



Code of Conduct

Table of Contents

| | | | |
|---|-----------|--|-----------|
| Banner Health Mission, Values, and Purpose | 2 | Financial Records and Reporting..... | 16 |
| Our Nonprofit Mission | 2 | Medicare Fee-for-Service Cost Reports | 16 |
| Our Values | 2 | Applicable Legal Requirements | 17 |
| Our Purpose..... | 2 | False Claims Act..... | 17 |
| Purpose of our Code of Conduct | 6 | Deficit Reduction Act | 17 |
| Team Member Responsibilities | 6 | Physician Self-Referral Law | 18 |
| Leadership Responsibilities..... | 7 | Anti-Kickback Statute..... | 18 |
| Banner’s Corporate Integrity Agreement | 7 | Health Insurance Portability and Accountability Act..... | 19 |
| Banner’s Compliance Program | 7 | Emergency Medical Treatment and Labor Act | 19 |
| Program Structure..... | 7 | Antitrust Laws | 20 |
| Compliance Personnel and Structure..... | 7 | Intellectual Property Laws | 20 |
| Compliance Documents..... | 8 | Political Activities and Contributions | 21 |
| Compliance Training and Education | 8 | Public Policy Positions | 21 |
| Reporting and Investigating | 8 | Tax Exempt Status..... | 21 |
| Monitoring and Auditing | 9 | Workplace Conduct and Employment Practices | 22 |
| Response and Prevention | 9 | Guiding Principles..... | 22 |
| Enforcement and Discipline | 9 | Equal Employment Opportunity..... | 22 |
| Interactions with the Government | 10 | Harassment and Workplace Violence | 22 |
| Investigations and Audits | 10 | Legal Holds..... | 22 |
| Accreditation and Surveys..... | 10 | Conflicts of Interest | 23 |
| Patient Relationships | 11 | Coworker Interactions | 23 |
| Quality of Care | 11 | Solicitation | 23 |
| Patient Rights..... | 11 | Relationships with Vendors | 24 |
| Patient Confidentiality | 12 | Gifts, Business Meals and Entertainment..... | 24 |
| Business Transactions with Patients | 12 | Controlled Substances | 26 |
| Health Plan Member Relationships | 12 | License and Certification Renewals..... | 26 |
| Member Rights | 12 | Personal Use of Banner Resources | 26 |
| Member Confidentiality..... | 12 | Marketing Practices | 26 |
| Physician and Other Provider Relationships | 13 | Marketing and Public Relations Guidelines | 26 |
| Interactions with Physicians and Other Providers | 13 | External Communications..... | 27 |
| Qualified to Provide Care | 13 | Social Media Sites | 27 |
| Business Courtesies and Tokens of Appreciation..... | 13 | Health, Safety and Environmental Compliance | 28 |
| Business and Financial Information | 14 | Clinical Research | 29 |
| Accuracy, Retention and Disposal of Documents and Records.. | 14 | Institutional Review Boards | 29 |
| Coding, Billing and Claim Payment Services | 14 | Ethical Foundation..... | 29 |
| Banner Proprietary Information..... | 15 | Research Misconduct..... | 30 |
| Cybersecurity | 15 | Informed Consent | 30 |
| Electronic Media | 15 | Privacy and Confidentiality..... | 30 |
| | | Financial Considerations | 30 |
| | | Conclusion | 31 |
| | | Acknowledgment | 31 |



Purpose of our Code of Conduct

At Banner Health (Banner), we strive to always act with integrity and work within the law. Banner's Code of Conduct provides guidance to board members, employees, medical staff, volunteers, students, contractors, agents and others (collectively referred to as "Team Members" in this document) to assist us in carrying out our daily activities within appropriate ethical and legal standards. Although referred to as "Team Members" throughout this Code of Conduct, those that are not employed by Banner may have different obligations depending on their relationship with Banner. Legal obligations apply to our relationships with our patients, beneficiaries, third-party payers, independent contractors, vendors, consultants and one another. These obligations require that we conduct business not only in compliance with laws and regulations, but also in an ethical manner.

This Code of Conduct is a summary of Banner's Compliance Program as well as Banner's policies regarding ethical conduct and workplace behavior. The purpose of our Code of Conduct is to provide general guidance on subjects of interest within the organization. It does not eliminate or supersede other policies. Rather, this Code of Conduct should be used in conjunction with these policies.

The standards set forth in this Code of Conduct apply to all Team Members and Banner entities.

Team Member Responsibilities

Fulfillment of Banner's commitment to the Code of Conduct is dependent upon the commitment of our Team Members. It is expected that all Team Members will:

- Comply with Banner's Compliance Program, this Code of Conduct, Banner's policies and Banner's Corporate Integrity Agreement
- Take responsibility for their own actions
- Know and comply with applicable laws and regulations, including Federal health care program requirements
- Seek guidance when in doubt about their job responsibilities
- Refrain from involvement in illegal, unethical or other improper acts
- Promptly report any potential or suspected violation of this Code of Conduct, Banner's policies or applicable laws or regulations
- When requested, assist Banner personnel and authorized outside personnel in investigating alleged violations

Banner provides Team Members with policies, training and/or other aids to help fulfill their responsibilities under the Code of Conduct.

Leadership Responsibilities

While all Team Members are obligated to follow the Code of Conduct, Banner expects leaders to set the example, to be in every respect, role models. We expect everyone in the organization with supervisory responsibility to exercise that responsibility in a manner that is kind, sensitive, thoughtful and respectful.

Each supervisor should create an environment where everyone is encouraged to raise concerns and propose ideas. Supervisors should also ensure that their teams have sufficient information to comply with laws, regulations, this Code of Conduct, Banner policies, Banner's Corporate Integrity Agreement, as well as the resources to resolve ethical dilemmas.

Banner's Corporate Integrity Agreement

In April 2018, Banner agreed to pay the United States over \$18 million to settle allegations that 12 of its hospitals in Arizona and Colorado admitted patients for medical treatment who should have been treated on an outpatient basis. The settlement resolved a 2013 lawsuit filed in the United States District Court for the District of Arizona under the qui tam or whistleblower provisions of the False Claims Act. As part of the settlement, Banner entered into a Corporate Integrity Agreement (CIA) with the U.S. Department of Health and Human Services Office of Inspector General (OIG).

Under the CIA, Banner must maintain – and in some cases expand – its Compliance Program to meet the CIA requirements. Fortunately, Banner already had an established Compliance Program that met many of the requirements in the CIA. However, certain changes – including new compliance personnel, policies, procedures and processes – were implemented.

Non-compliance with CIA requirements can result in serious consequences, including monetary penalties and exclusion from participation in Federal health care programs. Therefore, it is very important that Banner and all Team Members comply with CIA requirements. The CIA – as well as an executive summary – are available on the Ethics & Compliance Department's intranet website.

Banner's Compliance Program

Program Structure

Banner created the Compliance Program several years ago to reinforce Banner's commitment to conducting its business with integrity. Through its Compliance Program, Banner maintains a culture that promotes the prevention, detection and resolution of conduct that does not conform to laws, regulations, Banner policies and/or this Code of Conduct. Banner's Compliance Program is described below.

Compliance Personnel and Structure

The Chief Compliance Officer (David Ledbetter) manages the Ethics & Compliance Department and oversees Banner's Compliance Program. The Chief Compliance Officer reports directly to Banner's Chief Executive Officer and the Audit Committee of the Board of Directors. The Ethics & Compliance Department provides day-to-day implementation, oversight and enforcement of Banner's Compliance Program. Among other duties, the Ethics & Compliance Department:

- Develops compliance policies
- Creates and implements compliance training programs
- Researches and investigates compliance issues (including ComplyLine cases)
- Provides advice on coding, billing, regulatory, and other compliance matters
- Assists with monitoring activities
- Conducts compliance audits and internal investigations
- Oversees Banner's response to government audits and investigations

The Ethics & Compliance Department also has designated Compliance Officers who are responsible for overseeing the Compliance Program in each of their respective areas. These areas include hospitals, provider groups, ancillary service areas, research and Banner's Insurance Division. These Compliance Officers are responsible for operating the Compliance Program at their specific entities.

Compliance committees provide operational leaders with opportunities to advise and assist compliance personnel with the implementation and oversight of Banner's Compliance Program.

Compliance Documents

With respect to our Compliance Program, Banner sets standards primarily through this Code of Conduct and compliance policies. The Code of Conduct is a guide to the overall conduct of operations, whereas compliance policies provide guidance on specific topics and business activities.

Compliance policies are available on the intranet website.

Compliance Training and Education

Compliance training and education is mandatory at Banner. Team Members receive training on Banner's CIA requirements, Banner's Compliance Program and applicable Federal health care program requirements when they first begin working at Banner, when significant changes occur and annually thereafter. In addition, specialized training in areas of compliance risk (e.g., quality, coding, billing, cost reporting, health plan specific requirements and referral source arrangements) may be required of certain individuals based upon their role in the organization. Team Members who fail to complete compliance training may be subject to corrective action or sanctions.

Most compliance training and education is provided and monitored through MyHR | Workday.



Reporting and Investigating

All Team Members are required to immediately report "Potential Compliance Issues," which are defined as any suspected or actual violations of this Code of Conduct, Banner policies, and laws and regulations relating to Federal health care programs. Potential Compliance Issues include, but are not limited to, fraud, waste and abuse.

To obtain guidance on or report a Potential Compliance Issue, Team Members may choose from several avenues, including their supervisor, department manager or director, Compliance Officer, the Ethics & Compliance Department, or the ComplyLine.

The ComplyLine is Banner's confidential hotline; it is hosted by a company independent of Banner. The ComplyLine can be contacted at any time by calling **1-888-747-7989** or online at <https://bannerhealthcomplyline.ethicspoint.com>. Team Members do not have to disclose their names and, if requested, anonymity will be maintained to the extent possible and in accordance with applicable laws.

Banner prohibits retaliation against any Team Member who seeks help or who reports a Potential Compliance Issue in good faith. Anyone who retaliates or encourages others to do so will be subject to corrective action, up to and including termination of employment or contractual relationship with Banner. Team Members who deliberately make false accusations to harm or retaliate against other Team Members are subject to discipline.

Monitoring and Auditing

An effective compliance program requires the use of audits and other evaluation techniques to monitor compliance and assist in the resolution of identified issues. At Banner, monitoring activities are primarily performed by operational personnel with the assistance of the Ethics & Compliance Department. Operational personnel can identify the risk areas within their operations, develop appropriate controls and policies and monitor whether those controls and policies are implemented and followed.

In contrast to monitoring activities, auditing is performed by the Ethics & Compliance Department or by external auditors acting under the Department's direction. Audit activities are planned and prioritized using a risk assessment and considering a variety of factors, including prior audit results; recent investigations, litigation and settlements; compliance complaints; and government activities. The resulting audit plan is brought to the relevant Board or Board Committee for approval. In addition to these planned audits, special audits may be conducted in response to identified issues, inquiries or requests.

Response and Prevention

Banner is committed to investigating all reported issues promptly and confidentially to the extent possible. The Ethics & Compliance Department investigates reported Potential Compliance Issues. If a reported issue is related to a business area such as patient privacy, human resources or risk management, it is referred to the appropriate department for investigation. Team Members are required to participate fully and honestly in all Potential Compliance Issue investigations. Failure to do so may result in corrective action, up to and including termination.

The Ethics & Compliance Department coordinates any findings from investigations of Potential Compliance Issues and recommends corrective actions. These may include revising policies and procedures, providing education, making prompt restitution of any overpayments, notifying the appropriate governmental agency, instituting the necessary corrective action and assisting and monitoring the implementation of systemic changes to prevent similar violations from reoccurring in the future.

Enforcement and Discipline

Team Members who knowingly violate Banner's Code of Conduct, compliance policies, laws and regulations related to Federal health care programs or any other aspect of Banner's Compliance Program may be subject to appropriate corrective action, up to and including termination of employment or contractual relationship with Banner.

In addition, if Banner becomes aware that an individual or entity is excluded or ineligible to participate in Federal health care programs, Banner will, at a minimum, remove the individual or entity from responsibility for, or involvement with, Banner's business operations related to any Federal health care program(s) from which the individual or entity has been excluded, debarred, suspended or otherwise declared ineligible.





Workplace Conduct and Employment Practices

Guiding Principles

Team Members must represent Banner accurately and honestly, deal fairly with everyone and refrain from any activity intended to defraud anyone of money, property or services. Team Members must always treat each other with dignity, respect, and courtesy and demonstrate behavior that fosters trust in all their activities.

Equal Employment Opportunity

Banner believes in providing equal employment opportunity to qualified individuals and prohibits discrimination in any work-related decision on the basis of race, color, national origin, religion, age, disability, sex, sexual orientation, veteran status, genetic information or any other protected status.

Our interactions with one another should always be fair, objective, and professional. Each of us is responsible for supporting fair employment values by complying with labor and employment laws. Banner will make reasonable accommodations for individuals with physical or mental disabilities, in accordance with applicable laws.

Harassment and Workplace Violence

Banner does not tolerate harassment or abuse of any kind. Degrading or humiliating jokes, slurs, intimidation or other harassing conduct is not acceptable in our workplace. Any form of sexual harassment is strictly prohibited.

We should all feel safe at Banner. Team Members should speak up if a coworker's conduct ever makes them feel uncomfortable. Supervisors who learn of any such alleged incident or concern should immediately report it to the Human Resources Department. Human Resources will promptly and thoroughly investigate any complaints and take appropriate action. Anyone found to be engaging in unlawful harassment will be subject to corrective action, up to and including termination of employment or contractual relationship with Banner.

Legal Holds

Employees must reply to and comply with Legal Hold notices issued by Banner. Legal Hold notices direct an employee to preserve documents and information that may be relevant to legal claims by or against Banner. Legal Hold notices are sent out to ensure that Banner meets its legal obligation to preserve evidence, and an employee's failure to respond to or comply with, a Legal Hold notice is grounds for corrective action, up to and including termination of employment.

Conflicts of Interest

Avoid conflicts of interests and the appearance of conflicts of interest.

A conflict of interest occurs if an outside interest or activity may influence or appear to influence the ability of Team Members to exercise objectivity or meet their job responsibilities. Participation in activities that conflict with the employment responsibilities of Team Members is not acceptable. A reasonable guideline to follow would be that a potential conflict of interest exists when an objective observer might wonder whether a Team Member is motivated solely by his/her responsibilities to Banner or by other interests.

Banner's Conflict of Interest policy provides additional guidance in this area. The policy requires that board members, officers, administrators, employed physicians, and other Team Members designated by their supervisors or the Vice President of Internal Audit to submit a Conflict of Interest Disclosure Survey annually. All other Team Members are required to disclose a potential or actual conflict of interest to their administrators, supervisors or to the Internal Audit Department prior to making a decision or taking any action that is or may be affected by that conflict. Supervisors or administrators may consult with the Internal Audit Department for assistance in resolving conflicts. Failure to disclose and withdraw from conflicts of interest can result in corrective action, up to and including termination.

Guidelines for some common conflict of interest situations:

- Corporate opportunities discovered through work at Banner belong first to Banner. Team Members owe a duty to Banner to advance its legitimate business interests. Team Members are prohibited from using Banner's confidential or proprietary information for personal gain.
- Outside employment must not interfere with the duties of Team Members at Banner. Team Members must disclose and discuss with their supervisors all outside jobs, relationships, or transactions that may create a conflict of interest.
- Team Members may not use Banner resources or facilities to support their own outside business activities or those of another organization.
- Relationships may affect our judgment, but a close relationship with another person does not automatically mean that there is a conflict of interest. Team Members should discuss the potential conflict of interest with a supervisor or the Internal Audit Department.

Coworker Interactions

In the normal day-to-day operations of an organization like Banner, there are issues that arise relating to how people in the organization deal with one another. It is impossible to foresee all of these, and many do not require explicit treatment in a document like this. A few routinely arise.

One involves gift giving among Team Members. While we wish to avoid any strict rules, no one should ever feel compelled to give a gift to anyone, and any gifts offered or received should be appropriate to the circumstances. For example, a lavish gift to anyone in a supervisory role would clearly violate Banner policy.

Another situation that may arise frequently involves charitable fund-raising or volunteering efforts undertaken by individuals, in which no one should ever be compelled to participate. Similarly, when Banner decides to support charitable organizations such as the United Way, Team Members should never feel compelled to contribute to the charitable organization, nor should there be any workplace consequences of such non-participation.

Solicitation

Banner has established rules for any solicitation and distribution activities that are conducted by vendors as well as by Team Members. Any solicitation or distribution must be conducted in accordance with the Solicitation and Distribution policy. Questions about this policy should be directed to the Legal Department.

Policy Contents

- [Policy](#)
- [Frequently Asked Questions*](#)
- [Related Information*](#)
- [Revision History*](#)

Policy Information

Effective Date:

June 1, 2012

Last Revised Date:

January, 2021

Policy Number:

HR-200E

Reference:

Student Employment Manual 108.0

Responsible Unit:

Office of Institutional Equity

Email:

equity@email.arizona.edu [1]

Policy

The University of Arizona is committed to creating and maintaining an environment free of discrimination. In support of this commitment, the University prohibits discrimination, including harassment and retaliation, based on a protected classification, including race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity, or genetic information. The University encourages anyone who believes they have been the subject of discrimination to report the matter immediately as described in the section below, "Reporting Discrimination, Harassment, or Retaliation." All members of the University community are responsible for participating in creating a campus environment free from all forms of prohibited discrimination and for cooperating with University officials who investigate allegations of policy violations.

University Obligations

The University will take prompt and appropriate action to (a) thoroughly investigate complaints of discrimination described in this policy; and (b) prevent, correct and, if necessary, discipline individuals who engage in behavior that violates this policy in accordance with existing University policies.

Applicability and Enforcement of Policy

This policy applies to:

- All University employees in all aspects of their employment relationship with the University;
- All University students in all aspects of their participation in the University's educational programs and activities;
- All University applicants, whether for employment or for admission to educational or University-sponsored programs, activities, or facilities;
- All persons or groups participating in or accessing University-sponsored programs, activities, or facilities; and
- All vendors or contractors in all aspects of their relationship with the University.

Enforcement of this policy is subject to constitutional protections related to freedom of speech, association, and the press.

Prohibited Discrimination, Including Harassment and Retaliation

Discrimination

"Discrimination" occurs when an individual, or group of individuals, is treated adversely because they belong to a classification of individuals that is protected from discrimination by a federal or state statute or University policy as set forth above. The failure to provide reasonable accommodations required by law or University policy based on disability or religious practice may constitute discrimination.

Harassment

"Harassment" is a specific form of discrimination. It is unwelcome behavior, based on a protected classification, that a reasonable person would perceive to be sufficiently severe or pervasive to create an intimidating, hostile, or offensive environment for academic pursuits, employment, or participation in University-sponsored activities.

Additionally, "Sexual Harassment," whether between individuals of the same or different sex, includes unwelcome conduct of a sexual nature that is made, either explicitly or implicitly, a condition of an individual's education, employment, or participation in a University program or activity, and/or when the submission to or rejection of such conduct is a factor in decisions affecting that individual's education, employment, or participation in University-sponsored activities.

Harassing conduct may take many forms, including verbal acts and name calling, as well as nonverbal behavior, such as graphic, electronic, and written statements, or conduct that is physically offensive, harmful, or threatening.

Title IX Sexual Harassment

"Title IX Sexual Harassment" is a subset of sexual harassment and is conduct, based on sex, that constitutes one or more of the following:

(a) unwelcome conduct, occurring in the United States, that a reasonable person would find so severe, pervasive, and objectively offensive that it effectively denies a person equal access to a University-sponsored education program or activity; (b) an employee conditioning the provision of an aid, benefit, or service of the University on an individual's participation in unwelcome sexual conduct; or (c) any of the following specific acts of sexual harassment taking place within the United

States and within a University-sponsored program or activity: sexual assault, dating violence, domestic violence, and stalking.

Retaliation

"Retaliation" occurs when an adverse action is taken against an individual for engaging in protected activity. Protected activity consists of (a) opposing conduct reasonably believed to constitute discrimination, including harassment, which violates a nondiscrimination statute or which University policy prohibits; (b) filing a complaint about such practice; or (c) testifying, assisting, or participating in any manner in an investigation or other proceeding related to a discrimination complaint. Adverse actions that are reasonably likely to deter a complaining individual or others from engaging in protected activity are prohibited.

Title IX Retaliation

"Title IX Retaliation" includes taking materially adverse action by intimidating, threatening, coercing, harassing, or discriminating against any individual for the purpose of interfering with any right or privilege secured by Title IX, or because the individual has made a report or complaint, testified, assisted, or participated or refused to participate in any manner in an investigation, proceeding, or hearing related to Title IX Sexual Harassment.

Supervisory Responsibilities to Prevent and Report Discrimination, Harassment, and Retaliation

Employees or agents of the University who (a) supervise other employees, graduate or undergraduate students, contractors, or agents; (b) teach or advise students or groups; or (c) have management authority related to a University-sponsored program or activity are required to:

- Engage in appropriate measures to prevent violations of this policy; and
- Upon receiving a report or having a reasonable basis to suspect that potential discrimination, harassment, or retaliation has occurred or is occurring, promptly notify and provide all available information and documentation to the Office of Institutional Equity

Reporting Discrimination, Harassment, or Retaliation

An individual who believes that they have been subjected to discrimination, harassment, or retaliation in violation of this policy should report the matter immediately as set forth below to obtain information about resolving concerns, including complaint-filing options and procedures, and to enable the University to take prompt remedial action.

Director for Equity Compliance
Office of Institutional Equity
University Services Building, Room 203
P.O. Box 21058
Tucson, AZ 85721-0158
(520) 621-9449
equity@email.arizona.edu [1]

If the alleged policy violator is employed by the Office of Institutional Equity, then the individual who has been the subject of discrimination, harassment, or retaliation in violation of this policy may contact the Division of Human Resources.

Good Faith Allegations

Because of the nature of discrimination, harassment, or retaliation complaints, allegations often cannot be substantiated by direct evidence other than the complaining individual's own statement. Lack of corroborating evidence should not discourage individuals from seeking relief under this policy. No adverse action will be taken against an individual who makes a good faith allegation of discrimination, harassment, or retaliation under this policy, even if an investigation fails to substantiate the allegation. However, individuals who make dishonest statements or make statements with willful disregard for the truth during an investigation or enforcement procedure under this policy may be subject to disciplinary action in accordance with existing University policies.

Anonymous Inquiries and Complaints

Members of the University community may contact the Office of Institutional Equity at any time to ask questions about discrimination, harassment, retaliation, or complaint-filing procedures and may provide information without disclosing their names. This provision does not relieve managers, supervisors, instructors, or advisors of their responsibility to promptly report under this policy.

Reporting Complaints to Outside Agencies

University employees and students have the right to file discrimination, harassment, and/or retaliation complaints with outside agencies as well as with the University's Office of Institutional Equity. If an individual files a complaint with an external agency, the filing will not affect the University's investigation concerning the same or similar events.

Consequences of Policy Violations

Members of the University community who violate this policy will be subject to corrective action that could include reprimand, demotion, denial of promotion, termination from employment or from educational programs, or other appropriate administrative action.

Affiliated Entities

University employees or students who work or study at a worksite or program of an institution with which the University has entered into an Affiliation Agreement (Affiliate) are subject to this policy while at such worksite or participating in such program. Similarly, Affiliates are obligated under agreements with the University to comply with all applicable state and federal statutes and regulations regarding equal employment opportunity and nondiscrimination. If a University employee or student believes that they have been subjected to discrimination, harassment, or retaliation while working at or participating in a program of an Affiliate in violation of this policy, they should contact the Office of Institutional Equity in accordance with the reporting provisions of this policy.

Confidentiality

Employees of the Office of Institutional Equity, employees of the Dean of Students Office, and all responsible administrators who receive reports of discrimination, harassment, or retaliation shall maintain the confidentiality of the information they receive, except where disclosure is required by law or is necessary to facilitate legitimate University processes, including the investigation and resolution of discrimination, harassment, or retaliation allegations.

Institutional Resource Links

Banner's Comply Line

1-888-747-7989

<https://secure.ethicspoint.com/domain/media/en/gui/77448/index.html>

UA Policies

<https://policy.arizona.edu/human-resources/nondiscrimination-and-anti-harassment-policy>

<https://policy.arizona.edu/human-resources/religious-accommodation-policy>

<https://equity.arizona.edu/>

<https://equity.arizona.edu/reporting/ethics-and-compliance-hotline> & 866-394-1908

If you have a medical student with a concern: <https://deanofstudents.arizona.edu/BEST>

For more information about BEST, email: bias@arizona.edu

<https://policy.arizona.edu/nondiscrimination-and-affirmative-action-statements>

NONDISCRIMINATION AND AFFIRMATIVE ACTION STATEMENTS

The University of Arizona is an equal opportunity, affirmative action institution. The University does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity, or genetic information in its programs and activities. The following persons have been designated to handle inquiries regarding the nondiscrimination policies:

Deputy Title IX Coordinator for Faculty and Staff

Mary Beth Tucker

Office of Institutional Equity

Vice President, Equity and Title IX

Old Main, Room 200

Phone (520) 621-9438

ADA/504 Compliance Officer

Amanda Kraus

Disability Resource Center

Executive Director, Disability Resource Center

El Portal Building, Room 304

Phone (520) 621-6501

Anyone who believes they experienced sexual harassment or discrimination should call the Office of Institutional Equity (OIE) to be connected to an individual with expertise in these areas for advice on handling the situation and information on filing a complaint. The University's nondiscrimination policies, including sexual harassment, are available on the OIE website (<http://equity.arizona.edu/>).

<https://equity.arizona.edu/reporting>



Submit a Referral to Office of Institutional Equity

i This form is for reporting acts of discrimination and/or harassment in potential violation of the University's Nondiscrimination and Anti-harassment Policy. If you submitted a report on someone else's behalf OIE will provide outreach to the identified potential complainant to schedule a meeting. Thereafter, OIE may conduct a formal investigation or assist with alternative resolution, as appropriate under the circumstances. The submission of an online report does not constitute the filing of a Complaint with OIE.

You may self-identify or report anonymously via this form, but please understand that anonymous reports, or those with limited information, may hinder the University's ability to investigate and resolve concerns effectively.

If you are reporting a medical emergency or a threatening or dangerous situation, please call 9-1-1 immediately.

* indicates a required field

Referral Information

I am making a referral for: *

Choose the appropriate option for Referral Type below

Submit