



Photo credit: Andy Bryant

UCR Compliance & Civil Rights

ANNUAL REPORT 2023-2024

UNIVERSITY OF CALIFORNIA, RIVERSIDE
CHIEF COMPLIANCE OFFICE

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Message from UCR's Chief Compliance Officer

Why do we have an ethics and compliance program? Universities (and other institutions) have these programs first and foremost because people do not automatically know how to “do the right thing.” The “right thing” can be unclear or complicated. Sometimes it requires doing something you do not even know you are supposed to do! And in some situations, it can be difficult to do the right thing, and you need a strong culture of compliance and ethics to encourage employees to take the harder, but better, path.

An effective ethics and compliance program supports a culture of integrity and is based on the [University's ethical values and standards](#). Here at UCR, as Chief Compliance Officer, I coordinate the ethics and compliance program for the campus. Our Office directs civil rights compliance (Title IX, Title VI, Title VII, ADA, etc.) under the leadership of Assistant Vice Chancellor for Civil Rights Holly Hare. The Chief Compliance Office also manages the campus policy and privacy programs, compliance risk assessments, auditing and advisory services, Clery compliance, whistleblower response, and formal investigations for other campus units.



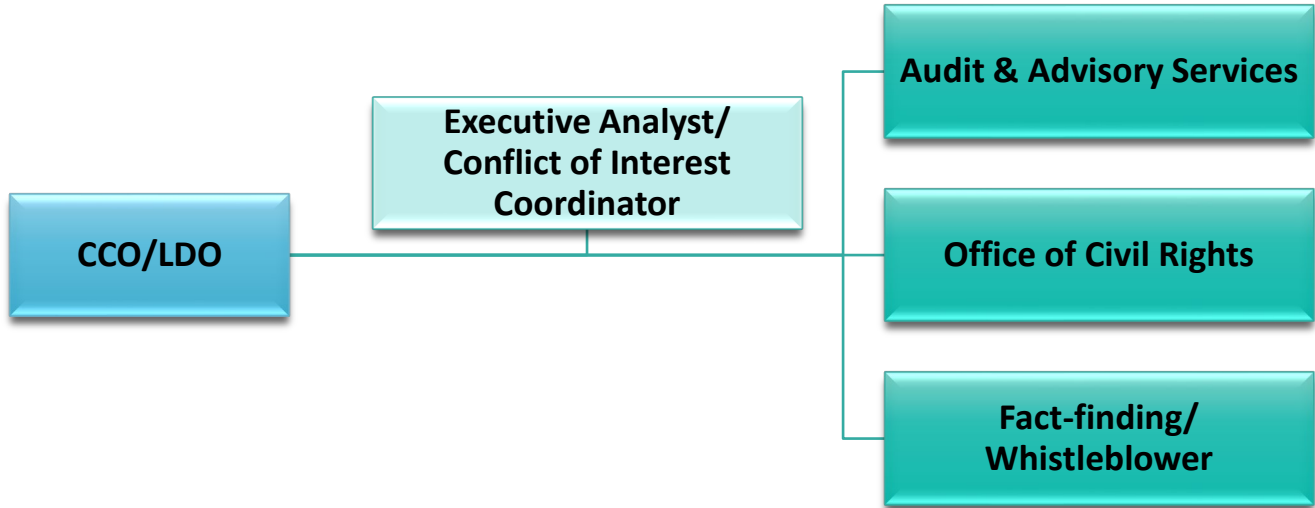
This third annual report highlights the activities of UCR's Chief Compliance Office. It presents data regarding investigations and other complaint resolution activities. This report also highlights significant accomplishments and developments during the 2023-24 academic year.

UC Riverside is a unique, diverse campus united by a shared interest in learning. We also share a commitment to integrity and ethical conduct. This commitment makes my job of promoting ethics and compliance both easier and more rewarding. I am thankful to be part of the UCR community.

Kiersten Boyce, CCEP, CHRC
Chief Compliance Officer and Locally Designated Official

I. INTRODUCTION

UC Riverside’s Chief Compliance Office (CCO) includes Audit & Advisory Services, the Office of Civil Rights, and a whistleblower/fact-finding team.



By sharing information about the work of these teams, we seek to:

- ✓ Demystify complex systems,
- ✓ Demonstrate transparency and accountability,
- ✓ Continue to identify opportunities for improvement, and
- ✓ Create greater understanding of shared values and the role of all members of the community in creating a culture of compliance and ethics.

Notes about Fiscal/Academic Years and Data in this Report:

This report shows information for the FY24 fiscal year, which is the twelve-month period beginning July 1, 2023, and ending June 30, 2024. Where available, we also show year-over-year trends by including data for FY22 and FY23.

II. REPORTS AND INVESTIGATIONS

Overview

An important CCO function is receiving and responding to reports and complaints. The following figures provide high-level information about these reports and our response to them, including investigations. Later sections of this report provide a deeper dive into our Title IX and other civil rights work—preventing and responding to sexual violence, sexual harassment, and other forms of discrimination and harassment.

We receive many types of reports, inquiries, and complaints (“reports”), including:

- Whistleblower reports: reports of improper governmental activities (under the [UC Whistleblower Policy](#)) and complaints of retaliation under the [UC Whistleblower Protection Policy](#).
- Civil rights reports: complaints of discrimination or harassment or discriminatory retaliation, or other Prohibited Conduct under the [UC Anti-Discrimination Policy](#) or the [UC Policy on Sexual Violence and Sexual Harassment \(SVSH Policy\)](#).
- Bias reports: reports of acts of hate or intolerance usually assessed with civil rights reports.
- Abusive Conduct complaints: reports that are triaged with the Responsible Office under [UCR’s Abusive Conduct in the Workplace Procedure](#).

Figure 1: Total Reports Received in Last Three Years

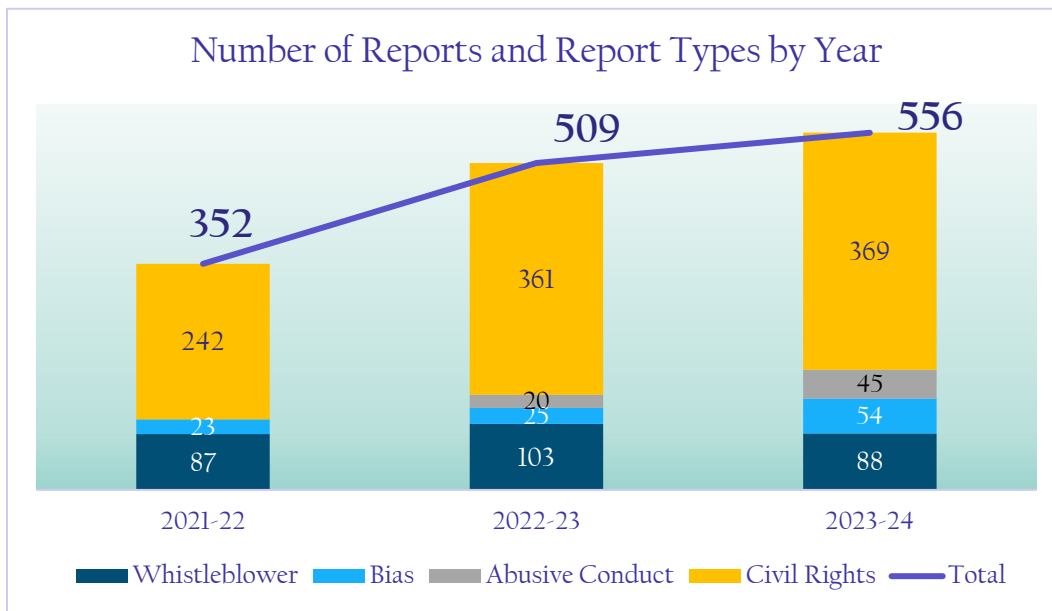


Figure 1 shows a significant (50%) increase from FY22 to FY23, with the pace of increase slowing in FY24.

How are reports received?

Most reports are received through our two web-based reporting portals:

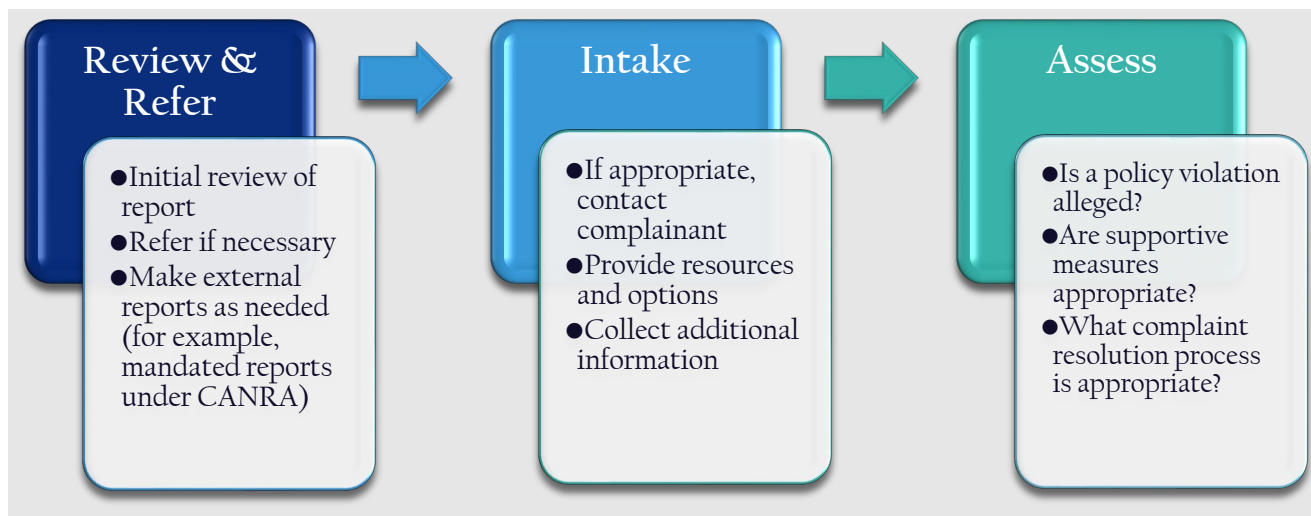
- ❖ [EthicsPoint](#) is a third-party managed hotline used throughout the entire University of California system that accepts all types of reports and complaints, particularly whistleblower. There is also an [EthicsPoint reporting portal for reports of intolerance or bias](#). Reports may be made anonymously, online, or by phone.
- ❖ UCR's Office of Civil Rights (formerly, [Title IX & Equal Opportunity and Affirmative Action Office](#)) uses an online report and case management system, CaseIQ. CaseIQ also accepts all types of reports but is used primarily for Title IX (SVSH) and other civil rights reports.

We also receive reports by email (ldo@ucr.edu or civilrights@ucr.edu), by phone, from walk-ins, and from referrals from campus partners such as Human Resources, Academic Personnel, the Vice Provost for Administrative Resolution (VPAR), Residential Education, Student Conduct and Academic Integrity Programs (SCAIP), and UCPD.

How do we respond to reports?

We review and assess every report received. Most reports are assessed with campus partners, in a case management team or group as described on the following page.

Figure 2: Basic Intake and Assessment Process. While there are specific procedural requirements for certain types of reports, generally, the following steps are taken for each report:



Case Management at UCR

Case management teams bring together professional staff from across campus to review and assess reports and complaints. These groups facilitate information-sharing and collaboration, with the goal of better case outcomes.

The Investigations Group. The University of California’s whistleblower policies require that each campus have an investigations workgroup “to ensure coordination and proper reporting.” This group is advisory to the Locally Designated Official (LDO)—the administrator responsible for managing whistleblower complaints. At UCR and most other campuses, the CCO is the LDO. The group meets monthly, with additional meetings of sub-groups focused on particular types of cases.

- ❖ ***Who are they?*** The group includes representatives of units with “routine responsibility for certain types of investigations” such as UCPD, Risk Management, HR, APO, SOM Compliance, Student Affairs, the VPAR, and campus counsel. For a full list of members, visit [Investigations & Complaint Resolution | Compliance \(ucr.edu\)](#).
- ❖ ***What do they do?*** The group assists and advises the LDO by:
 - Reviewing new reports including to assess whether an investigation is warranted and whether any upward or external reports, particularly to UCOP, are required.
 - Monitoring formal investigations including for timeliness.
 - Reviewing metrics to assess the effectiveness of complaint resolution.

Whistleblower cases are discussed further on page 9 of this report.

Case Management Teams. Case Management Teams help coordinate supportive services and advise on civil rights complaints. The teams advise the Assistant Vice Chancellor for Civil Rights, who is UCR’s Title IX Officer and Local Implementation Officer (a role under the Anti-Discrimination Policy). The teams monitor complaint resolution processes, including tracking deadlines for investigations and adjudications. There is also a special Incident Response Team that engages in response to reports of sexual misconduct occurring in the patient care context, such as at UCR Health or Student Health Services.

Case management groups help decide the best method to resolve a report or concern. The complaint resolution methods available depend on (1) whether the conduct reported is, as alleged, a serious violation of policy (or an IGA), and (2) the identity of the parties, particularly the respondent. Investigations are the most formal method of resolution.

What is an Investigation?

CCO uses the term “investigation” to refer specifically to a formal, fact-finding process where written notices detailing the scope of the investigation and related policies and procedures are issued to parties, interviews are conducted, and a report of investigation is produced. Other less structured fact-gathering is conducted more frequently as part of the unit’s assessment of reports.

Figure 3: Investigation Workflow (More detailed investigation flowcharts are available at [Investigations & Complaint Resolution | Compliance.](#))



Figure 4: Formal Investigations Initiated – Count and Classification

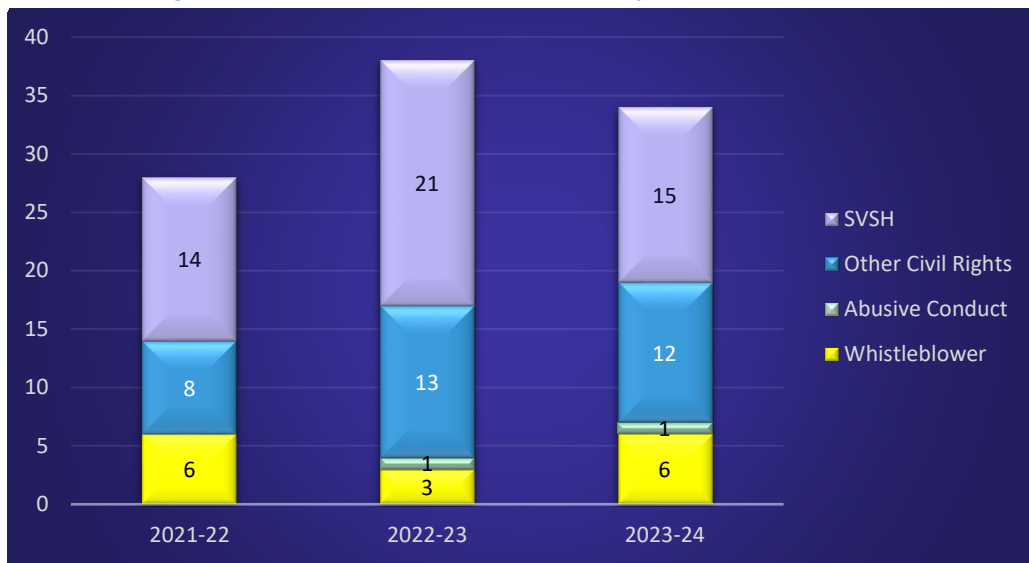


Figure 4 groups investigations by the year in which they were initiated. Investigations are also categorized by the policy primarily at issue. Some investigations address multiple potential policy violations (for example, whistleblower and discrimination); for purposes of this figure, they are sorted by the policy issues most central to the investigation.

Figure 5: How Many Investigations Substantiate Misconduct?

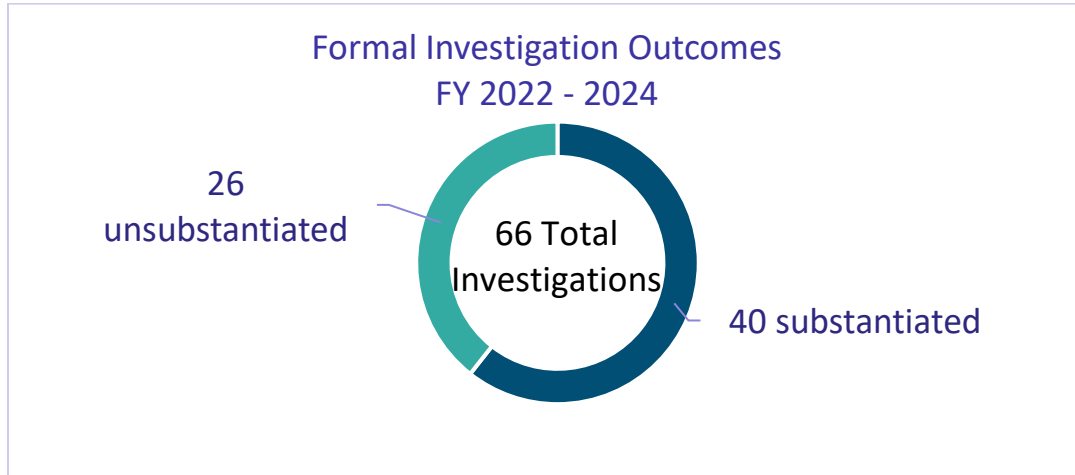


Figure 5 shows the number of formal investigations that substantiated a policy violation. Some investigations look into multiple potential policy violations; if the investigation finds misconduct for one of the alleged policy violations, it will be reflected in this figure as “substantiated,” even if other allegations are not.

A. Whistleblower Reports and Investigations

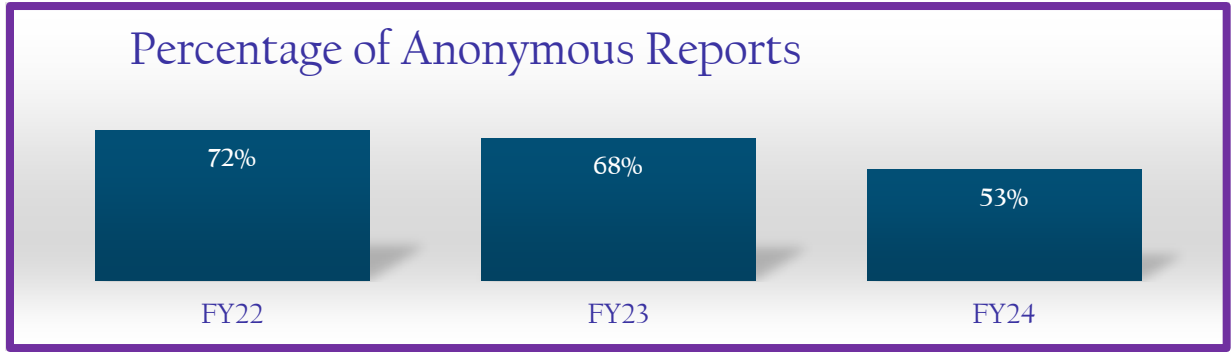
A required element of an ethics and compliance program is a mechanism for employees (and others) to report misconduct. As explained in UCR’s [local implementing procedures for whistleblower reports](#):

The University of California, Riverside (UCR) is committed to operating in good faith, with integrity and accountability. When people report concerns (“blow the whistle”) it helps UCR fulfill this commitment, by alerting the campus to potential illegal or unethical acts so that they may be addressed.

The CCO serves as the campus LDO, a position with responsibilities under the UC Whistleblower and Whistleblower Protection Policies.

Whistleblower complaints are reports of suspected illegal or unethical activities by UCR employees or agents called “Improper Governmental Activities,” or IGAs. Whistleblower Protection Policy complaints are grievances by employees who believe they have experienced certain types of retaliation for whistleblower activities.

Figure 6: Anonymous Whistleblowing



A “speak up” culture must allow for anonymous reporting. We hope that most reporters feel able to report directly and openly, but even in the most healthy workplace some reporters fear retaliation. We are pleased that the percentage of anonymous reporting has decreased over time. (Note that for some reports initially made anonymously, the complainant/reporter later identifies themselves. These reports would still be classified as anonymous in Figure 6.)

Figure 7: Types of Whistleblower Allegations Investigated in the Past Three Years

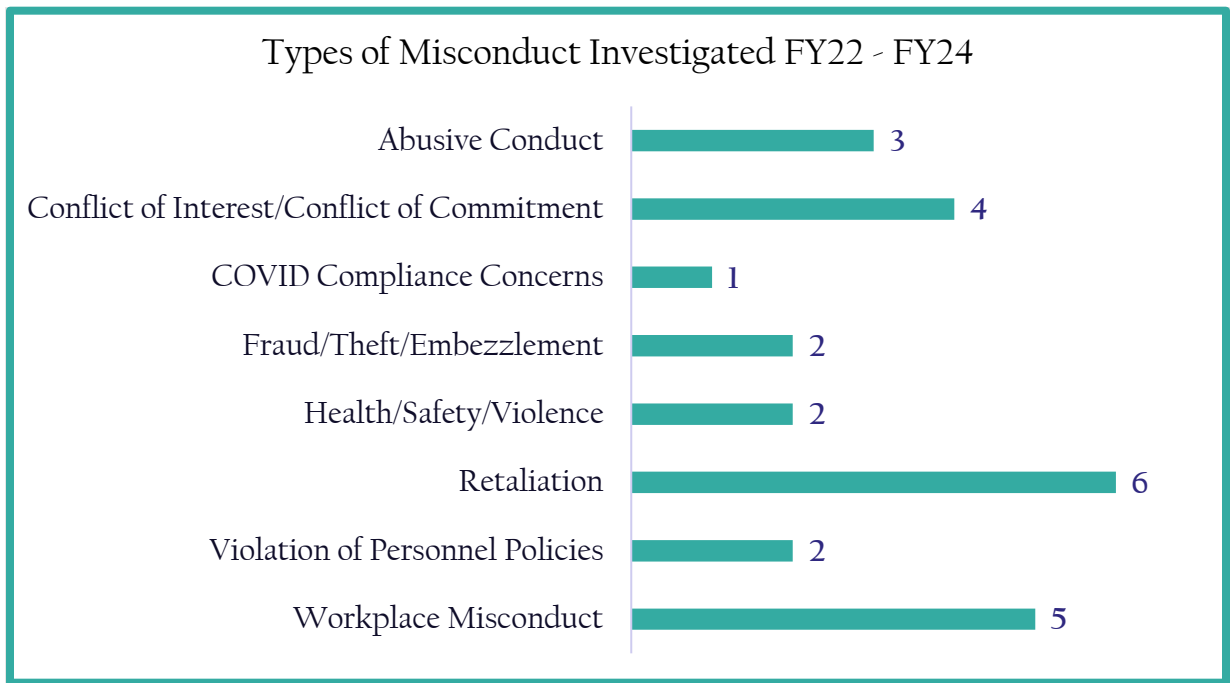


Figure 7 shows the types of allegations that were addressed through a formal investigation in the previous three academic years. A formal investigation involves notices of investigation issued to the parties, interviews and other evidence collection and review, and production of an investigation report, all following procedural steps designed to provide full due process to those involved. Note that the retaliation category includes some complaints processed under the UC Whistleblower Protection Policy.

What Happens After a Whistleblower Investigation?

If misconduct has been substantiated and/or if there are findings warranting management attention, the matter is referred to the appropriate administrative office or process. This may result in disciplinary sanctions for employees found to have engaged in misconduct. Actions may also be taken to strengthen internal controls, to avoid recurrence of the misconduct, and to remedy the effects.

B. SVSH and Other Civil Rights Reports and Investigations

UCR's Office of Civil Rights (OCR) is dedicated to protecting the civil rights of UCR's faculty, students, and staff. OCR is responsible for implementing UC and campus non-discrimination policies including the UC Policy on Sexual Violence and Sexual Harassment (SVSH Policy) and the Anti-Discrimination Policy, and oversees compliance with laws and regulations relating to discrimination and harassment. This includes responding to reports of discrimination and harassment, as well as coordinating educational and awareness programming and monitoring equal opportunity programs.

This section of the annual report presents information about OCR's response to reports of protected category discrimination, harassment, and retaliation and other Prohibited Conduct under the SVSH Policy and Anti-Discrimination Policy. As illustrated in [Figure 8](#), below, sexual violence is a particularly severe form of sexual harassment, which is a form of discrimination.

Figure 8: Discrimination Types – Broad to Specific

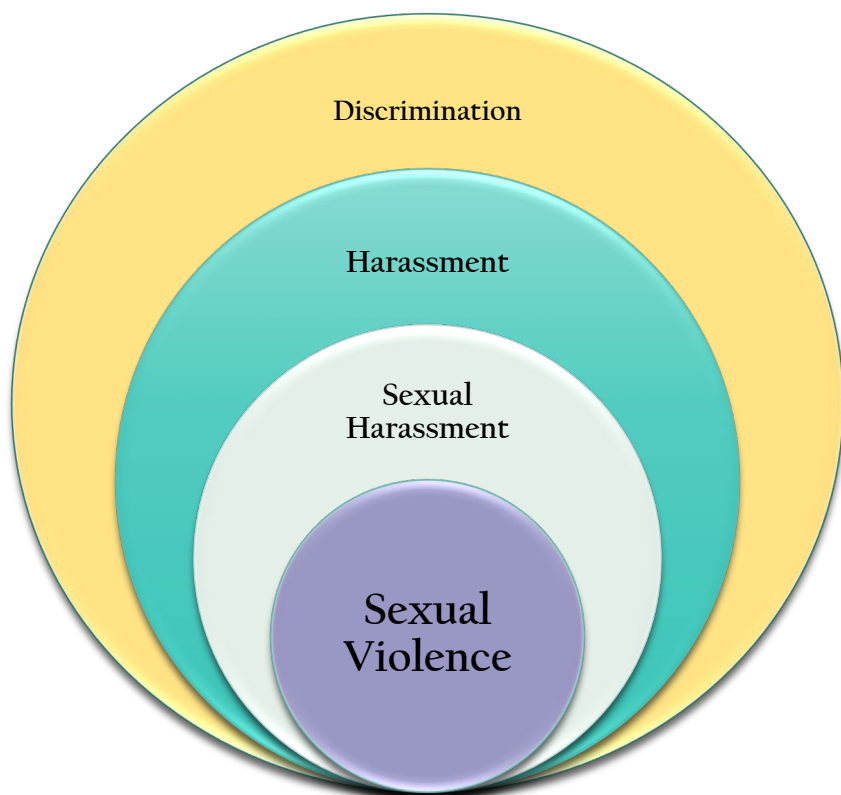
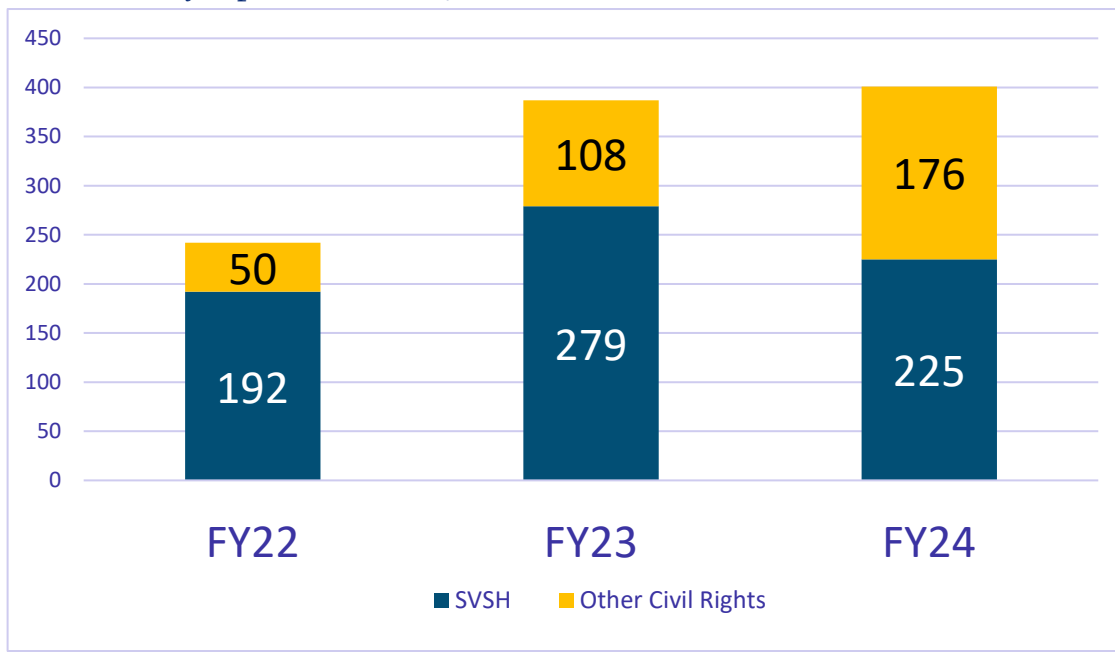


Figure 9: Number of Reports Received by OCR FY22-24



Reports of sexual harassment and other Prohibited Conduct under the SVSH Policy decreased last year, while reports of other types of discrimination (Prohibited Conduct under the Anti-Discrimination Policy) increased.

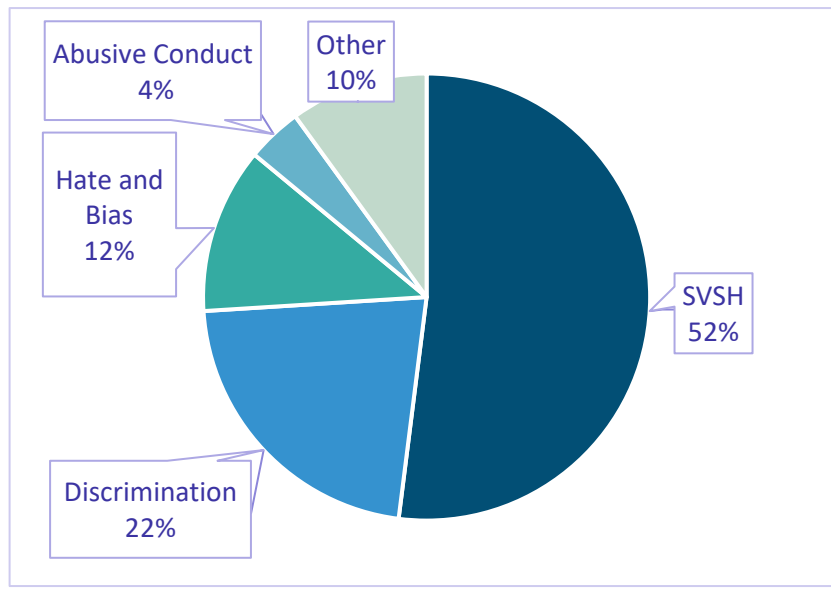
The increase in discrimination reports is likely due in part to incidents relating to the conflict in the Middle East and in part to the issuance of the new systemwide Anti-Discrimination Policy in February 2024.

Important notes about how OCR categorizes reports: Before reviewing Figures 10-12 on the next pages, please review these notes.

Note 1: Professional staff categorize reports by the type(s) of Prohibited Conduct that best fits the conduct described. For example, if an employee files a report and uses the term “harassment” but the conduct they describe, when assessed, is determined to be potential retaliation but not harassment, it will be categorized as retaliation.

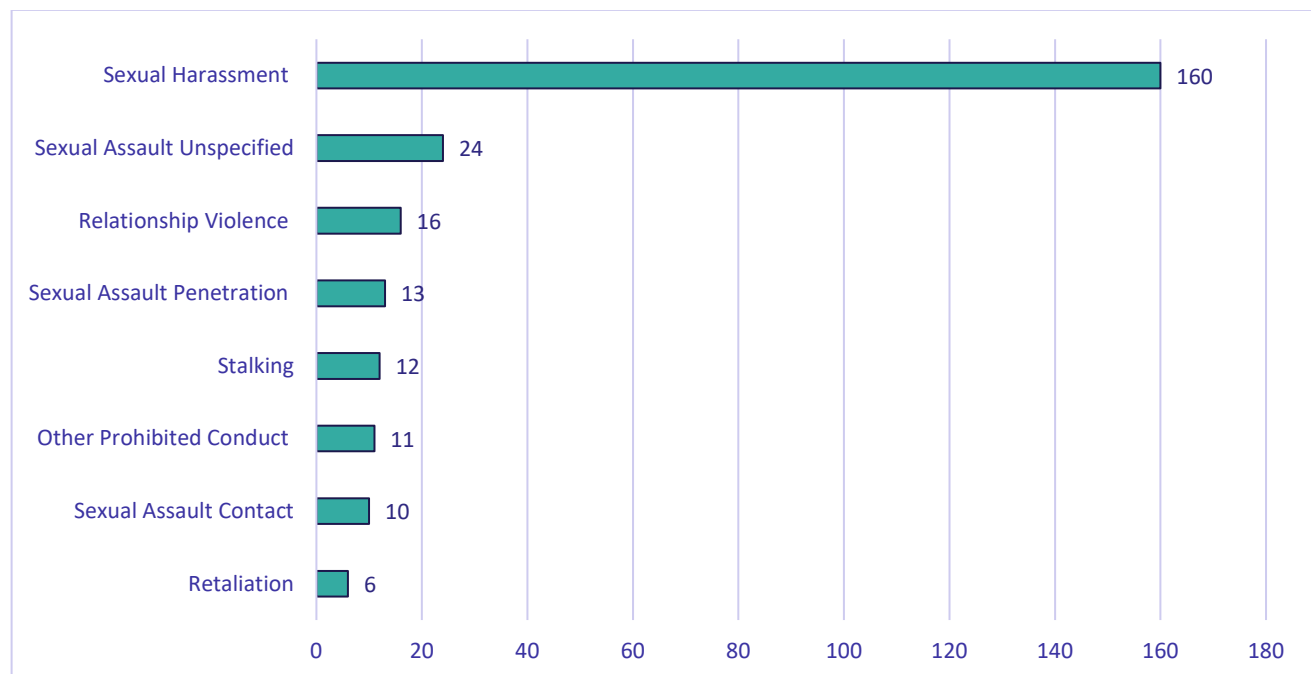
Note 2: We categorize reports based on the type of Prohibited Conduct that most closely fits the conduct reported, even if the conduct described does not fall within the policy definition. For example, a report about conduct that is sex-based and harassing in nature but not a violation of the policy (perhaps because it is outside of UCR’s jurisdiction or because the conduct is not “severe or pervasive” enough to meet the definition of harassment) will be categorized as sexual harassment. On the other hand, if the conduct reported is clearly not Prohibited Conduct under any of the policies, it will be categorized as “Other.” For example, a report of academic cheating would be referred to SCAIP and categorized as “Other.”

Figure 10: Types of Reports Received by OCR



As in previous years, the largest category of reports relates to the SVSH Policy, although the percentage decreased from 77% in FY23.

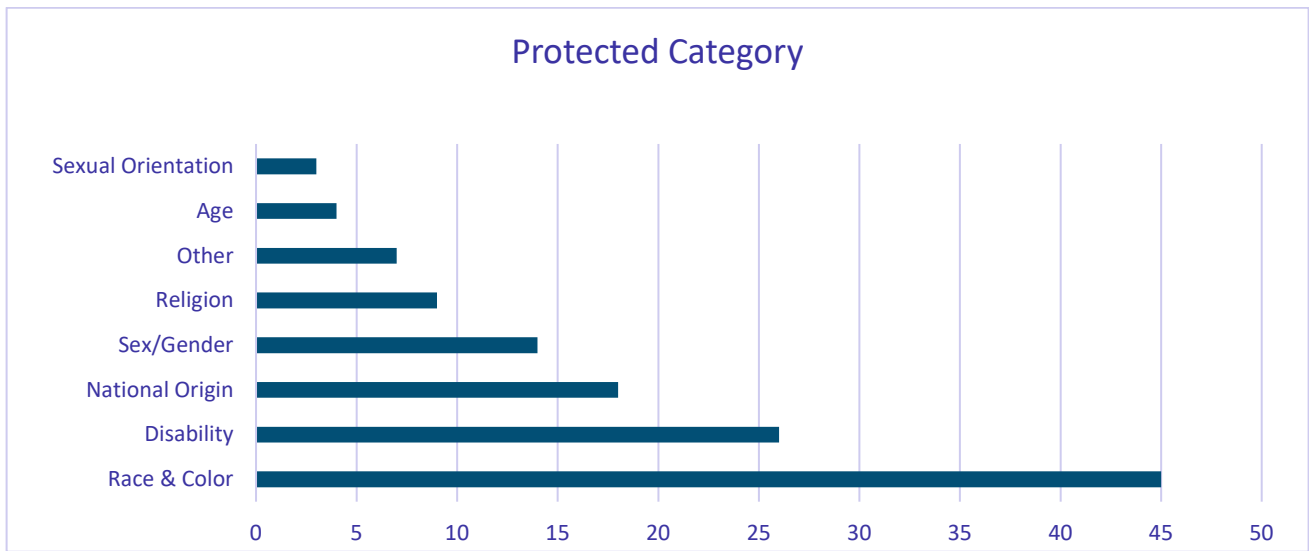
Figure 11: Types of Prohibited Conduct (SVSH Policy) Reported in FY24



Note: Individual incidents may report multiple types of SVSH.

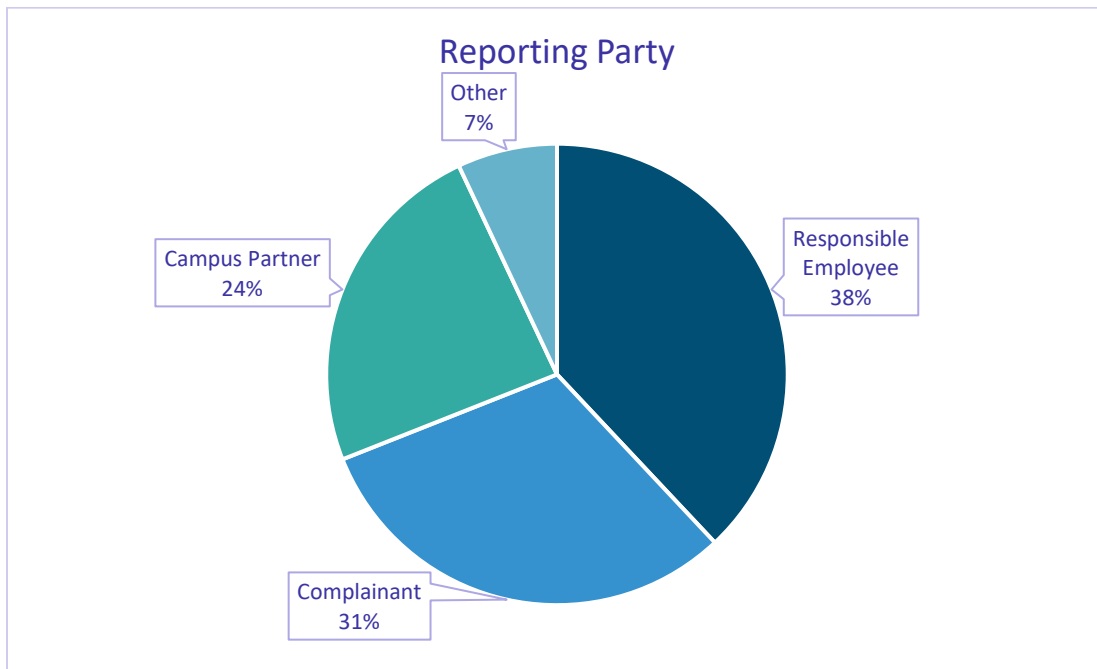
“Other Prohibited Conduct” includes invasion of sexual privacy, exposure, and failing to comply with a no-contact order or similar directive issued under the SVSH Policy.

Figure 12: Protected Categories Reported (Anti-Discrimination Policy) in FY24



Notes: (1) disability includes one report alleging discrimination based on medical condition; (2) “Other” includes marital status, ancestry, and citizenship.

Figure 13: Who Makes Reports to OCR?



Anyone can report Prohibited Conduct. They can report directly to OCR, to any Responsible Employee, or to campus partners (who are also Responsible Employees) such as Student Affairs, UCPD, the VPAR, and Human Resources, who will then report to OCR.

Figures 14 and 15: Party Affiliation for Civil Rights Reports Received in FY24

A “Complainant” is a person identified or reported as having experienced discrimination or harassment or other Prohibited Conduct, even if that person has not themselves made a complaint. A “Respondent” is the person who is reported to have engaged in Prohibited Conduct.

- “Other” refers to groups or entities (rather than individual persons), UNEX students, patients, unknown individuals, and students who whom we cannot identify (and so do not know if they are graduate or undergraduate).
- A “Third Party” is a non-affiliate, such as a student at another university or a former UCR student.
- NFAP are non-faculty academic personnel, such as postdoctoral scholars.

Figure 14: Complainant Affiliation

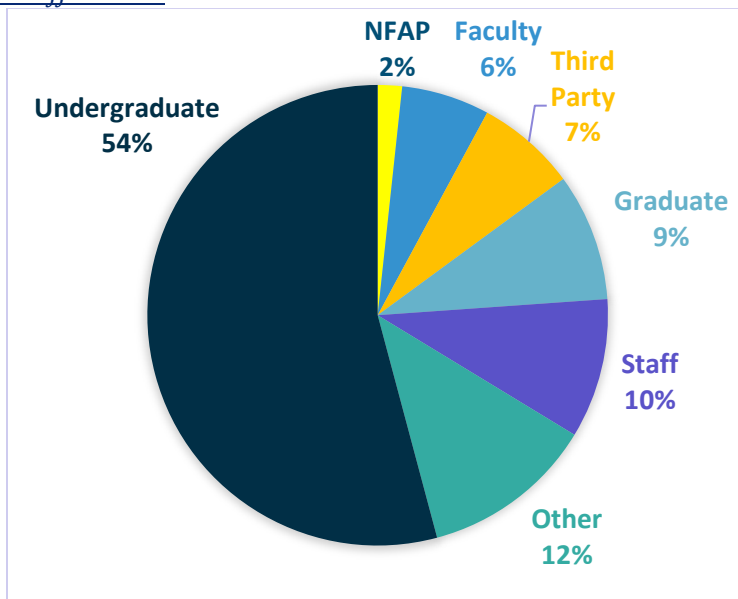
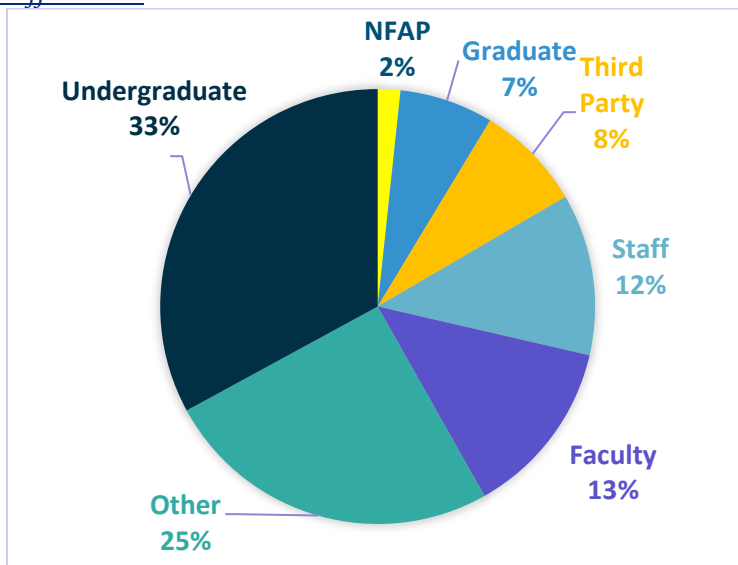


Figure 15: Respondent Affiliation



Responding to Civil Rights Reports—Initial Assessment

All civil rights reports are promptly and carefully assessed to:

- address immediate safety concerns,
- decide whether the report is within OCR’s jurisdiction and available complaint resolution processes, and
- determine whether supportive measures are appropriate.

OCR works with complainants to pursue the most appropriate resolution process based on their goals and concerns, within the applicable policy framework. OCR rarely initiates an investigation against the wishes of a complainant.

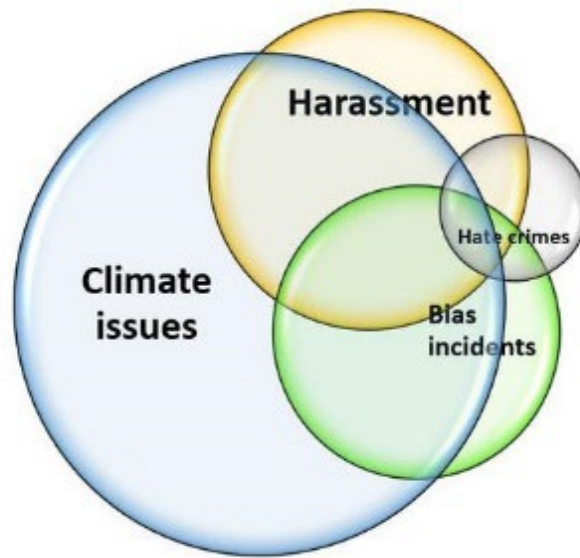
Not all reports received by OCR may be resolved through a formal resolution process. For example, UCR may not investigate or conduct an Alternative Resolution for reports:

- of conduct not covered by the SVSH Policy or Anti-Discrimination Policy;
- without enough information (example, identities unknown);
- for which the Respondent is not a UCR affiliate; or
- without sufficient connection (nexus) to UCR’s programs and activities.

OCR helps connect complainants to campus resources and supportive services. For those who have experienced sexual violence or harassment, [CARE](#) provides support and confidential assistance—and is not obligated to share information with OCR.

Formal Investigation is Not Appropriate for All Reports

We encourage reporting of any and all harassing conduct, although harassment violates our policies only when it is severe or pervasive. This means that we receive reports of conduct that is harassing in nature, but not a policy violation. For these types of reports, when appropriate, OCR takes steps to stop the reported conduct and/or prevent its escalation or occurrence, and address its effects, such as providing resources to the complainant or conducting an educational conversation with the respondent.



OCR (and the LDO) also receives bias and climate reports through CaseIQ and the [UC Systemwide Intolerance Report Form](#). Bias incidents generally are conduct that targets or disparages people or groups based on actual or perceived race, color, ancestry, religion, ethnicity, national origin, gender, gender identity, age, disability, sexual orientation, or other protected characteristics or categories. These reports and their relationship to discrimination and harassment are further explained in our [FAQs](#).

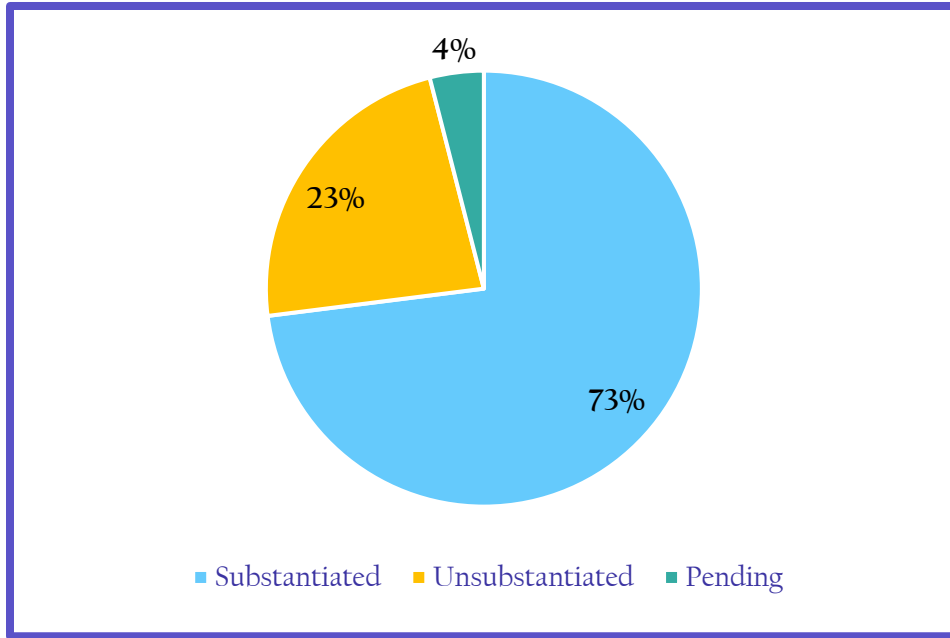
The figures below show the formal complaint resolution processes initiated in the period July 1, 2023, through June 30, 2024. Note that some of these processes relate to reports received by the Office in the previous academic year.

Figure 16: Number and Type of Formal Civil Rights Investigations Initiated FY22-FY24



In addition to the formal investigations, OCR initiated five Alternative Resolutions and one Other Inquiry under the SVSH Policy in FY24.

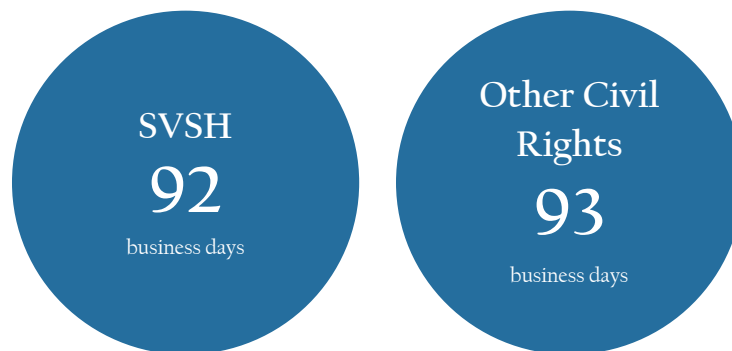
Figure 17: Outcomes of Formal Civil Rights Investigations



An investigation is noted as “substantiated” when at least one policy violation is substantiated; investigations often consider multiple policy violations.

We strive to provide investigations that are prompt, fair, and thorough, meeting all policy and procedural requirements. Our target deadline is 90 business days; we slightly exceeded this, but significantly reduced our median investigation time for investigations under the Anti-Discrimination Policy (other civil rights) this year from 131 business days in FY23.

Figure 18: Investigation Completion Time



III. OTHER CIVIL RIGHTS OFFICE WORK

A. Affirmative Action

UCR is a federal and state contractor, meaning that it accepts federal and California funds for its educational programs, and as such must comply with all affirmative action regulations enforced by the Department of Labor's Office of Federal Contract Compliance Programs. The purpose of these regulations is to provide, for the benefit of job seekers and wage earners, affirmative action and equal employment opportunity, particularly to recruit and advance persons with disabilities and covered veterans.

OCR is responsible for ensuring compliance with affirmative action regulations. This includes:

- producing annual affirmative action plans for staff and academic workforce;
- monitoring of policies and guidelines;
- promotion of equal opportunity programs and policies, including complaint resolution processes;
- review of recruitment efforts and application process;
- internal review of personnel actions (hiring, promotions, separations, compensation); and
- training and consultation.

B. Disability Access – ADA/504 Coordination

UC Riverside is dedicated to providing an accessible campus and accessible programs for its students, faculty, staff, and visitors. Federal laws and regulations—specifically, the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 (a federal law prohibiting discrimination on the basis of disability and requiring affirmative action in employment for those with disabilities, which applies to UCR as an institution that receives federal funding)—require campuses to have an administrator who coordinates compliance efforts. UCR's ADA/504 Coordinator is the Chief Compliance Officer.

The ADA/Section 504 Coordinator's responsibilities include:

- ensuring that UCR has appropriate policies, procedures, and grievance mechanisms
- helping promote disability access, accommodations, and non-discrimination
- identifying and assessing compliance gaps and risks.

[Our Disability Inclusion and Access website](#) collects information, policies, and other resources.

C. Pregnancy Accommodations

OCR supports pregnant students, faculty, and staff by coordinating accommodations.

Accommodations that may be provided range from changes in parking to leaves of absence. To learn more, visit our [pregnancy resources website](#).

D. Clery Compliance

The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act of 1998, commonly referred to as the “Clery Act,” is a federal law that requires each university receiving federal financial aid to annually compile and report specific crime and fire statistics for the university campus and to provide other safety and crime information to members of the campus community. The Clery Act also requires universities to:

- Have emergency response programs, including evacuation procedures for students.
- Notify the community of emergencies and issue warnings of threats.
- Maintain a daily crime log and a fire log.
- Have various safety-related policies and procedures including relating to sexual violence.

2023-24 Clery Compliance Highlights

- The [2024 Annual Security and Fire Safety Report](#) included important updates on Title IX regulations, the Workplace Violence Prevention Program (SB 553), and Freedom of Speech (SB 108). The [Notice of Availability](#) was posted on additional websites (the [Graduate](#) and [Undergraduate](#) Admissions websites) to improve compliance.
- The UCR Clery Committee engaged to support UCR’s compliance with various Clery-related issues (emergency notifications, hate crimes, Title IX updates, etc.). Members include representatives of Student Affairs, Civil Rights, UCPD, Housing, Athletics, Fire Prevention, Risk Management, Emergency Management, Health, Well-Being & Safety, HR, SCAIP, and Real Estate.
- UCR’s **Campus Security Authority (CSA)** identification and communication process has been improved to standardize and partially automate the process. Currently, more than 1000 CSAs have been identified:
 - Additional outreach was done to include non-UCR entities qualified for CSA responsibilities (third-party contractors at North District and International Village student residence halls, and various student organization volunteers).
 - UCR streamlined the process for tagging new positions for Clery training, reducing delay.
- The [Timely Warnings and Emergency Notifications Policy](#) (850-70) was revised to include Emergency Notifications provisions and codify current practices. The changes include harmonized definitions, established criteria for issuing timely warnings and emergency notifications, and clarified current procedures and responsibilities.

To learn more about Clery and review current and archived ASFSRs (Annual Security and Fire Safety Clery reports), visit our [Clery compliance website](#).

IV. ETHICS & COMPLIANCE PROGRAM COORDINATION

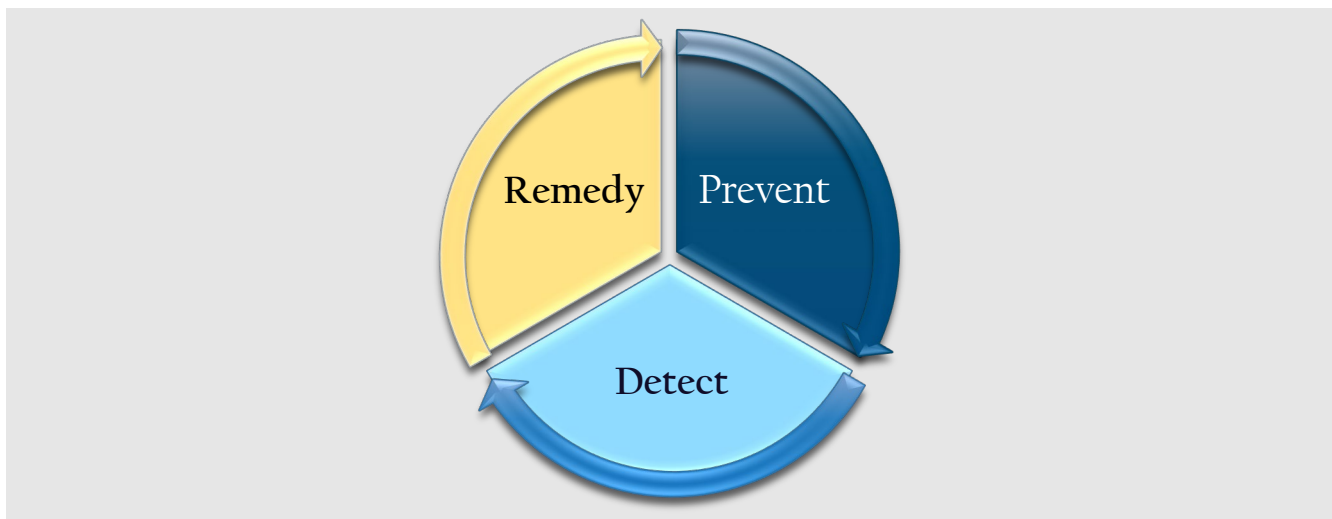
A. Introduction

CCO provides campus coordination of the University-wide ethics and compliance program.

- Ethics and compliance programs are the *practices and culture* of an organization designed to encourage ethical conduct and a commitment to compliance with the law, including by preventing and detecting misconduct.
- The University of California [Board of Regents established the University ethics and compliance program](#), which is designed to satisfy the federally-defined seven elements of an effective compliance & ethics program. The Senior Vice President/Chief Compliance and Audit Officer provides systemwide leadership for the program.
- Under the [UC Ethics and Compliance Program Plan](#), each campus has a chief compliance and ethics officer (CCO) and a compliance and ethics committee—at UCR, the Ethics and Compliance Risk and Audit Controls Committee (ECRAC)—to provide program oversight and advise the CCO.

The CCO reports to the Chancellor.

Figure 19: Compliance Cycle



A compliance program seeks to **PREVENT** misconduct by establishing clear expectations and standards of conduct, ensuring that faculty and staff are aware of applicable laws and rules, and maintaining internal controls.

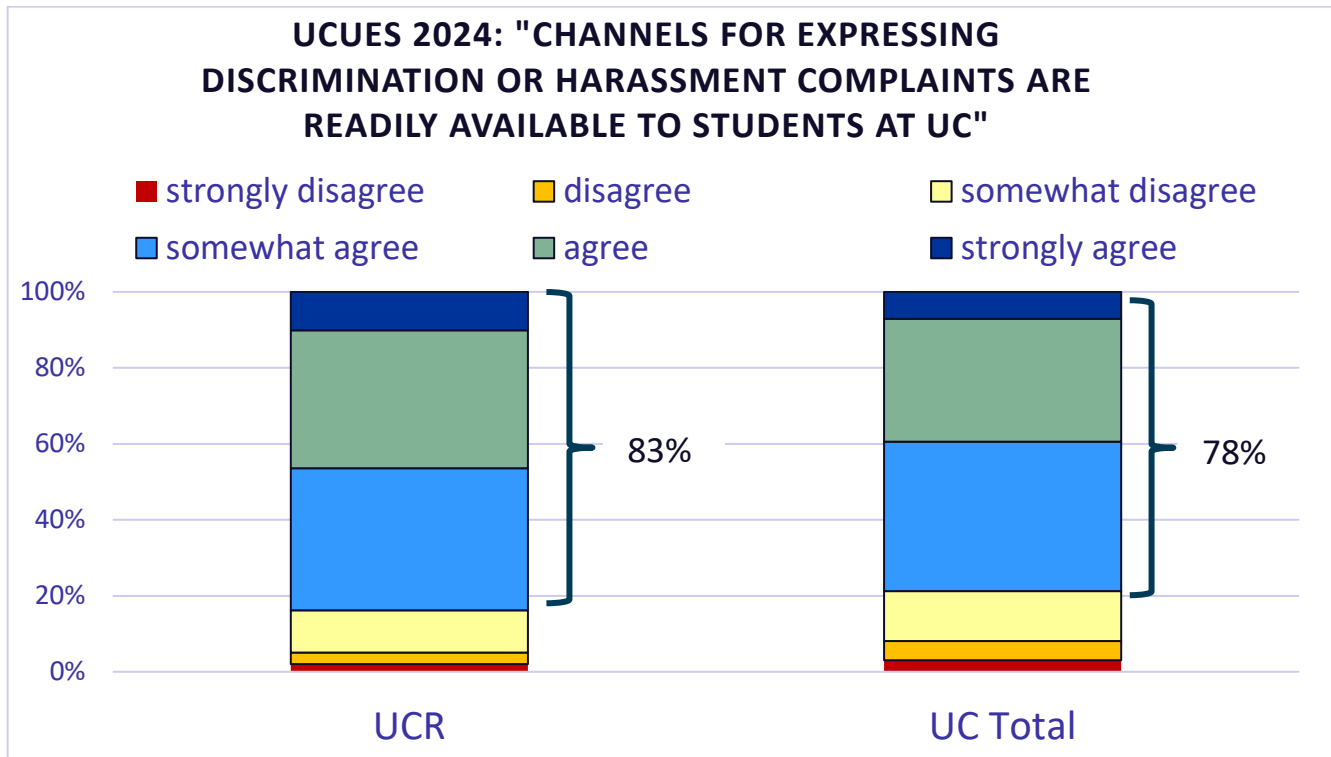
A compliance program must also have ways to **DETECT** problems that occur, including whistleblower hotlines and other reporting mechanisms as well as audits and monitoring systems.

A compliance program **REMEDIES** violations, system failures, and internal control weaknesses, including through disciplinary action and policy improvements.

B. Evaluating and Monitoring

The Chief Compliance Office uses qualitative and quantitative data to evaluate the effectiveness of the compliance program at UCR. The CCO collects systemwide survey data from various populations including students, faculty, and staff to benchmark perceptions of certain elements of the program and evaluate whether these are improving. In addition, the CCO reviews campus-specific data, such as exit surveys and the risk assessment process to compile additional information regarding the effectiveness of the program.

Figure 20: University of California Undergraduate Experience Survey (UCUES)



The University of California Undergraduate Experience Survey (UCUES) is completed every two years by the nine UC undergraduate campuses and seeks responses from a broad set of areas including educational experience, academic engagement, and campus climate. One question that has been asked in the survey since 2016 is whether students are satisfied with whether the “channels for expressing discrimination or harassment complaints are readily available.” As reflected in the figure above, undergraduate students at UCR have increasingly been more satisfied with the availability of these channels for expressing complaints since the survey began. In addition, UCR continues to out-perform the UC system (83% at UCR versus 78% across UC strongly agree, agree or somewhat agree that such channels are readily available).

Risk Assessment

Compliance programs are risk-sensitive—our work is focused on higher-risk areas and our goal is to reduce compliance risk. Audit & Advisory Services and the CCO together identify and prioritize risks based on:

- Interviews with senior leaders
- Consideration of legal and regulatory developments and enforcement activity
- Investigation findings and trends identified from complaint activity
- Consultation with UCOP, ECRAC (the Ethics & Compliance Risk and Audit Committee) and campus compliance partners
- Review of previous year’s risks and status of mitigation activities.

C. Policy Program and Delegations of Authority

The first requirement of an Ethics and Compliance program is that there be established “standards and procedures” to prevent and detect misconduct. Usually these “standards” are policies. The foundational standard for the UC E&C Program is Regents Policy IIII: [Statement of Ethical Values and Standards of Ethical Conduct](#). Other systemwide and campus policies implement and expand upon these standards.

UCR’s CCO manages the campus Policy Program, which communicates and implements compliance standards and regulations across the campus. In FY2024, the CCO led the development of two detailed procedures implementing new systemwide policies: UCR’s Anti-Discrimination Complaint Resolution Procedure and Abusive Conduct in the Workplace Procedure. These important procedures govern how the campus receives and responds to reports and complaints under these University policies.

The CCO also manages the [Delegation of Authority process](#) and maintains the [campus repository](#). Delegation of authority is an organization process in which specific functions are passed down through a hierarchical chain, typically beginning with the UC Board of Regents or UC President down through the Chancellor and then, if necessary, re-delegated to certain campus offices or positions.

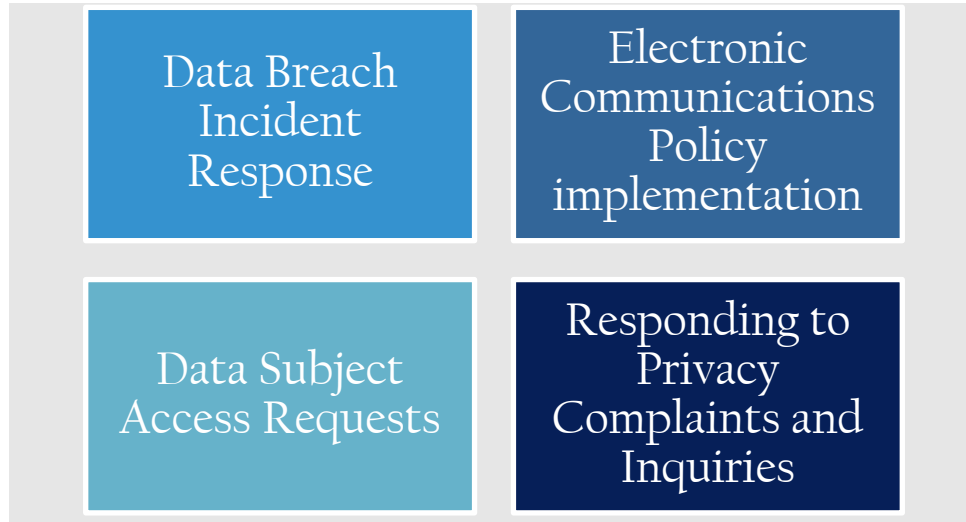
D. Privacy Program

The right to privacy is expressed in the [California Constitution](#). The University of California similarly values privacy. Under the [UC Statement of Privacy Values & Privacy Principles](#), privacy consists of (1) the individual’s ability to conduct activities without concern of or actual observation and (2) the appropriate protection, use, and release of information about individuals. Each UC campus has a dedicated Privacy Officer, reflecting the University’s commitment to privacy rights.

The UCR Campus Privacy Officer role sits within the Chief Compliance Office. The UC Riverside privacy goals are derived from the UC Privacy Principles and include:

- Upholding academic integrity, intellectual freedom, and autonomy;
- Committing to the privacy values while also respecting obligations relating to transparency, accountability, and individual choice;
- Promoting stewardship of personal data handled by the campus;
- Ensuring an appropriate level of privacy through policies and procedures, especially as interpretations of privacy change over time; and
- Raising awareness about privacy issues, laws and regulations.

The current elements of the UCR Privacy Program include:



In FY24, the Privacy Officer continued to improve the process for review of electronic document preservation holds and access requests.

E. Conflicts of Interest and Foreign Influence

The [Conflict of Interest Coordinator](#) tracks submission of Form 700 (required under the California Political Reform Act) by campus officials who are “Designated Officials”—employees required to disclose personal financial interests. Reportable economic interests include stock holdings and other business interests, real estate, and personal income including gifts, loans and travel payments. The CCO also conducts conflict of commitment investigations and helps implement two key policies designed to prevent conflicts of interest in admissions.

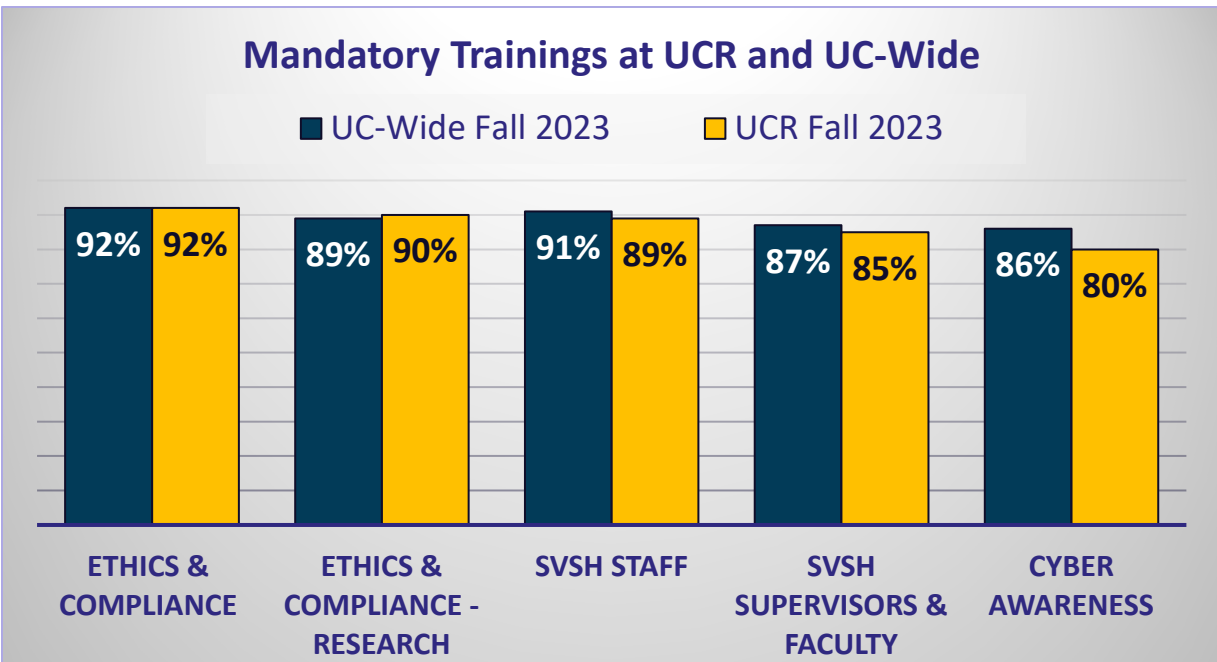
A key compliance risk for UCR and many higher education institutions is the increased federal scrutiny and requirements related to foreign influence in higher education, including [Section 117 of the Higher Education Act](#) relating to foreign contracts and gifts reporting.

F. Compliance Training

An important component of maintaining and improving a compliance program is ensuring that individuals are properly trained and aware of ethics and compliance matters, policies, and best practices. UCR requires employees to complete training in several key areas, such as a general compliance briefing (including one specific for researchers), preventing harassment and discrimination, cybersecurity awareness, and safety orientation. UC develops new mandatory trainings when needed, such as with the new Abusive Conduct Policy in 2023, and updates other trainings periodically.

Human Resources tracks training completion through the UCR Compliance Training Dashboard, which is shared monthly with leadership. Similarly, UCOP Ethics, Compliance and Audit Services reports to the UC Regents annually on training compliance. The figure below compares UCR and UC's overall compliance training completion rates in five key areas monitored by the Regents. The overall pattern at UCR is quite similar to UC's total compliance rates. The CCO monitors the completion rate of mandatory trainings. Compliance rates for 2024-25 (not shown) are trending upward in most areas including cyber-awareness.

Figure 21: Overall Compliance Rate Percentage Satisfied – FY24



V. AUDIT & ADVISORY SERVICES

UCR Audit & Advisory Services (A&AS) provides independent, objective assessments of diverse financial and operating activities. In FY24, A&AS reports administratively to the Chancellor through the CCO, and functionally to the UC Regents' Committee on Compliance and Audit through UC's Senior Vice President – Chief Compliance and Audit Officer (CCAO), with additional direct access to the Chancellor and the UC President as circumstances warrant.

A&AS performs three general types of services:

- 1) Audits – Assurance services defined as examinations of evidence for the purpose of providing an independent assessment on governance, risk management, and control processes for the organization. Examples include financial, performance, compliance, systems security and due diligence engagements.
- 2) Advisory Services – Engagements wherein the nature and scope are agreed upon with the client, intended to add value and improve an organization's governance, risk management, and control processes without the internal auditor assuming management responsibility. Examples include reviews, consultations, recommendations, facilitation, and training.
- 3) Investigations – Independent evaluations of allegations generally focused on improper governmental activities including misuse of university resources, fraud, financial irregularities, significant control weaknesses and unethical behavior or actions.

In performing the audit function, A&AS has neither direct responsibility for, nor authority over any of the activities reviewed. The internal audit review and approval process does not in any way relieve other persons in the organization of their assigned responsibilities.

The FY24 annual audit plan for UCR comprised a variety of assurance, advisory and investigative services with audit topics primarily identified through a risk-based process. The audit plan strives to achieve an appropriate balance of breadth and depth of coverage. Three primary areas make up the audit plan for the year:

1. Risk based audits and systemwide audits;
2. Customer/Stakeholder requested audits and advisory service projects; and
3. Investigations.

During FY24, A&AS completed seven audits. Four were UC systemwide audits: UC Health Affiliations, Research Cybersecurity, G-45 Associate of the Chancellor Expenses and UC Health Affiliations Part 2.

Management Corrective Actions. Management corrective actions (MCAs) are steps that management has agreed to take in response to audit findings. During FY24, A&AS closely monitored

the progress in completing agreed upon MCAs addressing control weaknesses reported in our internal audit and advisory service reports. Timely correction of control weaknesses demonstrates management’s commitment to operating in accordance with sound business practices. Not only is management’s commitment to timely corrective action important, but functional areas are many times indicators of areas with increased inherent risk. Some MCAs are important enough that they are considered critical to the control environment. While all MCAs are tracked to their agreed corrective action date, prompt attention to “high risk” MCAs is critical to the University meeting its fiduciary responsibilities and being proactive in addressing gaps in respective systems of internal control. During FY24, A&AS was able to close out a total of 14 MCAs.

Figure 22 below presents a summary of open MCAs for the FY years ending June 30, 2023, and June 30, 2024.

Figure 22: Summary of Open MCAs

MCA SUMMARY

MCAs as of June 30, 2023	2
MCAs as of June 30, 2024	13

Figure 23 represents an aging report of all open MCAs. During FY24, A&AS worked closely with management to consistently inform them of past due MCAs. A&AS is working with department leadership to close the 13 open MCAs as of June 30, 2024, in FY25.

Figure 23: Open MCA Aging Report

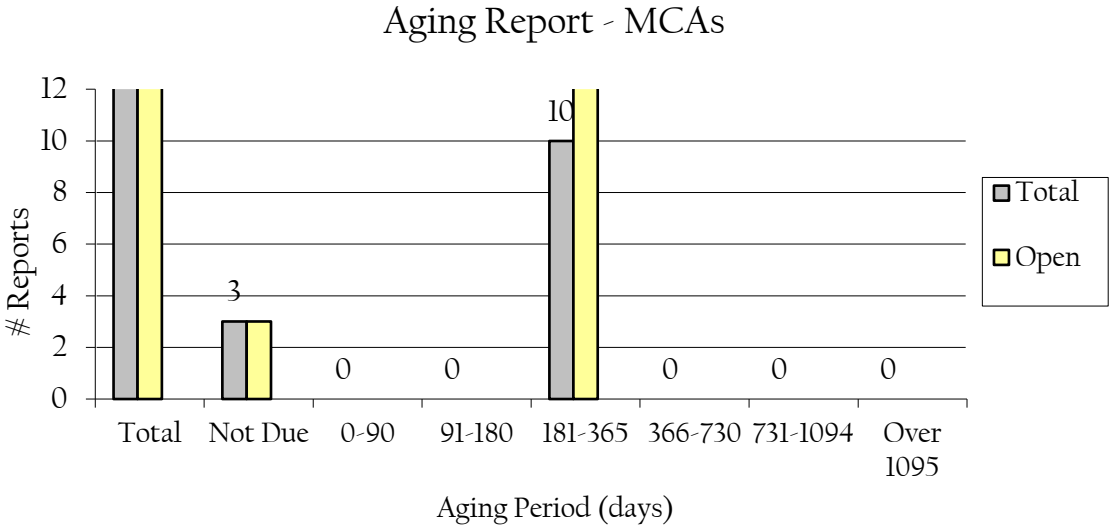
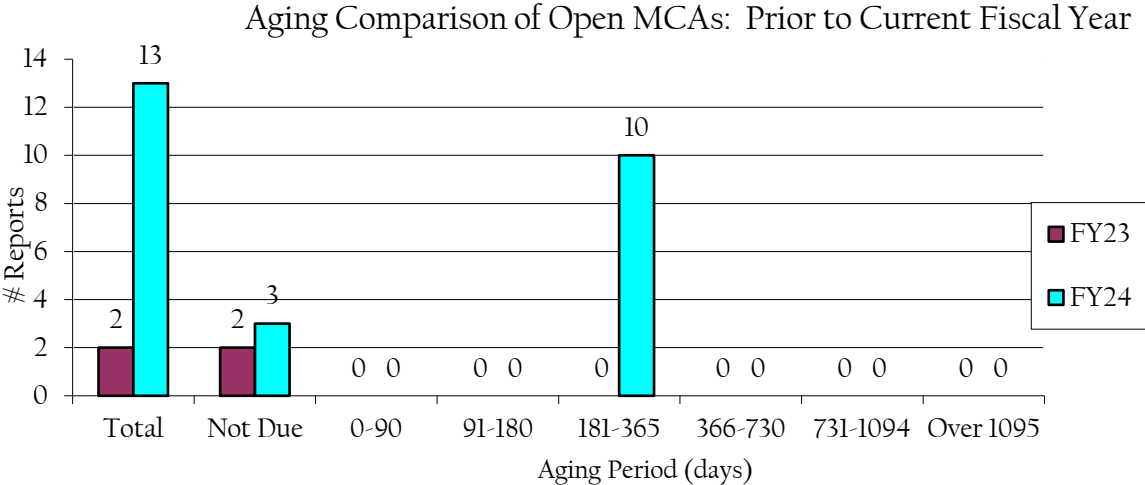


Figure 24: Open MCA Aging Comparison



FY23 inventory reflects status update as of 6/30/2023
 FY24 inventory reflects status update as of 6/30/2024

Appendix A

Internal Audit Charter:

Policy Statement

It is the policy of the University of California (UC) to maintain an independent and objective internal audit function to provide the Regents, President, and campus Chancellors with information and assurance on the governance, risk management and internal control processes of the University. Further, it is the policy of the University to provide the resources necessary to enable Internal Audit to achieve its mission and discharge its responsibilities under its Charter. Internal Audit is established by the Regents, and its responsibilities are defined by The Regents' Committee on Compliance and Audit as part of their oversight function.

Authority

Internal Audit (IA) functions under the policies established by the Regents of the University of California and by university management under delegated authority.

IA is authorized to have full, free and unrestricted access to information including records, computer files, property, and personnel of the university in accordance with the authority granted by approval of this charter and federal and state statutes. Except where limited by law, the work of IA is unrestricted. IA is free to review and evaluate all policies, procedures, and practices for any university activity, program, or function.

In performing the audit function, IA has no direct responsibility for, nor authority over any of the activities reviewed. The internal audit review and approval process does not in any way relieve other persons in the organization of the responsibilities assigned to them.

Mission

The mission of the UC Internal Audit program is to provide the Regents, President, and campus Chancellors independent and objective assurance and consulting services designed to add value and to improve operations. It does this by assessing and monitoring the campus community in the discharge of their oversight, management, and operating responsibilities. Internal Audit brings a systematic and disciplined approach to evaluating and improving the effectiveness of risk management, control and governance processes.

Available at [Internal Audit Charter | UCOP](#)