

# **Rule 1-021A: Abusive Conduct Reporting and Resolution Process for University Staff (non-UUHC), Academic Staff, Educational Trainees, Postdoctoral Fellows and Medical Housestaff.**

Revision 1. Effective date: March 8, 2022

## **I. Purpose and Scope**

### **A. Purpose:**

To provide a reporting and resolution process that gives employees and university authorities the tools to resolve abusive conduct reports.

### **Scope:**

This rule applies to all University staff members, including staff members who are “at-will” as defined by Policy 5-001. This rule also applies to non-faculty academic employees. This rule does not apply to faculty, as that term is defined in Policy 1-021, or University of Utah Hospital and Clinics staff.

## **II. Definitions**

The definitions provided in Policy 1-021 apply for this rule.

## **III. Rule**

### **A. Reporting and Resolution Process**

1. University Human Resource Management (UHRM) shall create and maintain a form that administrative filers and reporting employees may use to submit a report of abusive conduct by:
  - a. A respondent staff member other than a University of Utah Hospitals and Clinics staff member; or
  - b. A respondent non-faculty academic employee.

2. Reporting employee or administrative filer completes the Abusive Conduct Reporting Form.
  - a. A reporting employee or administrative filer may consult with UHRM regarding actions that constitute abusive conduct and the reporting and resolution process, before completing the Abusive Conduct Reporting Form.
  - b. UHRM will conduct an initial review of the report filed, which may include an initial interview with the reporting employee or administrative filer.
3. After conducting an initial review, UHRM may do one or more of the following:
  - a. Refer the report to the appropriate University authority for resolution.
    - i. Resolution may be informal such as, mediation, coaching, or other resolution resources, or resolution may be formal such as implementation of corrective and disciplinary actions. Egregious behavior will be resolved in accordance with Rule R5-111C-Egregious Behavior.
    - ii. Upon receipt of a referral, the University authority should determine a resolution within ten (10) working days. This will be the final decision, and the matter will be considered closed. A notice will be sent to the reporting employee and the respondent if a report cannot be resolved within 10 working days. The University authority shall report the resolution to UHRM.
  - b. Decline to refer the report to the University Authority because the alleged actions do not meet the definition of abusive conduct.
  - c. If the report describes a responding employee who is not subject to this rule, refer the report to:

- i. University of Utah Hospitals and Clinics Human Resource Management if the responding employee is a University of Utah Hospitals and Clinics staff member; or
- ii. the cognizant senior vice president, or the cognizant senior vice president's designee, if the responding employee is a faculty member.
- d. Refer reporting employee and case to the Title IX/OEO-Office in cases-of discrimination or harassment.
  - i. If taken for investigation, referral will follow OEO/AA process described in Policy 1-012.
- e. Refer the reporting employee and case to the University Safety Department in cases of violence or the threat of violence.

*[Note: Parts IV-VII of this Regulation (and all other University Regulations) are Regulations Resource Information – the contents of which are not approved by the Academic Senate or Board of Trustees, and are to be updated from time to time as determined appropriate by the cognizant Policy Officer and the Institutional Policy Committee, as per Policy 1-001 and Rule 1-001.]*

#### **IV. Policies, Rules, Procedures, Guidelines, Forms and other Related Resources**

##### **A. Policy/Rules.**

- 1. Policy 1-021: Abusive Conduct
- 2. R1-021-B Abusive Conduct Reporting and Resolution Process for UUHC Staff.
- 3. R1-021-C Abusive Conduct Reporting and Resolution Process for University Faculty.

##### **B. Procedures.**

[reserved]

C. Guidelines.

[reserved]

D. Forms.

[reserved]

E. Other related resource materials.

[reserved]

**V. References**

Utah Code Section 67-26-203

Utah System of Higher Education (formerly Utah Board of Regents) Rule  
R831

School of Medicine Professional Conduct Policy for Faculty Professional  
Conduct of University of Utah Health Medical Providers Ethical Standards and  
Code of Conduct Handbook

Policy 5-001: Personnel Definitions

Policy 5-106: Equal Opportunity and Nondiscrimination in Employment

Policy 5-111: Corrective Actions and Termination Policy for Staff

Policy 5-205: Code of Conduct for Staff

Policy 1-012: University Non-discrimination Policy

Policy 6-309: Academic Staff, Educational Trainees, Postdoctoral Fellows and Medical Housestaff

Policy 6-316: Code of Faculty Rights and Responsibilities

## VI. Contacts

The designated contact officials for this Regulation are:

- A. Policy Owner (primary contact person for questions and advice): Director of Employee Relations
- B. Policy Officer: Chief Human Resources Officer

These officials are designated by the University President or delegee, with assistance of the Institutional Policy Committee, to have the following roles and authority, as provide in University Rule 1-001:

*“A ‘Policy Officer’ will be assigned by the President for each University Policy, and will typically be someone at the executive level of the University (i.e., the President and Cabinet Officers). The assigned Policy Officer is authorized to allow exceptions to the Policy in appropriate cases...”*

*“The Policy Officer will identify an ‘Owner’ for each Policy. The Policy Owner is an expert on the Policy topic who may respond to questions about, and provide interpretation of the policy; and will typically be someone reporting to an executive level position (as defined above), but may be any other person to who the President or a Vice President has delegated such authority for a specified area of University operations. The Owner has primary responsibility for maintaining the relevant portions of the Regulations Library... [and] bears the responsibility for determining – requirements of particular Policies....”*

University Rule 1-001-III-B & E

## VII. History

Renumbering

[not applicable]

Revision History:

A. Current Version: Revision 1.

1. Legislative History Revision 1.

B. Earlier versions:

1. Revision 0. Interim Policy 1-021, Revision 0, and the accompanying Interim Rules 1-021A, 1-021B, and 1-021C, were adopted on December 8, 2020, by University President Ruth Watkins, with designated effective date of January 1, 2021.

Legislative History of Revision 0