

# **Nondiscrimination Harassment and Fair Treatment Policy**

## **1 Purpose and scope**

New Meridian University prohibits discrimination, harassment, bullying, and retaliation in university activities. Individuals must receive fair consideration under relevant academic and employment requirements. This policy defines prohibited conduct and establishes how concerns are reported, reviewed, resolved, and appealed. The President oversees its administration and institutional response.

This policy applies to applicants, students, faculty, staff, supervisors, contractors, volunteers, visitors, and others participating in or acting on behalf of NMU. It covers admissions, teaching, assessment, supervision, research, employment, services, and other university activities. Covered communications include online classes, learning platforms, email, meetings, and university-related messages. Off-site or private conduct is covered when it has a substantial connection to NMU activities or materially affects access to NMU education or employment.

The prohibition applies to conduct during an NMU affiliation that is reported after graduation or departure. The university may review available evidence and take action within its authority. Conduct standards are those in effect when the conduct occurred. Current procedures may be used when they preserve applicable protections. A person's departure does not automatically end consideration of protective measures, records, or continuing effects.

Sexual harassment, sexual assault, sexual exploitation, stalking, and dating or domestic violence are prohibited. Detailed definitions and specialized procedures will be addressed in NMU's separate Sexual Misconduct policy. Reports may be made through the reporting route in this policy. Pending adoption of that separate policy, the President must arrange prompt assessment, appropriate support, and an impartial process under the safeguards in this policy and applicable requirements. A report must not be deferred solely because the separate policy is pending.

Until the separate policy takes effect, responsibility determinations must apply the definitions of discrimination, harassment, threats, coercion, bullying, or abuse of authority stated here, or another adopted NMU conduct standard in force when the conduct occurred. Before formal investigation, both parties receive notice of the specific standard and procedure being applied. Definitions adopted in the future must not be applied retroactively.

## **2 Responsibilities and authority**

The President owns and approves this policy, receives reports, appoints qualified investigators and independent appeal reviewers, authorizes protective measures, makes initial decisions, and directs implementation. The President may designate an official within the Office of Ethical Compliance to receive reports, issue notices, coordinate the process, and maintain records. The designated official acts under the President's authority. Administrative assistance does not transfer the President's institutional responsibility.

The investigator develops the factual record and provides a written report. The investigator must be separate from the initial decision-maker and the appeal reviewer. No person may investigate, decide, or hear an appeal in a case in which that person is implicated, a party, a material witness,

or has a relevant personal, supervisory, financial, or other conflict. The President appoints replacements when a conflict arises. Parties may identify a specific concern about bias or conflict for written review.

For a report personally implicating the President, an independent external reviewer designated in advance receives the report and appoints impartial officials to perform the President's case responsibilities. The reviewer and appointed officials must have no prior involvement or relevant conflict. The President does not control the investigation, initial decision, or appeal in that case. The independent external reporting contact is recorded with this policy.

Faculty, supervisors, administrators, and staff must promptly forward information reasonably indicating prohibited conduct to the President or designated compliance official. They must explain this reporting duty before receiving sensitive details when practicable. An expressly designated confidential resource or legally privileged communication follows its applicable confidentiality requirements. Employees must not promise secrecy, conduct an unauthorized investigation, discourage reporting, or use their supervisory position to suppress a concern.

For this policy, business days are Monday through Friday, excluding published NMU holidays and closures. Calendar days include weekends and holidays. A response period begins on the next applicable day after receipt of notice. Notices are delivered through a confirmed university communication channel and any reasonable alternative needed to provide access. Reasonable disability accommodations and language assistance are available for participation in the process.

### **3 Nondiscrimination and equal access**

NMU prohibits discrimination based on actual or perceived race, color, ethnicity, ancestry, national origin, religion, sex, pregnancy, childbirth or related conditions, sexual orientation, gender identity or expression, age, disability, genetic information, veteran status, or any additional characteristic protected by applicable law. The institutional prohibition also covers discriminatory treatment based on association with a person or group identified by these characteristics. This is NMU's conduct standard and does not assert that every listed characteristic has identical legal protection in every context.

Discrimination means unequal or exclusionary treatment because of a covered characteristic that adversely affects admission, assessment, supervision, employment, access, benefits, or participation. Examples include applying a higher academic standard because of national origin, excluding a qualified applicant because of a disability, or using a covered characteristic as an improper factor in assignment, advancement, or discipline. Evidence of unequal treatment must be assessed against the actual criteria, circumstances, and reasons for the decision.

Individuals may request reasonable accommodations or modifications for disability, pregnancy or related conditions, or religious needs through the President or designated official. NMU considers the request individually under applicable requirements and communicates the decision and reasons in writing. Relevant essential academic and employment requirements remain applicable. Requesting an accommodation or challenging its denial must not result in retaliation. A concern about discriminatory denial may be reviewed under this policy.

#### **4 Harassment bullying and abuse of authority**

Discriminatory harassment is unwelcome verbal, written, visual, physical, or electronic conduct related to a covered characteristic that is sufficiently severe or pervasive to substantially interfere with education or work or create an intimidating or hostile environment. Review considers the nature, severity, frequency, context, power relationship, and effect of the conduct from a reasonable person's perspective in the circumstances. A severe single incident may satisfy the standard. Ordinary discriminatory treatment can violate Section 3 without meeting this harassment threshold.

Examples may include slurs, threats, repeated derogatory remarks, hostile images or messages, targeted ridicule, or discriminatory intimidation. The presence of offensive material in a legitimate academic discussion is assessed in context. A complaint is evaluated on the actual conduct and evidence rather than the label applied by either party. Sexual harassment is prohibited, including requests for sexual conduct linked to grades, supervision, admission, employment, or other benefits, and follows the reporting and referral provisions in Sections 1 and 6.

Bullying or abusive conduct means repeated conduct, or a sufficiently severe incident, that a reasonable person would consider threatening, intimidating, degrading, or deliberately obstructive and that substantially interferes with academic or work participation. It does not require a connection to a covered characteristic. Conduct can be directed by a superior toward a subordinate, between peers, or toward a supervisor or instructor. Review considers the legitimate purpose, manner, context, severity, and frequency of the conduct.

Examples may include repeated personal humiliation, threats concerning academic or employment advancement without legitimate grounds, deliberate sabotage of work, malicious circulation of false personal claims, group intimidation, or intentional exclusion from necessary information or activities without a valid academic or operational reason. A threat or other serious misconduct may violate this policy even if the conduct has not been repeated.

Abuse of authority includes using control over grades, supervision, admission, research opportunities, employment, or services to compel unrelated personal favors, punish a person for raising a concern, or impose arbitrary requirements for an improper purpose. A demanding but reasonable assignment is assessed differently from a demand used to intimidate or exploit. Knowingly helping another person carry out prohibited conduct may itself violate this policy.

#### **5 Fair treatment and academic standards**

Academic and administrative decisions must use relevant criteria, apply published requirements consistently, and provide an explanation when a decision is challenged through the appropriate process. Differences in treatment may be justified by differences in performance, qualifications, duties, needs, or documented circumstances. Review examines the actual reason for the difference and whether the criteria were applied fairly.

Constructive criticism, rigorous grading, dissertation revisions, reasonable deadlines, appropriate performance management, lawful discipline, and scholarly disagreement do not by themselves constitute discrimination or bullying. Academic freedom supports examination of difficult ideas

and evidence. It does not excuse established discrimination, threats, coercion, or retaliation. The purpose and manner of communication remain relevant to the review.

A person may raise concerns about inconsistent requirements, arbitrary procedures, favoritism, unexplained delays, or disrespectful treatment even when a protected characteristic is not involved. The President or impartial designee reviews the applicable requirements, records, and explanation and provides a written response or appropriate referral. An ordinary grade disagreement follows the applicable academic review process. Allegations of discriminatory grading, retaliation, or coercive supervision are assessed under this policy. A referral must not be used to avoid reviewing alleged prohibited conduct.

An administrative error, isolated discourtesy, or disagreement may warrant correction or professional guidance without establishing misconduct. A decision-maker must identify the particular standard violated before imposing a disciplinary sanction. Informal corrective action must not be used to impose a serious misconduct sanction without the formal safeguards below.

## **6 Reporting concerns and initial assessment**

Reports may be made to the President or designated official within the Office of Ethical Compliance. Reports implicating the President go to the independent external reviewer described in Section 2. A person need not confront the accused individual, report through that person's supervisor, identify a legal category, or provide complete proof before reporting. Witnesses and other individuals may report information they reasonably believe requires review.

A report should identify the conduct, people involved, relevant dates, university connection, available messages or other records, witnesses, and any immediate concern about safety or access. Reports may be made verbally or in writing. The receiving official documents a verbal report and permits the reporter to clarify it. Anonymous reports are assessed on the available information, although anonymity may limit the ability to obtain evidence, provide an individual remedy, or determine responsibility.

NMU encourages prompt reporting and does not impose a fixed internal reporting deadline under this policy. Delay may affect evidence or available action. Internal reporting does not replace emergency assistance or a report to law enforcement or another authority. A person may seek outside assistance without first completing NMU's process. Internal review does not extend an outside filing deadline.

An identifiable report is ordinarily acknowledged within five business days. Initial assessment ordinarily occurs within ten business days after receipt. The assessment identifies immediate safety needs, the policy and procedure that apply, necessary conflict replacements, available evidence, and appropriate support. The parties are informed of the process selected. A decision to dismiss or redirect an allegation is documented with reasons and applicable appeal information.

When sexual misconduct is reported, the receiving official promptly arranges safety assessment, support, preservation of relevant evidence, and referral to the official responsible for the separate Sexual Misconduct policy when effective. If a specialized procedure applies, its requirements govern the sexual misconduct allegations. Related allegations may be coordinated in one case

record, with the governing standards and appeal route clearly identified. NMU must avoid inconsistent findings or duplicate disciplinary sanctions for the same conduct.

## **7 Support and temporary protective measures**

The President or impartial official handling a President-related case may authorize measures appropriate to safety and continued participation. Possible measures include alternative supervision, adjustments to class or work arrangements, reasonable deadline flexibility, contact restrictions, and access to available support resources. Appropriate support may be available to either party. NMU must accurately describe available services and must not promise resources it does not provide.

Supportive measures do not establish responsibility. Restrictions must be proportionate to the identified concern and must not impose unnecessary burdens. Written notice states the reasons, scope, duration, review date, and means to request reconsideration. Immediate restrictions require a documented safety or access assessment and prompt opportunity to challenge them. Protective measures are reviewed as circumstances change.

## **8 Informal resolution**

Informal resolution may be offered when appropriate and permitted by applicable requirements. Participation must be voluntary and informed, with no requirement to meet or communicate directly with the other party. A party may withdraw before a written agreement is completed. Declining informal resolution must not influence a responsibility determination or restrict access to appropriate support.

The official explains the allegations, proposed process, available alternatives, confidentiality limits, and effect of any agreement before consent is obtained. An impartial facilitator may help identify correction, supervision changes, communication expectations, or another suitable resolution. The written agreement states the responsibilities, monitoring, consequences of noncompliance, and whether the matter is closed. No person may be pressured to surrender external rights or accept a resolution through threats concerning grades, employment, or access.

Serious threats, violence, exploitation, substantial power imbalance, or repeated prohibited conduct require careful assessment before informal resolution is considered. Informal resolution must not be used where applicable law or the governing specialized procedure prohibits it, or to bypass required investigation and hearing safeguards for expulsion or termination.

## **9 Formal investigation and findings**

The President appoints a qualified impartial investigator and gives the complainant and respondent written notice of the allegations, relevant policy provisions, selected procedure, investigator identity, evidence standard, and available support. A complainant is the individual alleged to have experienced prohibited conduct. A respondent is the individual whose conduct is being reviewed. A witness or reporter does not automatically receive the rights of a party. Rights are assessed individually in cases involving several people.

The respondent is presumed not responsible unless the evidence supports a finding. The university bears responsibility for obtaining sufficient evidence. Findings use the preponderance

of the evidence standard, meaning it is more likely than not that the identified violation occurred. Credibility is assessed through the evidence and circumstances. Status, delayed reporting, use of an accommodation, or participation in the process must not alone determine credibility or responsibility.

Each party ordinarily has at least ten business days after notice to respond, identify witnesses, submit records, and raise a documented conflict concern. Parties may have an advisor or support person and receive reasonable accommodations. The investigator interviews relevant individuals and examines supporting and contrary evidence. Both parties receive a meaningful opportunity to review and respond to relevant evidence before a decision, with lawful redaction or another fair means to protect unrelated private information.

The investigation ordinarily concludes within sixty calendar days after formal notice. Extensions for complexity, evidence availability, accommodations, or other documented reasons are communicated with the reason and revised expected date. A law enforcement investigation does not automatically suspend support or institutional review. Any necessary pause is documented and reviewed.

The investigator prepares a report identifying allegations, evidence, disputed facts, explanations, and findings supported by the record. Both parties ordinarily receive at least ten business days to comment on a draft report before it is finalized. Material new allegations or evidence are disclosed with a reasonable opportunity to respond. The President reviews the final report and responses and determines whether each alleged violation is substantiated. The investigator does not make the final misconduct decision.

## **10 Decisions remedies and serious sanctions**

The President issues a written initial decision that identifies each allegation, applicable standard, material findings, reasons, remedies or sanctions, appeal rights, and proposed implementation. Both parties receive the findings and outcome information permitted by applicable privacy requirements, including information necessary to understand protective measures and exercise their appeal rights. A decision of no violation may still identify a substantiated administrative error requiring correction, clearly distinguished from a misconduct finding.

Remedies address the effects of prohibited conduct and restore appropriate access. They may include independent reconsideration of an affected academic or employment decision, correction of a record, alternative supervision, or measures to prevent recurrence. A remedy does not guarantee a grade, admission, appointment, or other benefit for which the person does not meet the applicable requirements.

Sanctions reflect severity, recurrence, abuse of authority, impact, relevant prior findings, and other documented circumstances. Student sanctions may include warning, required education, restrictions, probation, suspension, or expulsion. Employee or contractor sanctions may include warning, required training, reassignment or restrictions where appropriate, suspension, or employment or contract termination. Visitors or third parties may face access or participation restrictions within NMU's authority. No sanction is imposed solely because a report was made.

**Stage 1 Notice of a possible serious sanction.** When expulsion or termination for misconduct is under consideration, the respondent receives specific allegations, possible consequences, applicable appointment or contract requirements, and a meaningful opportunity to respond. The university identifies the individual's status and governing requirements before selecting the procedure.

**Stage 2 Independent investigation and evidence review.** A qualified external investigator conducts or reviews the investigation. Both parties receive the evidence and response opportunities described in Section 9. Any material deficiency is corrected before the case proceeds.

**Stage 3 Hearing opportunity.** Before an initial serious sanction decision, an impartial hearing officer separate from the investigator offers a hearing. Written notice ordinarily provides at least ten business days to prepare. The parties may present relevant evidence, identify factual disputes, propose questions through the hearing officer, and use an advisor. Direct confrontation is not required. The hearing officer evaluates disputed evidence and submits written findings and recommendations. A decision on the record after a person declines or does not attend a properly noticed hearing must retain the required evidence and fair-process safeguards.

**Stage 4 Initial decision.** The President reviews the complete record and makes a reasoned written responsibility and sanction decision. An initial decision proposing expulsion or termination must explain the basis, required procedural steps, appeal route, and proposed effective date. It must comply with applicable law and enforceable appointment or contract requirements.

**Stage 5 Independent appeal.** Expulsion or termination as a misconduct sanction is stayed during the appeal period and any timely appeal. Appropriate temporary protections may continue with review. An independent external appeal reviewer considers an eligible appeal under Section 11. The President does not hear or override an appeal of the President's own decision.

**Stage 6 Final notice and implementation.** After the appeal period or final appeal determination, the President communicates the final outcome and directs implementation consistent with that determination and applicable requirements. The university records the effective date, continuing protections, affected access or responsibilities, and follow-up arrangements. These stages do not authorize a penalty that conflicts with a controlling legal or contractual procedure.

## **11 Independent appeals**

The complainant and respondent may appeal dismissal of an allegation or an initial responsibility decision within ten business days after receipt. A respondent may challenge the sanction; a complainant may challenge the adequacy of remedies addressing established harm to that person. Grounds include a material procedural error, relevant new evidence not reasonably available earlier, a material conflict or bias affecting the outcome, a finding unsupported by the record, or a materially disproportionate sanction or inadequate remedy. Disagreement alone is insufficient. The appeal identifies the challenged decision and explains the ground.

The President appoints an independent qualified appeal reviewer who has no prior involvement or relevant conflict. An external reviewer is required for appeals involving expulsion, termination, or university leadership. For a President-related case, the advance-designated external reviewer arranges the appeal appointment without controlling the determination. An appointment delay does not defeat a timely appeal. Reviewer identity is disclosed, and each party has five business days to submit a reasoned conflict objection for impartial resolution.

The other party receives the appeal and ordinarily has ten business days to respond. Material information considered on appeal is disclosed for response. The reviewer ordinarily decides the appeal within thirty business days after receiving the complete record. An extension is documented and communicated with reasons and a revised date. Other sanctions may be stayed by the reviewer when appropriate; expulsion and termination remain subject to the automatic stay in Section 10.

The reviewer may uphold, modify, or reverse the challenged decision or return the matter for identified additional work. A sanction may not be increased solely because the respondent exercised the right to appeal. A materially new adverse determination requires notice, response, and a further appeal opportunity. The written determination explains the grounds, evidence, reasons, and implementation requirements. It is final within this policy, subject to additional review expressly required by law or an enforceable agreement. The President does not direct or override the independent appeal determination.

## **12 Retaliation privacy and records**

Retaliation is an adverse action, threat, intimidation, or coercion because a person made a good-faith report, requested support or an accommodation, opposed prohibited conduct, participated in review, or exercised an appeal or other protected right. Examples include retaliatory grading, adverse assignments, threats to supervision or employment, exclusion from opportunities, or pressuring a witness to change truthful evidence. Retaliation and process interference are independently prohibited even when the original allegation is not substantiated.

A good-faith report may be mistaken or unsubstantiated without being dishonest. A finding of knowingly providing materially false information requires supporting evidence and the applicable notice and response process. Conflicting recollections, insufficient evidence, withdrawal, or a decision of no violation do not alone establish a false report. Evidence destruction, witness intimidation, and deliberate obstruction may be reviewed as separate allegations.

NMU restricts sharing to legitimate administrative, safety, investigative, appeal, implementation, or legal needs. Absolute secrecy cannot be promised. Information may need to be disclosed to provide a fair opportunity to respond or comply with applicable requirements. Privacy instructions must not prevent a party from obtaining advice, support, relevant evidence, or outside assistance. Records containing sensitive personal information must be protected and unnecessary details excluded from wider disclosure.

The Office of Ethical Compliance maintains reports, notices, evidence, assessment records, protective measures, agreements, investigation and hearing records, decisions, appeals, and

implementation records securely under the President's authority. Records are ordinarily retained for at least seven years after final resolution, and longer when applicable requirements, an ongoing proceeding, a preservation hold, or a continuing need requires it. Access is restricted and relevant original records preserved.

### **13 Related requirements and policy review**

NMU currently receives no federal student aid or other federal financial assistance. This policy establishes institutional protections and procedures independently of that status. Applicable employment, disability, civil rights, privacy, safety, and other requirements govern within their scope. If NMU seeks or receives federal assistance, the President must review the resulting obligations and implement any required procedures.

The President coordinates overlapping concerns with other applicable NMU procedures and identifies which process governs each allegation. A referral does not eliminate protective measures, applicable response rights, or review of alleged retaliation. University review does not determine criminal liability or prevent a person from contacting an appropriate outside authority. No individual is required to waive an external right as a condition of internal review.

The President ensures that reporting officials, investigators, decision-makers, and appeal reviewers understand this policy, impartiality, evidence review, privacy, and appropriate treatment of the parties. The Office of Ethical Compliance monitors agreed actions and continuing concerns. The President reviews implementation periodically, approves amendments, and communicates material changes through the ethical compliance manual and other appropriate university channels. Reporting and independent external contact arrangements must be designated and made accessible when the policy is implemented.

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