

Reporting Ethical Concerns and Complaint Procedures Policy

1 Purpose and scope

New Meridian University provides a process for raising ethical concerns, requesting guidance, and submitting complaints about university conduct or services. This policy explains where to report, what information helps the review, who handles a concern, how progress and decisions are communicated, and which review or appeal route applies. The President oversees the process, with administrative support from the Office of Ethical Compliance.

Students, applicants, faculty, staff, contractors, witnesses, former members of the university, and others with relevant information may report. Concerns may involve academic or research integrity, discrimination, harassment, bullying, conflicts of interest, misuse of resources, inaccurate institutional representations, privacy, technology access, research protection, safety, or unfair treatment. A person may seek guidance without being certain that a violation occurred.

This policy provides common reporting and referral arrangements and a procedure for matters without a governing specialized process. It preserves the conduct definitions, decision authority, timelines, safeguards, sanctions, and appeal rights in applicable NMU policies and enforceable requirements. Reporting a concern does not automatically establish misconduct or make the reporter a party to a disciplinary case.

2 Responsibility and impartial review

The President owns and approves this policy, designates reporting officials, appoints qualified investigators and independent reviewers, and ensures that reports receive appropriate attention. An official within the Office of Ethical Compliance may receive reports, document receipt, assess the applicable route, issue notices, maintain records, and track completion under the President's authority. A referral must identify the official responsible for the next action.

Specialized policies determine who makes findings and hears appeals in the cases they govern. Under the general procedure in Section 8, the President makes the initial decision after an impartial investigator develops the record. Intake administration, investigation, initial decision, and appeal review must remain sufficiently separate to protect impartiality. The investigator and appeal reviewer must be separate from the initial decision-maker.

An individual implicated in a report, a party, a material witness, or a person with a relevant personal, supervisory, financial, or other conflict must not investigate, decide, or hear an appeal in that case. The President appoints replacements for conflicted officials. A party may submit a specific concern about bias or conflict for impartial written review.

Reports personally implicating the President go to an independent external reviewer designated in advance. That reviewer receives the report and appoints impartial officials to perform the President's case responsibilities. Those officials and the external reviewer must have no prior involvement or relevant conflict. The President does not control the investigation, decision, or appeal in that case. The independent external contact must be designated and made accessible when the policy is implemented.

3 How to report

A concern may be reported to the President or the designated reporting official within the Office of Ethical Compliance. The contact details accompanying this policy identify the available routes. Reports may be made verbally or in writing through the published contacts. A written report may be submitted by email or correspondence. The receiving official documents a verbal report and allows the reporter to clarify the record. The reporter may ask for an acknowledgment and case reference.

A person does not have to confront the person involved, report through an implicated supervisor, identify a legal provision, or provide complete proof before seeking help. Reports received by another NMU official must be forwarded promptly to the appropriate reporting official. The record preserves the original receipt date and any applicable deadlines. A referral must not require the person to start the account again unnecessarily.

Information reasonably indicating prohibited conduct must be forwarded as required by the applicable NMU policy. Employees should explain a reporting duty before receiving sensitive details when practicable. An expressly designated confidential resource or legally privileged communication follows its applicable requirements. No employee may promise confidentiality beyond the authority of that role or discourage a person from using an authorized reporting route.

The reporting process is not an emergency service. A person facing an immediate threat to life or safety should contact local emergency services, including 911 in the United States. Suspected unauthorized access, compromised credentials, confidential disclosure, or other active technology incidents must be reported promptly to the President or designated official. Users stop the affected activity where feasible, preserve relevant records securely, and follow containment instructions.

4 Information to provide

A useful report describes what happened or what requires clarification, who was involved, when and where it occurred, and its connection to NMU. The reporter should distinguish firsthand observations from information received from others and identify facts that are uncertain. The report may describe a single incident, a pattern, or an ongoing concern.

Include relevant messages, documents, transaction details, assignment or policy instructions, records, and witnesses when available. Explain any previous report, the response received, current risk, concern about retaliation or conflict, and assistance or correction requested. Providing a requested outcome helps the review but does not determine the finding or remedy. Missing information does not automatically justify rejecting a concern.

Preserve original records and provide accurate copies. Explain the source of the material and any alteration necessary to protect unrelated private information. Do not alter evidence, access another person's account without authorization, disclose unnecessary confidential information, or use prohibited methods to collect support for a complaint. The reporting official may arrange a secure means to provide sensitive records. Reasonable accommodations and language assistance are available for participation.

5 Anonymous reports and privacy

Reports received without a name are assessed on the information available. An anonymous report may identify a risk or lead to corroborating evidence, but lack of follow-up contact can limit the investigation or an individual remedy. A person who chooses not to identify themselves should provide enough detail to allow the concern to be understood. An acknowledgment or outcome notice cannot be guaranteed when there is no usable contact route.

Receiving an unnamed report does not mean that NMU currently operates an anonymous hotline or secure online reporting portal. Only reporting services expressly published by NMU should be represented as available. Email addresses, telephone details, document information, or the circumstances described may reveal identity. The university must not promise technical anonymity through an ordinary communication channel.

NMU limits disclosure to legitimate safety, administrative, investigative, response, appeal, implementation, or legal needs. Absolute secrecy cannot be promised. Fair review may require the subject of a report to receive enough detail to answer it. Privacy instructions must preserve access to advice, support, relevant evidence, and outside assistance. The official explains confidentiality limits when practicable and protects sensitive information from unnecessary disclosure.

6 Receipt initial assessment and updates

The reporting official records receipt, assigns a case reference, and ordinarily acknowledges an identifiable report within five business days when usable contact information is available. The acknowledgment identifies a contact for the case and explains the next step. Anonymous or incomplete reports are recorded and assessed even when acknowledgment is not possible.

For matters governed by this general procedure, initial assessment ordinarily occurs within ten business days after receipt. Assessment considers safety, preservation needs, conflicts, the university connection, available information, and the applicable policy. Specialized assessment periods remain controlling. For example, the Academic Integrity and Research Misconduct policy ordinarily allows fifteen business days for its initial administrative review. A general referral must not replace that period or any other specialized requirement.

The official communicates the selected route, responsible office or individual, information needed, expected next step, and any applicable response or appeal deadline. Possible actions include providing guidance, obtaining clarification, arranging protective measures, referring the concern, opening a general review, or closing a matter outside NMU's authority or without a sufficient basis for further action. A closure or refusal to proceed must have documented reasons and identify any available reconsideration or appeal route.

For active cases under the general procedure, the contact ordinarily provides a progress update at least every thirty calendar days and when a material delay changes the expected schedule. Updates may be limited to the stage reached and next expected action to protect privacy and fair review. Extensions are documented with reasons and a revised expected date. Specialized update requirements take priority when they apply.

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 use a confirmed university communication channel and any reasonable alternative needed to provide access. A documented request for a reasonable extension is considered without treating the request itself as evidence against the person.

7 Referral to the appropriate procedure

Coursework misconduct, research fabrication or falsification, plagiarism, falsified academic records, and publication-credit disputes follow the Academic Integrity and Research Misconduct policy. Reports go to the Academic and Research Integrity Officer within the Office of Ethical Compliance, with the alternate and President-conflict arrangements specified in that policy. Coursework, research, and authorship matters retain their distinct procedures. The Provost's decision authority and the independent appeal panel established there remain applicable.

AI-related academic misconduct follows the Academic Integrity and Research Misconduct policy. The Artificial Intelligence and Technology Use policy supplies the permitted-use and authorship standards. It does not create a separate misconduct appeal. Errors discovered after submission are also reported promptly to the instructor or supervisor for accurate correction. A correction does not automatically end a review of alleged misconduct.

Discrimination, harassment, bullying, discriminatory assessment, coercive supervision, and related retaliation follow the Nondiscrimination Harassment and Fair Treatment policy. The President or conflict replacement makes the initial decision, and the independent reviewer specified there hears an eligible appeal. Ordinary grade disputes are directed to the applicable academic review process. A grade referral must not conceal an allegation of discrimination, retaliation, or coercion.

Sexual misconduct reports receive prompt safety assessment, support, evidence preservation, and referral to the separate Sexual Misconduct policy when effective. Pending its adoption, existing adopted conduct standards and the safeguards in the Nondiscrimination Harassment and Fair Treatment policy apply. The parties receive notice of the particular standard and procedure. Future definitions must not be applied retroactively.

Research participant protection, privacy, financial, employment, admission, contractual, or service concerns are referred to the applicable adopted policy or enforceable requirement. The official identifies the actual governing process rather than assuming that an office, committee, appeal, or external accreditation route exists. A report involving several subjects may share one case record while retaining the correct standards, officials, timelines, and appeal rights for each allegation.

Referral preserves the report and original receipt date. It does not extend a specialized appeal period, restart a completed case, or provide an additional unrestricted appeal of a final specialized decision. The official tracks whether the receiving official has accepted responsibility for the matter. The reporter or party is told how to provide further information or raise a concern about a stalled referral.

8 General complaint review

This procedure applies when no governing specialized NMU process addresses the matter and no controlling requirement supplies a different procedure. An initial inquiry gathers enough information to decide whether guidance, administrative correction, voluntary resolution, or formal investigation is appropriate. A complaint about a service or administrative error can be corrected without labeling an individual as having committed misconduct.

Voluntary informal resolution may be considered when suitable and permitted. Participation must be informed, and a person may decline without losing access to appropriate support or formal review. Direct confrontation is not required. A written agreement identifies the action, responsible official, time for completion, and monitoring. It must not pressure a person to surrender outside rights or bypass safeguards for a serious sanction.

A formal review requires a qualified impartial investigator. The complainant is the individual whose own treatment, access, or interests are at issue. The respondent is an individual whose conduct is under review. A witness or general reporter does not automatically become a party. The parties receive written allegations, relevant adopted standards, investigator identity, procedure, evidence standard, and available support. A disciplinary finding must identify an adopted conduct standard in force when the conduct occurred or another applicable enforceable requirement.

The respondent is presumed not responsible unless the evidence supports a finding. Responsibility is determined by a preponderance of the evidence, meaning it is more likely than not that the identified violation occurred. The university must obtain sufficient evidence and assess supporting and contrary information. A person's position, request for an accommodation, delay in reporting, or participation in review must not alone determine credibility.

Each party ordinarily has at least ten business days after notice to respond, submit relevant records, identify witnesses, and raise a conflict concern. Parties may use an advisor or support person and receive reasonable accommodations. The investigator provides a meaningful opportunity to review and respond to relevant evidence, with appropriate protection for unrelated private information. Material new allegations or evidence require notice and a reasonable response opportunity.

A formal investigation ordinarily concludes within sixty calendar days after notice. Extensions are communicated with reasons and a revised expected date. The investigator prepares a written report explaining the allegations, evidence, disputed facts, and supported factual findings. Parties ordinarily receive at least ten business days to comment on a draft before it is finalized. The investigator provides the final report and responses to the President or impartial conflict replacement for decision.

9 Written decisions and serious action

A general review decision ordinarily issues within ten business days after the decision-maker receives the complete final record. The written decision identifies the concern, applicable standard, material findings, reasons, correction or sanction, responsible implementing official,

and any appeal route. Where no violation is established, the decision may still direct correction of a documented service or administrative error, clearly distinguished from a misconduct finding.

The parties receive the information needed to understand the decision, continuing measures, and their review rights, consistent with applicable privacy requirements. A reporter who is not a party ordinarily receives an appropriate completion or closure notice and information concerning that person's own safety or access. Reporting alone does not entitle an individual to another person's private records, evidence, or full disciplinary outcome.

Corrective measures must fit the established concern and may include reconsideration under the correct criteria, correction of records, improved controls, alternative supervision, or required training. A disciplinary sanction must be authorized by an applicable conduct or appointment standard and proportionate to the established conduct. This reporting policy does not create an unrestricted power to impose penalties for unspecified unethical behavior.

Stage 1 Identify authority and possible consequence. Before proposing expulsion, degree revocation, or employment or contract termination for misconduct, the university identifies the applicable substantive standard and governing serious-sanction procedure. A specialized procedure remains controlling. Degree revocation must follow the Academic Integrity and Research Misconduct policy and its academic determination requirements.

Stage 2 Notice and impartial investigation. Where this general procedure governs a proposed expulsion or termination for misconduct, the respondent receives specific allegations, possible consequences, applicable appointment or contract requirements, and a meaningful response opportunity. A qualified external investigator conducts or reviews the investigation. The evidence and response protections in Section 8 apply.

Stage 3 Hearing opportunity. An impartial hearing officer separate from the investigator offers a hearing before an initial serious-sanction decision. Written notice ordinarily provides at least ten business days to prepare. The parties may present relevant evidence, identify disputes, propose questions through the hearing officer, and use an advisor. Direct confrontation is not required. The officer provides written findings and recommendations. Declining or failing to attend a properly noticed hearing does not remove the university's evidence and fair-process duties.

Stage 4 Initial decision and independent appeal. The President reviews the complete record and issues a reasoned written responsibility and sanction decision. Expulsion or termination as a misconduct sanction is stayed during the appeal period and any timely appeal. An independent external reviewer considers an eligible appeal under Section 10. Appropriate temporary protections may continue with documented reasons, review dates, and a means to challenge them.

Stage 5 Final notice and implementation. After the appeal period or final determination, the President directs implementation consistent with that determination and controlling legal or contractual requirements. The final notice states the effective date and follow-up arrangements. For a case implicating the President, the independent officials appointed under Section 2 perform these responsibilities.

10 Review and appeal routes

A person seeking review must use the appeal or reconsideration route that governs the decision. The notice identifies eligibility, grounds, receiving official, filing period, and available assistance. Reporting an ethical concern is not a substitute for filing a timely academic, employment, disciplinary, or other specialized appeal. Intake staff must promptly forward a communication that clearly requests such an appeal and explain the required next step.

Under the Academic Integrity and Research Misconduct policy, the respondent may appeal findings, sanctions, or both, and an affected author may appeal a determination of publication credit. A reporter may provide new evidence or raise procedural or retaliation concerns, but reporting alone does not provide a right to appeal another person's sanction. The separate three-member appeal panel and all eligibility, grounds, time periods, and sanction protections established in that policy remain controlling.

Under the Nondiscrimination Harassment and Fair Treatment policy, the complainant and respondent may appeal dismissal or responsibility findings. A respondent may challenge the sanction, and a complainant may challenge inadequate remedies addressing established harm to that person. The independent reviewer, deadlines, grounds, and external-review requirements stated there remain controlling. A witness or general reporter does not automatically acquire those rights.

For a case decided under the general procedure in Sections 8 and 9, a complainant or respondent may submit a written appeal within ten business days after receipt of the initial decision. A respondent may challenge the sanction; a complainant may challenge the adequacy of correction addressing that person's established harm. Grounds include a material procedural error, relevant new evidence not reasonably available earlier, material bias or conflict affecting the outcome, a finding unsupported by the record, or a materially disproportionate sanction or inadequate correction. Disagreement alone is insufficient.

The President appoints a qualified independent reviewer with no prior involvement or relevant conflict. An external reviewer is required when the appeal concerns expulsion, termination, or university leadership. The President must not hear, direct, or override an appeal of the President's own decision. Reviewer identity is disclosed, and each party ordinarily has five business days to raise a reasoned conflict concern for impartial resolution. The other party ordinarily has ten business days to respond to the appeal, and material new information considered on appeal is disclosed for response.

The reviewer ordinarily decides a general appeal within thirty business days after receiving the complete record. The reviewer may uphold, modify, reverse, or return the matter for specified additional work and explains the reasons in writing. A sanction must not increase solely because the respondent appealed. A materially new adverse determination requires notice, response, and a further appeal opportunity. An appointment delay does not defeat a timely appeal. The determination is final within this general procedure, subject to additional review expressly required by law or an enforceable agreement.

A reporter may ask for reconsideration of a general intake closure or referral within ten business days after notice when the request identifies a material routing error, conflict, overlooked

information, or a relevant procedural problem. The President or an uninvolved designee reviews the request and ordinarily responds within fifteen business days. If the challenged handling was the President's own decision, an independent reviewer decides the request. This intake review does not grant access to another person's private outcome, replace a specialized dismissal appeal, or reopen a final specialized decision. Relevant new evidence or alleged retaliation is assessed through the governing policy.

11 Retaliation and truthful participation

NMU prohibits retaliation for good-faith questions, reports, requests for support, opposition to prohibited conduct, truthful participation, or use of an authorized review or appeal route. Retaliation may include threats, intimidation, retaliatory grading, adverse assignments, exclusion from opportunities, or pressure to withdraw a concern or change evidence. A retaliation allegation is assessed independently even when the original concern is not substantiated.

A good-faith concern may be mistaken, incomplete, or unsubstantiated without being dishonest. Insufficient evidence, differing recollections, withdrawal, or a finding of no violation does not alone establish a false report. Knowingly providing materially false information, destroying evidence, intimidating a witness, or deliberately obstructing review requires its own supported allegation and applicable notice and response process. Lawful, documented academic or employment action is assessed on its actual reasons and timing rather than automatically treated as retaliation.

The President or independent official handling a President-related case reviews reported retaliation promptly and considers appropriate protections. A person should report ongoing concerns or noncompliance with protective measures without waiting for the original case to conclude. Completion of a case does not end the prohibition on retaliation.

12 Outside reporting and continuing access

Individuals may seek advice or contact law enforcement, a regulator, a court, or another appropriate outside authority without first completing NMU's process. Internal reporting does not extend an outside filing deadline, guarantee an agency's jurisdiction, or substitute for an outside complaint. NMU must not require waiver of an external right as a condition of receiving internal review or support.

For education-related consumer matters within its jurisdiction, the Utah Division of Consumer Protection provides a complaint process at <https://services.commerce.utah.gov/dcp-complaint/> and information by telephone at 801-530-6601. The agency determines whether a matter falls within its authority. Employment, discrimination, privacy, or other concerns may have different external routes depending on the facts and applicable jurisdiction. NMU must accurately identify available external routes and must not imply accreditation or an accreditor complaint process that it does not have.

The President or designated official provides information about the internal route and relevant published external resources when requested. Participation in an outside process does not automatically prevent continued institutional assessment or appropriate support. Any necessary

pause is documented and reviewed, with the governing requirements and effect on the internal schedule communicated.

13 Records follow up and review

The Office of Ethical Compliance maintains reports, receipt and referral records, notices, evidence, agreements, investigation and hearing records, decisions, appeals, and implementation records securely under the President's authority. The record identifies the governing procedure, responsible officials, significant dates, and reasons for decisions. Related reports are coordinated without unnecessarily disclosing private information or obscuring separate allegations.

Records under this general procedure are ordinarily retained for at least seven years after final resolution. Longer or permanent retention required by a specialized NMU policy, applicable law, an enforceable requirement, an ongoing proceeding, or a preservation hold takes priority. In particular, permanent final records required by the Academic Integrity and Research Misconduct policy must not be reduced to the general retention period. Access is restricted and relevant original evidence preserved.

The responsible official tracks corrective actions, agreed commitments, and continuing protections through completion. An unresolved action or reported recurrence is brought to the President or the independent official handling a President-related case. Review of trends may identify a need for improved guidance, controls, or training while protecting individual privacy.

The President periodically reviews this policy, ensures that reporting contacts and independent external arrangements are designated and accessible, and approves amendments. Reporting officials receive instruction on routing, deadlines, privacy, impartiality, evidence preservation, and respectful communication. Material changes are communicated through the ethical compliance manual and other appropriate university channels. Specialized procedures and controlling requirements retain priority when they differ from this general policy.

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