and learners that their conduct in fulfilling their mutual obligations is the medium through which the profession inculcates its ethical values.

The Teacher-Learner relationship between faculty and medical learners - students, residents, and fellows - should demonstrate the highest standards of ethical conduct in all educational settings and be conducted without abuse, humiliation, harassment and exploitation of relationships for personal gain or advantage.

COMPACT BETWEEN TRAINEES* AND THEIR TEACHERS

(*Trainees include medical students, residents/fellows and fellows)

(Adopted from the AAMC Compact)

Medical education is an integral component of the formal education of physicians. In order to practice medicine independently, physicians must receive a medical degree and successfully complete a supervised period of residency/ fellowship training in a specialty/subspecialty area. To meet their educational goals, trainees must participate actively in the care of patients and must assume progressively more responsibility for that care as they advance through their training. In supervising trainees faculty must ensure that trainees acquire the knowledge and special skills of their respective disciplines while adhering to the highest standards of quality and safety in the delivery of patient care services. In addition, faculty members are charged with nurturing those values and behaviors that strengthen the doctor-patient relationship and that sustain the profession of medicine as an ethical pursuit.

Core Tenets of Medical Education

Excellence in Medical Education

Institutional medical education leadership and program faculty must be committed to maintaining high standards of educational quality. Trainees are first and foremost learners. Accordingly, a trainee's educational needs should be the primary determinant of any assigned patient care services. The learning objectives of the program should not be compromised by excessive reliance on trainees to fulfill non-physician service obligations. (Trainees however, must remain mindful of their oath and recognize that their responsibilities to their patients always take priority as the primary part of their educational considerations.)

Highest Quality Patient Care and Safety

Preparing future physicians to meet patients' expectations for optimal care requires that they learn in clinical settings epitomizing the highest standards of medical practice. Indeed, the primary obligation of institutions and individuals providing medical education is the provision of high quality, safe patient care. Program faculty must ensure that trainees are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs. By allowing trainees to participate in the care of their patients, faculty accepts an obligation to ensure high quality medical care in all learning environments.

Respect for Trainee Well-Being

Fundamental to the ethic of medicine is respect for every individual. Trainees are especially vulnerable and their well-being must be accorded the highest priority. Given the uncommon stresses inherent in fulfilling the demands of their training program, trainees must be allowed sufficient opportunities to meet personal and family obligations, to pursue a balance of work and life activities, and to obtain adequate rest.

Commitments of Faculty

1. As role models for our trainees, we will maintain the highest standards of care, respect the needs and expectations of patients, and embrace the contributions of all members of the healthcare team.
2. We pledge our utmost effort to ensure that all components of the educational program for trainees are of high quality, including our own contributions as teachers.
3. In fulfilling our responsibility to nurture both the intellectual and the personal development of trainees, we commit to fostering academic excellence, exemplary professionalism, cultural sensitivity, and a commitment to maintaining competence through life-long learning.
4. We will demonstrate respect for all trainees, without regard to gender, race, national origin, religion, disability or sexual orientation; and we will cultivate a culture of tolerance among the entire staff.
5. We will do our utmost to ensure that trainees have opportunities to participate in patient care activities of sufficient variety and with sufficient frequency to achieve the competencies required by their chosen discipline. We also will do our utmost to ensure that trainees are not assigned excessive clinical responsibilities and are not overburdened with services of little or no educational value. The learning objectives of the *educational* program *will* be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and

didactic educational events and will not be compromised by excessive reliance on trainees to fulfill non-physician service obligations.

6. In fulfilling the essential responsibility we have to our patients, we will ensure that trainees receive appropriate supervision for all of the care they provide during their training. In the clinical learning environment, each patient will have an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient's care. We will provide trainees with opportunities to exercise graded, progressive responsibility for the care of patients, so that they can learn how to practice medicine and recognize when, and under what circumstances, they should seek assistance from colleagues. Faculty members functioning as supervising physicians *will* delegate portions of care to trainees based on the needs of the patient and the skills of the trainee.

7. We will do our utmost to prepare trainees to function effectively as members of healthcare teams. We will provide an environment that maximizes effective communication and the opportunity for trainees to work as members of effective inter-professional teams that are appropriate to the delivery of patient care.

8. We will evaluate each trainee's performance on a regular basis, provide appropriate verbal and written feedback, and document achievement of the competencies required to meet all educational objectives.

9. We will ensure that trainees have opportunities to partake in required conferences, seminars and other non-patient care learning experiences and that they have sufficient time to pursue the independent, self-directed learning essential for acquiring the knowledge, skills, attitudes, and behaviors required for entering residency and subsequent independent practice.

10. We will ensure a culture of patient safety and professionalism by educating our faculty members and our trainees' concerning the personal responsibility of physicians to appear for duty appropriately rested and fit so that they may provide the services required by their patients.

Commitments of Trainees

1. We acknowledge our fundamental obligation is to place our patients' welfare uppermost; quality health care and patient safety will always be our prime objectives.

2. We pledge our utmost effort to acquire the knowledge, clinical skills, attitudes and behaviors required to fulfill all objectives of the educational program and to achieve the competencies deemed appropriate for our chosen discipline.

3. We embrace the professional values of honesty, compassion, integrity, and dependability.

4. We will adhere to the highest standards of the medical profession and pledge to conduct ourselves accordingly in all of our interactions. We will demonstrate respect for all patients and members of the health care team without regard to gender, race, national origin, religion, economic status, disability or sexual orientation.

5. As trainees we learn most from being involved in the direct care of patients and from the guidance of faculty and other members of the healthcare team. We understand the need for faculty to supervise all of our interactions with patients.

6. We accept our obligation to secure direct assistance from faculty or appropriately experienced residents/fellows whenever we are confronted with high-risk situations or with clinical decisions that exceed our confidence or skill to handle alone.

7. We welcome candid and constructive feedback from faculty and all others who observe our performance, recognizing that objective assessments are indispensable guides to improving our skills as physicians.

8. We also will provide candid and constructive feedback on the performance of our fellow trainees, and of faculty, recognizing our life-long obligation as physicians to participate in peer evaluation and quality improvement.

9. We recognize the rapid pace of change in medical knowledge and the consequent need to prepare ourselves to maintain our expertise and competency throughout our professional lifetimes.

10. In fulfilling our own obligations as professionals, we pledge to assist trainees in learning to meet their professional obligations including but not limited to teaching providing feedback.

11. We will embrace a culture of patient safety and professionalism by understanding and accepting our personal responsibility to appear for duty appropriately rested and fit so that we may provide the care required by our patients.

We believe that the relationship between faculty and trainees should reflect the highest standards of ethical conduct in all educational settings. Interactions between faculty and trainees must be conducted without abuse, humiliation, harassment or exploitation of relationships for personal gain or advantage. (Any trainee or faculty member who experiences mistreatment or who bears witness to unprofessional

behavior must report such incidents according to the policies and procedures provided by the School of Medicine and the Office of Graduate Medical Education.)

This compact serves both as a pledge and as a reminder to trainees and their teachers that their conduct in fulfilling their obligations to one another is the medium through which the profession perpetuates its standards and inculcates its ethical values.

For more information about the Compact, go to www.aamc.org/residentcompact

Approved by Education Council: 2/12/06

Reviewed 2/08, 6/10

Revised 9/11, 1/13

3.D. Role of the AAC in Professionalism

The Academic Advancement Committee (AAC) reviews all breaches in professionalism. Please see section 5.D. for additional information on the AAC.

3.E. Faculty, Staff and Student Relations

The relationships between faculty, staff, residents, fellows and patients should demonstrate the highest standards of ethical conduct in all educational settings and be conducted without abuse, humiliation, harassment and exploitation of relationships for personal gain or advantage. Any questions, concerns or breaches in professional relations may result in disciplinary action and should be brought immediately to the attention of the Associate Dean for Student Affairs. Possible ramifications of violations in standards of ethical conduct include review and subsequent disciplinary action by the Academic Advancement Committee, which could ultimately lead to dismissal.

A consensual relationship between faculty/administrator/resident with student can rise to the level of prohibited sexual harassment as defined by UConn Health policy; more specifically it can raise concerns with the inherent inequalities that exist in the power of one person over the other. Such consensual relationships may adversely affect other students' experience due to perceived or actual bias and/or creation of a hostile work environment. No faculty and/or staff supervisor should enter in to a consensual relationship with a trainee under that individual's authority. When a faculty/administrator/resident has a consensual relationship with a student, this relationship must be disclosed to the Associate Dean for Student Affairs in a face-to-face meeting and additional processes will include:

- A guarantee that the faculty/administrator/resident is not directly teaching or supervising the student in any clinical or educational activities for the program (emergencies excluded)
- Both parties are required to re-sign the Compact on Professionalism
- The faculty/administration/resident and student will withdraw themselves from providing formal evaluations of the other person in any situation
- The Associate Dean for Student Affairs will monitor the work of the department to ensure that the faculty/administrator/resident and student relationship does not affect clinical or educational activities for any member of the program or department
- The Associate Dean for Student Affairs will inform the other faculty in the program and the affected student that a system is in place to ensure fair treatment and no favoritism

See section 3.F for additional information

3. F. Prohibition of Sexual Harassment and Sexual Assault

UConn Health is committed to maintaining a workplace, learning environment and clinical treatment center free of sexual harassment. The UConn Health prohibits sexual harassment of any person or persons who conduct business with and/or perform other services on behalf of the Health Center including but not limited to: employees, faculty, residents students, volunteers, outside vendors and contractors. This policy explains this prohibition. UConn Health also complies with all applicable statutes relating to discrimination due to sexual harassment. The implementation of this policy requires the full compliance and cooperation of all employees, faculty, residents, students, volunteers, outside vendors and contractors in adherence to its principles.

Sexual harassment may involve the behavior of a person of either sex relative to a person of the opposite or same sex, and occurs when such behavior constitutes unwelcome sexual advances, requests for sexual favors, and other unwelcome verbal or physical behavior of a sexual nature where:

Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's education, employment or eligibility for clinical treatment or other UConn Health services;

Submission to or rejection of such conduct by an individual is used as the basis for academic or employment decisions, or any other decisions affecting the individual's ability to work, study, receive clinical treatment and/or perform other services on behalf of UConn Health;

Such conduct has the purpose or effect of substantially interfering with an individual's ability to work, study, receive clinical treatment and/or perform other services on behalf of UConn Health, academic or work performance, or creates an intimidating, hostile, offensive learning, working or clinical treatment environment.

Sexual harassment can encompass a wide range of inappropriate behavior, including, but not limited to: sexual remarks or innuendo, suggestive comments, sexually oriented remarks or jokes, physical contact or explicit sexual propositions. Sexual harassment can also include sexual assault and other forms of non-consensual forms of sexual conduct.

According to the [University of Connecticut Code of Student Conduct](#), which applies to all UCONN students including those at the School of Medicine, all policies related to sexual assault and sexual harassment will be enforced applying the following [definition of consent](#):

"Consent" is an understandable exchange of affirmative words or actions, which indicate a willingness to participate in mutually agreed upon sexual activity. Consent must be informed, freely and actively given. It is the responsibility of the initiator to obtain clear and affirmative responses at each stage of sexual involvement. Consent to one form of sexual activity does not imply consent to other forms of sexual activity. The lack of a negative response is not consent. An individual who is incapacitated by alcohol and/or other drugs both voluntarily or involuntarily consumed may not give consent. Past consent of sexual activity does not imply ongoing future consent.

For more information on [Title IX](#) (e.g. prohibitions of sexual harassment and sexual assault) please refer to section 2.J of this manual.

[Prohibition of Sexual Harassment Policy #2002-48 \(7/18/13\)](#)

[Sexual Assault Response Policy \(1/25/12\)](#)

CONSENSUAL RELATIONSHIPS AMONG FACULTY, ADMINISTRATIVE AND/OR STAFF SUPERVISORS AND STUDENTS/TRAINEES:

For purposes of this policy consensual relationships are defined as dating and/or sexual relationships willingly undertaken by the parties.

For the purposes of this policy the designation of 'faculty' includes but is not limited to those persons employed by UConn Health. Faculty serving UConn Health but not employed by UConn Health are also included in this policy.

A consensual relationship among faculty, administrative and/or staff supervisors and students/trainees can rise to the level of prohibited sexual harassment as well as raise concerns when inherent inequalities exist in the status and power of one individual over the other. This is especially so in relationships between faculty, administrative and/or staff supervisors and students or trainees. Such consensual relationships may adversely affect the student/trainee experience. No faculty, administrative and/or staff supervisors should enter into a consensual relationship with a student/trainee actually under that individual's authority. Situations of authority include, but are not limited to teaching, formal mentoring, supervision of research and employment of a student as a research or teaching assistant; and exercising substantial responsibility for grades, honors, or degrees; and considering disciplinary action involving the student.

No faculty or administrative and/or staff supervisory member should accept authority over a student pursuant to this section with whom he or she has or has had a consensual relationship without written agreement to address the conflict with the appropriate dean, or dean designee. Specifically, the faculty or administrative and/or staff supervisory member should not, absent such a written agreement, allow the student to enroll for credit in a course which the faculty member is teaching or supervising; direct the student's independent study, thesis, or dissertation; employ the student as a teaching or research assistant; participate in decisions pertaining to a student's grades, honors, degrees or consider disciplinary action involving the student.

Students and faculty alike should be aware that entering into a consensual relationship will limit the faculty, administrative and/or staff supervisor's ability to teach and mentor, direct work, employ and promote the career of a student involved with him or her in a consensual relationship, and that the relationship should be disclosed in any letter of recommendation the faculty/administrative and/or staff supervisory member may write on the student's behalf. Furthermore, should the faculty member be the only supervisor available in a particular area of study or research, the student may be compelled to avoid or change the special area of study or research.

If nevertheless a consensual relationship exists or develops between a faculty member and a student involving any situation of authority, that situation of authority must be terminated. Termination includes, but is not limited to, the student withdrawing from a course taught by the faculty member; transfer of the student to another course or section, or assumption of the position of authority by a qualified alternative faculty member or teaching assistant; the student selecting or being assigned to another academic advisor and/or thesis or dissertation advisor; and changing the supervisor of the

student's teaching or research assistantship. In order for these changes to be made and ratified appropriately, the faculty must disclose the consensual relationship to his or her supervisor, normally the chair, division head or dean or dean's designee and reach an agreement for remediation. In case of failure to reach agreement, the supervisor shall terminate the situation of authority.

RESOURCES

The Office of Diversity and Equity is responsible for the implementation of this policy and acts as the primary resource for consultation. All Health Center members are encouraged to contact the Office of Diversity and Equity to seek guidance about the application and implementation of this policy.

SCOPE

Sexual harassment is unacceptable conduct and will not be tolerated or condoned. All employees, faculty residents, volunteers and students, as well as outside vendors and contractors shall be held responsible and accountable for maintaining an environment free from sexual harassment. Violations of this policy may result in disciplinary or other action which may include, but is not limited to, written warning, demotion, transfer, suspension, expulsion, dismissal, contract termination or other sanctions as are appropriate.

PROCEDURE

Employees, faculty, students, residents, volunteers, outside vendors, contractors may seek information and/or file complaints directly through the Office of Diversity & Equity at (860) 679- 3563 or contact their immediate supervisor. Employees may also notify the Human Resources Department or the Office of the Vice President for Health Affairs about incidents of sexual harassment. The confidentiality of the reporting party (parties) will be observed provided it does not interfere with the institution's ability to investigate or take corrective action. Complaints of sexual harassment will be investigated promptly. The determination of the merit of a particular action will be made from the facts, on a case-by-case basis, looking at the totality of circumstances. Retaliation against any persons participating in the investigation is prohibited, and may result in disciplinary action which may include, but is not limited to, written warning, demotion, transfer, suspension, expulsion or dismissal.

Managers and supervisors must consult with the Office of Diversity & Equity on all complaints alleging sexual harassment and/or when aware of behavior prohibited by this policy. The Office of Diversity and Equity will work with the Human Resources Department if disciplinary action is necessary.

Policies & Procedures

Sexual Assault Response Policy

Posted on January 26, 2012 by ksl02001

Title:	Sexual Assault Response Policy
Policy Owner:	Title IX Coordinator
Applies to:	Employees
Campus Applicability:	All Campuses
Effective Date:	January 25, 2012
For More Information, Contact	Title IX Coordinator
Contact Information:	(860) 486-2943
Official Website:	http://ode.uconn.edu

The safety of all members of the University Community is of the highest importance to all of us. Sexual assault and intimate partner violence¹ contravene the mission and values of our academic community, and are a violation of the law and of the University's Codes of Conduct. The University is committed to offering services to support and assist victims of sexual assault. Perpetrators may be subject to campus and/or employment discipline, up to and including dismissal, as well as law enforcement action. For more information related to this policy, contact the University's Title IX Coordinator, Elizabeth Conklin, at (860) 486-2943, 241 Glenbrook Road, Wood Hall, Unit 4175, Storrs, CT, 06269-4175, titleix@uconn.edu.

Statement of Purpose

This policy is designed to assist University employees in responding to reports of sexual assault. It seeks to promote a timely and comprehensive response to known sexual assaults, including providing information to victims about medical treatment and support

services. The policy also seeks to promote a safe campus environment and, where appropriate, to facilitate disciplinary processes and foster involvement of law enforcement officials in conformity with applicable laws and regulations.

Reporting Requirements for All Employees²

Any employee, except those who are empowered by law to maintain confidentiality as set forth below (see "Confidential Resource Options" below), who witnesses or receives a report of sexual assault, must report the incident (including the date, time, and location of the incident, the date the incident was reported to you, and the identities of the victim and, if disclosed, the alleged perpetrator) as soon as possible to the Office of Diversity and Equity: (860) 486-2943 (Storrs); (860) 679-3563 (UConn Health).³

While it is your responsibility to report the information you receive, it is not your responsibility to investigate what is reported to you. University officials within the appropriate offices will determine the appropriate next steps, including ensuring that victims have been made aware of available on and off campus resources. While efforts will be made to protect the privacy of the victim, the University retains the discretion to disclose a victim's identity to the appropriate officials if it is determined that such disclosure is prudent to protect the safety of the University community. If the alleged perpetrator is an employee, the Office of Faculty and Staff Labor Relations will be notified. As a result, you may inform the victim that your conversation is private *but not confidential*.

Confidential Resources

A victim who wishes to discuss the assault confidentially may contact a designated Sexual Assault Counselor, including, for Storrs campus students, the Sexual Assault Crisis Center of Eastern Connecticut (24-hour hotline: 860-456-2789), and the Hartford Region Sexual Assault Crisis Program (24 hour Hotline: (860) 522-6666) (statewide list included online: www.sexualviolence.uconn.edu).

Confidential assistance is also available within Student Health Services (including Counseling & Mental Health Services).⁴

Additional Guidance

Many services, both on and off campus, are available to victims of sexual assault. Comprehensive resource descriptions are listed on the University's sexual violence, intimate partner violence and stalking awareness website: www.sexualviolence.uconn.edu. One goal of this policy is to ensure that victims who report sexual assaults to any University employee are made aware of and receive necessary or desired services. Services available to victims include, but are not limited to, modifications to academic, living or working situations and assistance with campus transportation and/or notifying law enforcement, who can provide information about the importance of preserving physical evidence. In addition, victims are entitled to seek

protective or restraining orders against their perpetrator(s), and the University will honor any lawful protective or restraining orders. If a sexual assault is reported to you in your role as a University employee, while you may advise the victim that any conversation you have will be private (will not be shared unnecessarily with others), in no event should the victim be told that the conversation will be confidential (will not be shared without the express consent of the parties to the conversation).⁵

Assisting Victims

For further guidance, Attachment A provides a non-exhaustive list of suggested assistance actions you may consider taking if a sexual assault is reported to you. In addition, www.sexualviolence.uconn.edu provides a comprehensive list of resources for victims of sexual violence, intimate partner violence, and stalking. You are encouraged to refer any victim who reports to you to www.sexualviolence.uconn.edu, as the resources listed there include personnel who have been specifically trained to respond to victims of sexual assault.

Self-Reporting by the Victim

In addition to the resources available both on and off campus (comprehensive listing at www.sexualviolence.uconn.edu), victims are encouraged to report sexual violence and intimate partner violence to the UConn Police (860) 486-4800 (Storrs), (860) 679-2121 (UConn Health); and the Office of Diversity and Equity (860) 486-2943 (Storrs), (860) 679-3563 (UConn Health). Victims can choose whether to identify themselves in making such reports. A victim who directly reports a sexual assault has the opportunity to be in control of the situation and may feel a greater sense of empowerment. Direct reporting also can be important for the safety of the entire University community. Victims have the right to report assaults to campus authorities without further participation in the process. A victim can choose to initiate action through law enforcement and/or the University disciplinary process. Victims should understand, however, that by choosing to not participate in the University disciplinary process, the response of the University may be limited.

Non-Retaliation

The University encourages students, employees, and members of the University community to report all incidents of sexual assault. Any threat of retaliation or other attempts to prevent the reporting of an incident of sexual assault is itself prohibited. See the University's Non-Retaliation policy: <http://policy.uconn.edu/?p=415>.

Attachment A

Non-Exhaustive List of Suggested Assistance Actions

- Assess the victim's need for immediate medical attention. Offer to accompany the victim to Student Health Services or to UConn Police, either of which can arrange transport to the Emergency Room if needed or desired.

- If immediate medical attention is not required or desired, provide the victim with a comfortable environment in which to discuss the situation (considering the victim's needs for safety and privacy).
- Mention to the victim the importance of preserving physical evidence.
- Explain as early as possible within your conversation that while your conversation will be private (will not be shared unnecessarily with others), it will not be confidential (will not be shared without the express consent of the parties to the conversation). Explain that *confidential* counseling is available through Student Health Services on campus and the Sexual Assault Crisis Center of Eastern Connecticut or other local sexual assault crisis centers off campus (Contact information contained online: www.sexualviolence.uconn.edu).
- Share the attached list of resources (www.sexualviolence.uconn.edu) with the victim and, if you are able, offer to accompany the victim to whatever resources the victim chooses to utilize.
- Do not suggest that the matter could be mediated between the victim and the alleged perpetrator.
- Offer to assist the victim in finding someone to accompany them to whatever resources the victim chooses to utilize.
- Offer to assist the victim in reporting the sexual assault to appropriate authorities on campus and in the community. The victim may report the sexual assault to the UConn Police (860) 486-4800 (Storrs), (860) 679-2121 (UConn Health); and/or the Office of Diversity and Equity (860) 486-2943 (Storrs), (860) 679-3563 (UConn Health).

[1] For purposes of this policy, "sexual assault," in addition to rape, includes unwanted physical contact with the intimate parts of a person's body for purposes of sexual gratification, humiliation or degradation. The genders of the alleged victim and alleged perpetrator are irrelevant. (See Chapter 952, Connecticut General Statutes). "Intimate partner violence" means any physical or sexual harm against an individual by a current or former spouse of or person in a dating relationship with such individual that results from any action by such spouse or such person that may be classified as a sexual assault, stalking, or domestic violence as defined by Connecticut law. This policy supplements, but does not replace, University policies on sexual harassment and state law governing mandated reporters of child abuse as codified in Connecticut General Statutes §17a-101, et seq.

[2] While this requirement does not apply to students who are employed on the Student Payroll, certain student employees may have reporting obligations not addressed by this policy if they are deemed a "Campus Security Authority" (CSA) by the University.

[3] Nothing in this policy prevents an employee from also reporting this information to the UConn Police: (860) 486-4800 (Storrs), (860) 679-2121 (UConn Health).

[4] A limited number of University employees have the ability under state law to offer confidentiality and not disclose communications with a victim. Typically, these are clinical employees who work within the Office of Counseling and Mental Health Services within the Division of Student Affairs or UConn Health and include: (1) licensed marital and family therapists; (2) licensed social workers; (3) licensed professional counselors; (4) licensed psychologists; (5) psychiatrists licensed as physicians and substantially acting as psychiatrists; and (6) physicians and other medical professionals acting within a medical professional/patient relationship, including those recognized by the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA). In addition, the University has exempted a very limited number of employees from the requirement to report under SARP, including medical personnel working within Student Health Services.

In addition, members of the UConn Police Department are not required to identify the victim if doing so would violate Connecticut General Statutes, section 54-86e. However, the professionals listed herein should remain cognizant of their legal and ethical responsibility to share information when necessary to prevent harm to the patient, client, or others within the University community. Additionally, if any of the professionals listed herein learn of a sexual assault outside the scope of their employment as a medical professional, social worker, therapist, or member of the police department, they are required to disclose the information to the Office of Diversity and Equity.

[5] As noted in this policy, a limited exception to this rule exists for certain categories of professionals who, by virtue of state law, are cloaked with the ability to promise confidentiality.

Policy Created: January 25, 2012

Revised: August 22, 2014

This entry was posted in Academic and Student Life, Board of Trustees Approved, Employment, Facilities and Safety, Faculty, Office of the Associate VP for Diversity & Equity, Staff.

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UConn HEALTH

POLICY NUMBER 2002-48

October 14, 2014

POLICY: PROHIBITION OF SEXUAL HARASSMENT

UConn Health is committed to maintaining a workplace, learning environment and clinical treatment center free of sexual harassment. UConn Health prohibits sexual harassment of any person or persons who conduct business with and/or perform other services on behalf of UConn Health including but not limited to: employees, faculty, residents, students, volunteers, outside vendors and contractors. This policy explains this prohibition. UConn Health also complies with all applicable statutes relating to discrimination due to sexual harassment. The implementation of this policy requires the full compliance and cooperation of all employees, faculty, residents, students, volunteers, outside vendors and contractors in adherence to its principles.

Sexual harassment may involve the behavior of a person of either sex relative to a person of the opposite or same sex, and occurs when such behavior constitutes unwelcome sexual advances, requests for sexual favors, and other unwelcome verbal or physical behavior of a sexual nature where:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's education, employment or eligibility for clinical treatment or other UConn Health services;
- Submission to or rejection of such conduct by an individual is used as the basis for academic or employment decisions, or any other decisions affecting the individual's ability to work, study, receive clinical treatment and/or perform other services on behalf of UConn Health;
- Such conduct has the purpose or effect of substantially interfering with an individual's ability to work, study, receive clinical treatment and/or perform other services on behalf of UConn Health, academic or work performance, or creates an intimidating, hostile, offensive learning, working or clinical treatment environment.

Sexual harassment can encompass a wide range of inappropriate behavior, including, but not limited to: sexual remarks or innuendo, suggestive comments, sexually oriented remarks or jokes, physical contact or explicit sexual propositions.

CONSENSUAL RELATIONSHIPS AMONG FACULTY, ADMINISTRATIVE AND/OR STAFF SUPERVISORS AND STUDENTS/TRAINEES:

For purposes of this policy consensual relationships are defined as dating and/or sexual relationships willingly undertaken by the parties.

For the purposes of this policy the designation of 'faculty' includes but is not limited to those persons employed by UConn Health. Faculty serving UConn Health but not employed by UConn Health are also included in this policy.

A consensual relationship among faculty, administrative and/or staff supervisors and students/trainees can rise to the level of prohibited sexual harassment as well as raise concerns when inherent inequalities exist in the status and power of one individual over the other. This is especially so in relationships between faculty, administrative and/or staff supervisors and students or trainees. Such consensual relationships may adversely affect the student/trainee experience. No faculty, administrative and/or staff supervisors should enter into a consensual relationship with a student/trainee actually under that individual's authority. Situations of authority include, but are not limited to teaching, formal mentoring, supervision of research and employment of a student as a research or teaching assistant; and exercising substantial responsibility for grades, honors, or degrees; and considering disciplinary action involving the student.

No faculty or administrative and/or staff supervisory member should accept authority over a student pursuant to this section with whom he or she has or has had a consensual relationship without written agreement to address the conflict with the appropriate dean, or dean designee. Specifically, the faculty or administrative and/or staff supervisory member should not, absent such a written agreement, allow the student to enroll for credit in a course which the faculty member is teaching or supervising; direct the student's independent study, thesis, or dissertation; employ the student as a teaching or research assistant; participate in decisions pertaining to a student's grades, honors, degrees or consider disciplinary action involving the student.

Students and faculty alike should be aware that entering into a consensual relationship will limit the faculty, administrative and/or staff supervisor's ability to teach and mentor, direct work, employ and promote the career of a student involved with him or her in a consensual relationship, and that the relationship should be disclosed in any letter of recommendation the faculty/administrative and/or staff supervisory member may write on the student's behalf. Furthermore, should the faculty member be the only supervisor available in a particular area of study or research, the student may be compelled to avoid or change the special area of study or research.

If nevertheless a consensual relationship exists or develops between a faculty member and a student involving any situation of authority, that situation of authority must be terminated. Termination includes, but is not limited to, the student withdrawing from a course taught by the faculty member; transfer of the student to another course or section, or assumption of the position of authority by a qualified alternative faculty member or teaching assistant; the student selecting or being assigned to another academic advisor and/or thesis or dissertation advisor; and changing the supervisor of the student's teaching or research assistantship. In order for these changes to be made and ratified appropriately, the faculty must disclose the consensual relationship to his or her supervisor, normally

the chair, division head or dean or dean's designee and reach an agreement for remediation. In case of failure to reach agreement, the supervisor shall terminate the situation of authority.

RESOURCES:

The Office of Diversity and Equity is responsible for the implementation of this policy and acts as the primary resource for consultation. All UConn Health members are encouraged to contact the Office of Diversity and Equity to seek guidance about the application and implementation of this policy.

SCOPE

Sexual harassment is unacceptable conduct and will not be tolerated or condoned. All employees, faculty residents, volunteers and students, as well as outside vendors and contractors shall be held responsible and accountable for maintaining an environment free from sexual harassment. Violations of this policy may result in disciplinary or other action which may include, but is not limited to, written warning, demotion, transfer, suspension, expulsion, dismissal, contract termination or other sanctions as are appropriate.

PROCEDURE

Employees, faculty, students, residents, volunteers, outside vendors, contractors may seek information and/or file complaints directly through the Office of Diversity & Equity at (860) 679-3563 or contact their immediate supervisor. Employees may also notify the Human Resources Department or the Office of the Executive Vice President for Health Affairs about incidents of sexual harassment. The confidentiality of the reporting party (parties) will be observed provided it does not interfere with the institution's ability to investigate or take corrective action. Complaints of sexual harassment will be investigated promptly. The determination of the merit of a particular action will be made from the facts, on a case-by-case basis, looking at the totality of circumstances. Retaliation against any persons participating in the investigation is prohibited, and may result in disciplinary action which may include, but is not limited to, written warning, demotion, transfer, suspension, expulsion or dismissal.

Managers and supervisors must consult with the Office of Diversity & Equity on all complaints alleging sexual harassment and/or when aware of behavior prohibited by this policy. The Office of Diversity and Equity will work with the Human Resources Department if disciplinary action is necessary.

This policy must be posted in all common and visible locations and is available on the agency's policy web page. Each employee is expected to review this policy and be familiar with it.

Frank M. Torti (Signed)

10/28/14

Frank M. Torti, M.D., M.P.H.
Executive Vice President for Health Affairs

Date

Originally Issued: October 30, 2002
Revised: 01/29/08, 10/13/06, 10/30/10, 10/11/11, 10/12/12
Reviewed: 10/16/09, 07/18/13, 10/14/14



University of Connecticut Health Center

POLICY NUMBER 2003-40

October 16, 2009

Policy: Non-Retaliation Policy

Purpose

To define how the University provides for the protection of any person or group within its community from retaliation who, in good faith, participate in investigations or report alleged violations of policies, laws, rules or regulations applicable to the University of Connecticut.

Policy Statement

The University encourages individuals to bring forward information and/or complaints about violations of state or federal law, University policy, rules or regulations. Retaliation against any individual who, in good faith, reports or who participates in the investigation of alleged violations is strictly forbidden. This policy does not protect an individual who files a report or provides information as part of an investigation that he or she knows is false, files a bad faith retaliation claim or participates in any illegal conduct. The University will take appropriate action, up to and including dismissal, against any employee who violates this policy. For the full policy go to University of Connecticut Policy at: <http://policy.uconn.edu/?p=415>

Cato T. Laurencin (signed)

10/30/09

Vice President for Health Affairs

Date

Replaces: Policy 2003-40 Whistleblower Protection, dated 10/1/03

UConn HEALTH

POLICY NUMBER 2002-03

October 14, 2014

POLICY: RULES OF CONDUCT

POLICY STATEMENT:

All employees are expected to act in a professional, courteous, respectful, and confidential manner. Violating these rules is cause for disciplinary action up to and including dismissal. A supervisor's failure to enforce a rule does not excuse an employee from complying with it, nor does it prevent UConn Health from taking disciplinary action thereafter. Other, more detailed UConn Health policies on these topics remain in effect. These rules supersede the previous UConn Health Rules of Conduct and include, but are not limited to the following:

RULES OF CONDUCT:

The following are prohibited:

1. Unlawfully distributing, dispensing, selling or offering for sale, possessing, using or being under the influence of alcohol, drugs or controlled substances when on the job or subject to duty; or smelling of/or having the odor of alcohol on the breath.
2. Misusing or willfully neglecting UConn Health property, funds materials, equipment or supplies; e.g., telephone, computer internet, mail, beepers, etc. This includes illegal activity, conducting of non-UConn Health business or disruption of the workplace;
3. Fighting, engaging in horse play, or acting in any manner which endangers the safety of oneself or others;
4. Marking or defacing walls, fixtures, equipment, machinery, or other UConn Health property, or willfully damaging or destroying property in any way;
5. Disruptive visiting of areas of the institution other than those required by one's responsibilities and without the permission of the supervisor, or interfering in any way with the work of others;
6. Bringing children into the workplace without authorization;
7. Loitering on the work premises prior to or after one's working hours or responsibilities are completed, or entering the work premises at other than working hours without permission;
8. Stealing or possessing without authority any equipment, tools, materials or other property of UConn Health; or attempting to remove them from the premises without written permission from the appropriate authority;

9. Being inattentive to duty, including but not limited to sleeping on the job, loafing, watching television, work slowdowns, or the restriction of productivity;
10. Refusing to do assigned work or to work overtime if directed, working overtime without proper authorization, or failing to carry out the reasonable directive of a manager, supervisor or department head;
11. Falsifying any time card, attendance report, or other UConn Health record or giving false information to anyone whose duty is to make such record
12. Being repeatedly or continuously absent or late, or being absent without notice or reason satisfactory to UConn Health; or leaving one's work assignment without authorization;
13. Conducting oneself in any manner which is offensive, intimidating, threatening, physically or verbally abusive, or contrary to common decency or morality; carrying out any form of harassment including sexual harassment;
14. Inclusion on U.S. Government Sanctions lists (OIG, GSA, or other lists), reflecting exclusion from participation in Medicare and Medicaid programs or other penalties;
15. Providing medical advice or information to patients without authorization;
16. Failing to comply with UConn Health confidentiality policy;
17. Operating state-owned vehicles or private vehicles on State business without proper license, or operating any state-owned vehicle at an unauthorized time or location;
18. Operating any vehicle on UConn Health property or on UConn Health business in an unsafe or improper manner;
19. Chronically violating UConn Health's parking regulations, which could lead to ticketing, towing, or booting at employee's expense;
20. Having a weapon or dangerous instrument as defined in the Governor's Violence in the Workplace Prevention Policy of August 1999 on UConn Health property or within leased space. Possession of chemical sprays in small quantities for personal protection while commuting is permitted. Law enforcement officers on official business are exempt from this prohibition;
21. Appropriating State equipment or resources for personal use or gain;
22. Appropriating State, student or employee time or effort for personal gain;
23. Engaging in activities which violate either UConn Health or the State's Code of Ethics; or are detrimental to the best interests of UConn Health or the State;
24. Gambling or unauthorized solicitation;
25. Smoking within no-smoking areas;
26. Computer abuse, including but not limited to, plagiarism of programs, accessing or viewing offensive or pornographic material, misuse of computer accounts, unauthorized destruction of files, creating illegal accounts, possession or use of unauthorized password, disruptive or annoying behavior on the computer and non-work related activity and/or activities which reduce the bandwidth of UConn Health network;
27. Being convicted of a crime;
28. Being on UConn Health's property or where UConn Health's business is conducted without appropriate identification badge;
29. Retaliating in any form or manner towards an employee for reporting a violation of any Federal or State statute or regulation, or UConn Health rule or procedure;
30. Engaging in any form of sexual contact in the workplace;
31. Failure to comply with applicable laws, regulations, policies and procedures;
32. Failure to cooperate or be truthful in a UConn Health investigation;

33. Failure to comply with relevant Department of Correction rules and regulations when assigned to Correctional Managed Health Care or while involved in the treatment or logistical support of inmate care.

REFERENCE:

For questions about which disciplinary action to take in a given situation, please consult with the Department of Human Resources, Labor Relations at 860-679-8067.

Elizabeth Bolt (Signed)

10/21/14

Elizabeth Bolt
Vice President, Human Resources

Date

Frank M. Torti (Signed)

10/27/14

Frank M. Torti, M.D. M.P.H.
Executive Vice President for Health Affairs

Date

Policy Replaces: Memorandum dated 9/1/83
Revised: 2/1/02
Reviewed: 10/14/14

UConn HEALTH

POLICY NUMBER 2004-07

March 11, 2014

POLICY: WORKPLACE VIOLENCE PREVENTION

DEFINITIONS AND COVERED PARTIES:

Workplace Violence is defined as: "Any physical assault, threatening behavior, or verbal abuse occurring in the work setting. It includes, but is not limited to, beatings, stabbings, suicides, rapes, near suicides, psychological traumas, such as threats, obscene phone calls, an intimidating presence, and harassment of any nature such as being followed, sworn, or shouted at."

All UHC employees (faculty and staff), students, volunteers, vendors, contractors and visitors are bound by this policy. Others who are allowed to work on our premises, at satellite locations or off-site events under UHC auspices or in state vehicles under the control of the UHC are also bound by this policy.

POLICY STATEMENT:

The prevention of workplace violence is everyone's responsibility. Individuals who make threats or commit acts of violence will be subject to appropriate disciplinary action up to and including dismissal as well as criminal prosecution if indicated. Any act or incident that fits the definition of workplace violence outlined in this policy which occurs on the Health Center campus or off-site locations under UHC auspices or creates a risk to anyone at these sites must be reported immediately.

EMERGENCY: DIAL EXT. 7777 for Farmington locations – (DIAL 911 for off-site locations or if using cell phone) to report violent acts or threats in progress or that have just occurred or are imminent. The police will respond as quickly as possible.

URGENT: DIAL EXT. 2121 (Police) to report recent or impending situations which are not in progress. Police will respond promptly.

ALL INCIDENTS: Complete the WORKPLACE INCIDENT/VIOLENCE REPORT FORM also available on the UHC Police Department website or by calling Ext. 2511 for a copy. http://publicsafety.uchc.edu/administration/forms/form_violencereport.doc

Give a copy to your supervisor and forward or bring a copy to the UHC Police Department.

All witnesses or victims of a violent incident should complete the WORKPLACE INCIDENT/VIOLENCE REPORT FORM. All UHC faculty, managers and members of the

Health Center community are urged to provide information and support to assure maximum reporting of violent incidents.

THREAT ASSESSMENT: A Threat Assessment Team (TAT) comprised of UCHC representatives is as follows:

Threat Assessment Team (TAT) Members:

Human Resources – Director of Labor Relations

Alternate: Director of Labor Relations Designee

Employee Assistance Program – Program Manager

Alternate: EAP Counselor

UCHC Police Department – Chief of Police

Alternate: Chief of Police Designee

Health Center Administration – Executive Vice President's Designee

The team will be both proactive and reactive with the emphasis on preventing acts of violence. Any member of the Health Center community may consult with a member of the TAT. The team member shall, as necessary, consult with the rest of the team, evaluate the information regarding any threat and as a group, the team shall recommend appropriate remedial or preventive actions. As individuals, team members will be resources to the Health Center community on matters relating to workplace violence.

INTERVENTIONS:

Emergency situations will be handled by the UCHC Police Department and others as necessary. The follow up to a violent incident may include a debriefing. When necessary, the immediate dispatch of support services such as critical incident stress teams or counseling services may be initiated.

EDUCATION AND TRAINING:

All employees will be apprised of the UCHC policy regarding workplace violence and the resources available to respond to their concerns. Through existing orientation programs and materials, Human Resources website and communication with vendors and contractors, the widest possible distribution will be undertaken. Special training in violence prevention/avoidance will be provided to individuals or units which, due to the nature of their work, have a greater exposure to violence. Students will receive the information at orientation and in their student manuals.

RECORD KEEPING:

The completed WORKPLACE INCIDENT/VIOLENCE REPORT FORM will be maintained in UCHC Police Department Administration. UCHC Police Department Administration will complete the annual Statewide Violence in the Workplace Summary Report and forward to Human Resources for submission to the DAS Director of Safety and Security with the Checklist for Human Resources offices.

EVALUATION AND ANALYSIS:

The TAT will meet at least two times per year to review information on Violent Incident Report Forms and consider ways to proactively address any identified issues with the focus on prevention of future incidents. This review will include all Violent Incident Reports, Police Incident Reports and Employee Injury Reports in order to assure that violent incidents are being reported and that appropriate resources are available to respond. The team will identify trends and propose any recommended changes to the policy.

Related References:

State of Connecticut Workplace Violence Policy August 1999

Executive Order: <http://www.ct.gov/opm/lib/opm/olr/wpv/excl6.pdf>

Workplace Violence Prevention Manual:

http://www.ct.gov/opm/cwp/view.asp?a=2992&q=383254&opmNav_GID=1792

Frank M. Torti (Signed)

4/10/14

Frank M. Torti, M.D., M.P.H.
Executive Vice President for Health Affairs

Date

New Policy: September 1998

Revised: 1/99, 10/04, 9/29/08, 3/11/14

Policies & Procedures

Child Abuse and Neglect Reporting Policy

Posted on January 26, 2012 by ksl02001

Title:	Child Abuse and Neglect Reporting Policy
Policy Owner:	Executive Officer, Office of the President
Applies to:	Employees
Campus Applicability:	All University departments at all campuses
Effective Date:	September 30, 2014
For More Information, Contact	Office of Diversity and Equity
Contact Information:	(860) 486-2943
Official Website:	http://ode.uconn.edu

UConn Child Abuse and Neglect Reporting Policy

Any employee who has reasonable cause to believe a sexual assault has occurred must comply with the University's Sexual Assault Response Policy, regardless of the age of the victim. See, <http://www.policy.uconn.edu/> and <http://www.policies.uchc.edu/>.

In addition, virtually all University employees are **mandated reporters** of child abuse or neglect as defined by Connecticut General Statutes Section 17a-101(b) and must comply with Connecticut's mandated reporting laws, Connecticut General Statutes Sections 17a-101a to 17a-101d. Connecticut law defines child abuse and neglect as follows:

Child abuse occurs when a child under the age of 18 has had physical injury inflicted upon him or her other than by accidental means, has injuries at variance with history given of them, or is in a condition resulting in maltreatment, such as, but not limited to, malnutrition, sexual molestation or exploitation, deprivation of necessities, emotional maltreatment or cruel punishment. (Connecticut General Statutes §46b-120)

Child neglect occurs when a child under the age of 18 has been abandoned, is being denied proper care and attention physically, emotionally, or morally, or is being permitted to live under conditions, circumstances or associations injurious to his well-being. (Connecticut General Statutes §46b-120)

For further guidance see <http://www.ct.gov/dcf/cwp/view.asp?a=2556&Q=314384>

The Department of Children and Families 24 hour hotline for reporting suspected child abuse or neglect is 1-800-842-2288.

University employees are protected under Connecticut law for good faith reporting of suspected child abuse or neglect, even if later investigation fails to substantiate abuse or neglect.

Policy Created: January 25, 2012 (Approved by the Board of Trustees)

Revised: September 30, 2014

This entry was posted in [Board of Trustees Approved](#), [Employment](#), [Facilities and Safety](#), [Faculty](#), [Office of the Associate VP for Diversity & Equity](#), [Office of the President](#), [Staff](#).

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Reportline

The University welcomes and encourages good-faith reporting of compliance concerns and/or seeking advice regarding compliance issues. Visit <http://audit.uconn.edu/reportline/> for more information.

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Resource List for Victims

*Sexual Violence, Relationship Violence, Stalking
Reporting and Resources*

**UConn
HEALTH**

OFFICE OF DIVERSITY AND EQUITY

RESOURCES FOR VICTIMS

Campus-Based Resources

University Health Police Department

263 Farmington Avenue, Farmington, CT 06030

Phone: 860-679-2121

Dial 911 or 7777 for 24/7 full-service Emergency Department.

Website: <http://police.uchc.edu>

The UHC Police Department is responsible for all criminal investigations and apprehensions. In cases of sexual assault, an officer is assigned to be the primary contact with the victim throughout the investigation and is available 24 hours a day. Regardless of whether charges are filed, the police are available to answer questions about the legal process and legal options regarding an incident, as well as to provide written information regarding victim's right to obtain a protective order, apply for a temporary restraining order, or seek enforcement of existing protective or restraining orders.

Office of Diversity and Equity (including the Title IX Coordinator Arnold Lizana)

16 Munson Road

Farmington, CT 06030

Phone (860) 679-3563

Website: <http://diversity.uchc.edu/>

ODE is the UCH's neutral investigatory unit charged with investigating and resolving internal complaints of discrimination and discriminatory harassment (including sexual harassment and sexual assault) by individuals who are injured by the discriminatory behavior of a UCH employee or vendor. Complaints may be filed by reporting the incident to ODE at (860) 679-3563 or filed in writing by completing and submitting the a UCH's Complaint In-Take Form.

The Employee Assistance Program (EAP)

195 Farmington Avenue, Suite 2000

Farmington, CT 06032-6020

860-679-2877 or 800-852-4392 (Connecticut toll-free)

Website: http://doem.uchc.edu/clinical_services/eap/index.html

The Employee Assistance Program provides confidential counseling support to employees and doctoral students dealing with stress or the traumatic effects of a crisis. EAP provides statewide coverage through the availability of an affiliate network. This network includes both individual private practitioners and members of private clinical groups. All providers are expert and skilled clinicians who have specialized training in the field of employee assistance. EAP can be reached 24 hours per day, 7 days per week via the following toll-free phone number 1- 800-852-4392.

Each of the offices listed above is a member of the UCH's Community Response Team (CRT). The CRT is charged with reviewing UCH policies and protocols for supporting students and employees who report being victims of sexual assault and/or domestic violence.

Confidential Off-Campus Resources

Connecticut Sexual Assault Crisis Services, Inc.

All services are **FREE** and **CONFIDENTIAL**

Each Center Provides:

- Hotline Services 24 hours/day 7 days/week
- 24 hour crisis counseling
- Information & referral
- Advocacy for children and non-abusing parent
- Short-term counseling for victims and their family and/or friends
- Support groups and more
- Community education programs dealing with sexual assault issues
- Community prevention programs dealing with safety concerns, etc.

Statewide 24 Hour Toll Free Hotline (When you dial the number below, your call is routed to the center closest to your location.)

1-888-999-5545 English

1-888-568-8332 Español

Sexual Assault Crisis Center of Eastern Connecticut

Willimantic Office

90 South Park St.

Willimantic, CT 06226

Office: 860-456-3595 and 860-423-7673

Hotline: 860-456-2789

Email: weconnect@snet.net

New London Office

165 State Street, Suite 405

New London, CT 06320

Office 860-442-0604

Hotline: 860-437-7766

Safe Haven of Greater Waterbury

29 Central Avenue

Waterbury, CT 06702

Office: 203-575-0388

Hotline: 203-753-3613

Center for Women and Families of Eastern Fairfield County, Inc. Rape Crisis Services

753 Fairfield Avenue

Bridgeport, CT 06604

Office: 203-334-6154

Hotline: 203-333-2233

Email: cwfservices@cwefec.org

Women's Center of Greater Danbury Sexual Assault Crisis Services

2 West Street

Danbury, CT 06810

Office: 203-731-5200

Hotline: 203-731-5204

Email: womens.cntr@snet.net

Connecticut Sexual Assault Crisis Services, Inc. (cont'd)

Women and Families Center:

Meriden Office

169 Colony Street
Meriden, CT 06451
Office: 203-235-9297
Hotline: 203-235-4444

Middletown Office

100 Riverview Center, Suite 274
Middletown, CT 06457
Office: 860-344-1474
Fax: 860-346-5705
Hotline: 203-235-4444

New Haven Office

1440 Whalley Avenue
New Haven, CT 06511
Office: 203-389-5010
Fax: 203-389-5595
Hotline: 203-235-4444

YWCA of New Britain Sexual Assault Crisis Services

New Britain Office

22 Glen Street
P.O. Box 2545
New Britain, CT 06051
Office: 860-225-4681
Hotline: 860-223-1787 (Local)
Email: nbsacs@snet.net

Hartford Office

175 Main Street
Hartford, CT 06106
Office: 860-241-9217
Hotline: 860-547-1022 (Local)

Rape Crisis Center of Milford

70 West River Street
Milford, CT 06460
Office: 203-874-8712
Hotline: 203-878-1212

The Center for Sexual Assault Crisis Counseling and Education

700 Canal Street, Suite 226
Stamford, CT 06902
Office: 203-348-9346
Hotline: 203-329-2929
Email: info@saccec-ct.org

Susan B. Anthony Project

179 Water Street
Torrington, CT 06790
Office: 860-489-3798
Hotline: 860-482-7133

Office of Victim Services

225 Spring St., Fourth Floor
Wethersfield, Connecticut
Call 711 or 1-800-833-8134

The Office of Victim Services (OVS), Connecticut Judicial Branch, is the state's lead agency established to provide services to victims of violent crime. OVS contracts with non-profit and public organizations to provide services to crime victims. These services include, but are not limited to, information and referral, criminal justice support/advocacy, therapy, safety planning, group treatment/support, personal advocacy and assistance in filing applications for victim compensation.

Website: <http://www.jud.ct.gov/crimevictim/>

Prevention, Awareness and Risk Reduction Programs

*Regarding Sexual Violence, Relationship
Violence, Stalking
Reporting and Resources*

**UConn
HEALTH**

OFFICE OF DIVERSITY AND EQUITY

2014 Risk Reduction, Prevention and Awareness and Bystander Programming

The following sexual assault, stalking, intimate partner violence prevention, awareness and risk reduction programs were implemented at UConn in 2014:

*Domestic Violence (DoV), Dating Violence (DaV), Sexual Assault (SA), Stalking (S)

** Primary: new employees/students Ongoing: throughout the year

***Please note: all permanent employees, including those at the regional campuses, are required to attend Sexual Harassment Prevention Training

2014 Risk Reduction, Prevention and Awareness Programs				*Domestic Violence (DoV), Dating Violence (DaV), Sexual Assault (SA), Stalking (S) ** Primary= new employees/students ***Ongoing= throughout the year		
Department	Name of Program	Date Held	Location Held	Which Prohibited Behavior was Covered?*	Primary** or Ongoing***	Student or Employees
Office of Diversity and Equity	New Employee Orientation	12/20/2014	HR Training Room, Farmington	SA	Primary	Employees
Correctional Managed Health Care	2.2 AD Sexual Harassment Training	12/20/2014	HR Training Room, Farmington	SA	Primary	Employees
Office of Diversity and Equity	New Employee Orientation	12/15/2014	HR Training Room, Farmington	SA	Primary	Employees
Correctional Managed Health Care	2.2 AD Sexual Harassment Training	12/15/2014	HR Training Room, Farmington	SA	Primary	Employees
Human Resources	Safe and Healthy Workplace Strategies	12/2/2014	HR Training Room, Farmington	SA	Primary	Employees
Human Resources, Office of Diversity and Equity	Management Development Training	11/18/2014	HR Training Room, Farmington	SA	Primary	Employees
Office of Diversity and Equity	New Employee Orientation	11/17/2014	HR Training Room, Farmington	SA	Primary	Employees
Correctional Managed Health Care	2.2 AD Sexual Harassment Training	11/17/2014	HR Training Room, Farmington	SA	Primary	Employees
Human Resources, Office of Diversity and Equity	Management Development Training	10/28/2014	HR Training Room, Farmington	SA	Primary	Employees

Office of Diversity and Equity	New Employee Orientation	10/20/2014	HR Training Room, Farmington	SA	Primary	Employees
Correctional Managed Health Care	2.2 AD Sexual Harassment Training	10/20/2014	HR Training Room, Farmington	SA	Primary	Employees
Office of Diversity and Equity	New Employee Orientation	10/6/2014	HR Training Room, Farmington	SA	Primary	Employees
Correctional Managed Health Care	2.2 AD Sexual Harassment Training	10/6/2014	HR Training Room, Farmington	SA	Primary	Employees
Office of Diversity and Equity	Title IX Training for Exec. Diversity & Inclusion Council	10/1/2014	Rm. AG012,, Farmington	SA	Primary	Employees
UCH Police, Office of Diversity and Equity	Mandatory Campus Safety Authority Training	9/23/2014	HR Training Room, Farmington	SA	Primary	Employees
Office of Diversity and Equity	New Employee Orientation	9/22/2014	HR Training Room, Farmington	SA	Primary	Employees
Correctional Managed Health Care	2.2 AD Sexual Harassment Training	9/22/2014	HR Training Room, Farmington	SA	Primary	Employees
Human Resources, Office of Diversity and Equity	Harassment Policy Update	9/14/2014	Dermatology Department, Farmington	SA	Primary	Employees
Office of Diversity and Equity	New Employee Orientation	9/8/2014	HR Training Room, Farmington	SA	Primary	Employees
Correctional Managed Health Care	2.2 AD Sexual Harassment Training	9/8/2014	HR Training Room, Farmington	SA	Primary	Employees
Office of Diversity and Equity	New Employee Orientation	8/25/2014	HR Training Room, Farmington	SA	Primary	Employees
Correctional Managed Health Care	2.2 AD Sexual Harassment Training	8/25/2014	HR Training Room, Farmington	SA	Primary	Employees
Office of Student Affairs, Office of Diversity & Equity	Sexual Harassment Awareness & Prevention	8/21/2014	Friends Lecture Rm, Farmington	DoV, DaV, SA, S	Primary	Students
Office of Student Affairs, Office of Diversity & Equity	Sexual Harassment Awareness & Prevention	8/18/2014	A RB EG052, Farmington	DoV, DaV, SA, S	Primary	Students
Office of Diversity and Equity	New Employee Orientation	8/11/2014	HR Training Room, Farmington	SA	Primary	Employees

Correctional Managed Health Care	2.2 AD Sexual Harassment Training	8/11/2014	HR Training Room, Farmington	SA	Primary	Employees
Office of Diversity and Equity	New Employee Orientation	7/28/2014	HR Training Room, Farmington	SA	Primary	Employees
Correctional Managed Health Care	2.2 AD Sexual Harassment Training	7/28/2014	HR Training Room, Farmington	SA	Primary	Employees
Office of Diversity and Equity	New Employee Orientation	7/14/2014	HR Training Room, Farmington	SA	Primary	Employees
Correctional Managed Health Care	2.2 AD Sexual Harassment Training	7/14/2014	HR Training Room, Farmington	SA	Primary	Employees
Office of Student Affairs, Office of Diversity & Equity	Sexual Harassment Awareness & Prevention	7/2/2014	Friends Lecture Rm, Farmington	DoV, DaV, SA	Primary	Students
Office of Diversity and Equity	New Employee Orientation	6/30/2014	HR Training Room, Farmington	SA	Primary	Employees
Correctional Managed Health Care	2.2 AD Sexual Harassment Training	8/30/2014	HR Training Room, Farmington	SA	Primary	Employees
Human Resources, Office of Diversity and Equity	Sexual Harassment Awareness & Prevention	6/18/2014	HR Training Room, Farmington	SA	Primary	Employees
Office of Diversity and Equity	New Employee Orientation	6/16/2014	HR Training Room, Farmington	SA	Primary	Employees
Correctional Managed Health Care	2.2 AD Sexual Harassment Training	6/16/2014	HR Training Room, Farmington	SA	Primary	Employees
UCH Police, Office of Diversity and Equity	Police Supervisor Title IX Training	6/9/2014	HR Training Room, Farmington	SA	Primary	Employees
Office of Diversity and Equity	New Employee Orientation	6/2/2014	HR Training Room, Farmington	SA	Primary	Employees
Correctional Managed Health Care	2.2 AD Sexual Harassment Training	6/2/2014	HR Training Room, Farmington	SA	Primary	Employees
Human Resources	Manager Interventions to Create Safe Workplace Part II	5/6/2014	HR Training Room, Farmington	SA	Primary	Employees
Office of Diversity and Equity	New Employee Orientation	5/5/2014	HR Training Room, Farmington	SA	Primary	Employees

Correctional Managed Health Care	2.2 AD Sexual Harassment Training	5/5/2014	HR Training Room, Farmington	SA	Primary	Employees
Office of Diversity and Equity	New Employee Orientation	5/19/2014	HR Training Room, Farmington	SA	Primary	Employees
Correctional Managed Health Care	2.2 AD Sexual Harassment Training	5/19/2014	HR Training Room, Farmington	SA	Primary	Employees
Office of Diversity and Equity	New Employee Orientation	4/22/2014	CG036 Training Rm, Farmington	SA	Primary	Employees
Correctional Managed Health Care	2.2 AD Sexual Harassment Training	4/22/2014	HR Training Room, Farmington	SA	Primary	Employees
Human Resources	Manager Interventions to Create Safe Workplace Part I	4/11/2014	HR Training Room, Farmington	SA	Primary	Employees
UCH Police, Office of Diversity and	Police Supervisor Title IX Training	4/9/2014	HR Training Room, Farmington	SA	Primary	Employees
Office of Diversity and Equity	New Employee Orientation	4/7/2014	HR Training Room, Farmington	SA	Primary	Employees
Correctional Managed Health Care	2.2 AD Sexual Harassment Training	4/7/2014	HR Training Room, Farmington	SA	Primary	Employees
Office of Diversity and Equity	New Employee Orientation	3/24/2014	HR Training Room, Farmington	SA	Primary	Employees
Correctional Managed Health Care	2.2 AD Sexual Harassment Training	3/24/2014	HR Training Room, Farmington	SA	Primary	Employees
Human Resources, Office of Diversity and Equity	Management Development Training	3/18/2014	HR Training Room, Farmington	SA	Primary	Employees
Human Resources, Office of Diversity and Equity	Sexual Harassment Awareness & Prevention	3/10/2014	HR Training Room, Farmington	SA	Primary	Employees
Office of Diversity and Equity	New Employee Orientation	2/24/2014	HR, Brown Bldg., Depot Campus, Storrs	SA	Primary	Employees
Correctional Managed Health Care	2.2 AD Sexual Harassment Training	2/24/2014	HR Training Room, Farmington	SA	Primary	Employees
Office of Diversity and Equity	New Employee Orientation	2/10/2014	HR Training Room, Farmington	SA	Primary	Employees

Correctional Managed Health Care	2.2 AD Sexual Harassment Training	2/10/2014	HR Training Room, Farmington	SA	Primary	Employees
Office of Diversity and Equity	New Employee Orientation	1/27/2014	HR Training Room, Farmington	SA	Primary	Employees
Correctional Managed Health Care	2.2 AD Sexual Harassment Training	1/27/2014	HR Training Room, Farmington	SA	Primary	Employees
Office of Diversity and Equity	New Employee Orientation	1/13/2014	HR Training Room, Farmington	SA	Primary	Employees
Correctional Managed Health Care	2.2 AD Sexual Harassment Training	1/13/2014	HR Training Room, Farmington	SA	Primary	Employees
Office of Diversity and Equity	Title IX Update for Administrative Leadership Council	1/7/2014	AG078 conference room, Farmington	SA	Primary	Employees