2023 Annual Security and Fire Safety Report

Information for the 2023–2024 Academic Year

KU Medical Center Campuses: Kansas City, Salina and Wichita
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Message from the Chancellor

The mission of the University of Kansas is to lift students and society by educating leaders, building healthy communities, and making discoveries that change the world. As we seek to advance our mission, providing for the health and safety of Jayhawks throughout our community is essential. All members of our community—students, staff, and faculty—can help play a role in this effort to maintain a safe environment. Awareness of potential crimes and criminal activity can help keep you and the entire community safe.

Our annual security report serves as your guide to the safety programs, initiatives, and policies that the University has put in place, and provides information about the crimes that have been reported on campus. That knowledge, along with your active participation in reporting criminal activity or unusual situations as soon as possible, will help provide a safe environment where the entire university community can teach, learn, and grow.

At KU, we are committed to serving our state, the nation, and the world in an environment that is safe for all. Thank you for taking the time to read this report and ensuring that KU remains a safe and welcoming place for our entire community.

Rock Chalk!

Douglas A. Girod
Chancellor
Preparing the Annual Security Report

Crime statistics that are provided in this annual report are based upon incidents reported to the University Public Safety Department, the Dean’s Office, and several other campus offices including Academic and Student Affairs, Compliance, and Office of International Programs. Information is also provided by Campus Security Authorities and local law enforcement agencies surrounding campus. Each year a variety of offices are asked to provide information on the educational and prevention programs conducted during that calendar year.

Each year an e-mail notification is sent to all faculty, staff, and enrolled students to inform them of the University's Annual Security Report. It provides the website to access this report. Annual notice is also in the electronic news, KU Today. Prospective students are provided the Annual Security Report website address within the View Book and on the Admissions website. Human Resources provides notification to prospective employees in the online application process. Copies of the report may also be obtained at the Office of Civil Rights & Title IX, Room 1082, Dole Human Development Center, 1000 Sunnyside Ave., Lawrence, KS 66045, or by calling 785-864-6414.

The statements contained in this report apply to the KU Medical Center Kansas City, Salina, and Wichita Campuses, unless a specific delineation between the campuses is mentioned.

Campus Law Enforcement

Kansas City Campus

The University’s Public Safety Department serves the University by providing professional law enforcement and emergency preparedness services and by actively promoting community involvement through their commitment to education and policing strategies. The University Police Department (KU Medical Center PD or University Police) is one division of the Public Safety Department.

Police

KU Medical Center PD is responsible for providing police and security services to the Kansas City campus. There are approximately 45 commissioned police officers operating on the Kansas City campus. KU Medical Center PD officers have the authority to make arrests on KU Medical Center-owned, leased, or controlled property in Kansas City. Commissioned officers on the Kansas City campus also have full authority and jurisdiction to enforce Orders of Protection, Restraining Orders, or similar lawful orders. KU Medical Center PD provides patrol service by car, foot, and/or bicycle daily (24/7), on the Kansas City campus.
There are approximately 95 licensed security officers. Security personnel have the authority to enforce University policies, ask personnel for identification to determine whether individuals have lawful business on KU Medical Center-owned properties, issue parking tickets, and provide security escorts as needed. Security personnel can detain suspects until police arrival but have no power of arrest. Security personnel have jurisdiction to operate on KU Medical Center-owned or controlled property, but not outside of KU Medical Center property.

Training
KU Medical Center Public Safety employs a training manager who is responsible for conducting intensive and continuing training for all KU Medical Center PD and security officers. Training subjects include crisis intervention, emergency first aid, CPR / AED response, critical incident response, and other facets of protection of persons and property.

Interagency Relationships
KU Medical Center Public Safety on the Kansas City campus maintains a cooperative relationship with the Kansas City Kansas Police, Overland Park Township Police, Salina Police, and other surrounding police agencies. This includes interoperable radio capability and collaboration in investigation of crimes, or reports of crimes, on and near campus. KU Medical Center PD occasionally works with other law enforcement agencies as well, including the FBI and the U.S. Secret Service.

KU Medical Center PD has a memorandum of understanding with the Unified Government of Wyandotte County/Kansas City, Kansas and a letter of understanding with the Westwood Police Department. The MOU and LOU address the investigation of criminal incidents occurring at the KU Medical Center Kansas City Campus and the University of Kansas Hospital’s Westwood Campus.

There are jurisdictional agreements in place between local agencies and KU Medical Center PD. Additionally, KU Medical Center PD consistently trains with, and provides mutual aid for, surrounding agencies with the belief that such aid and coordination will enhance the public’s and/or officers’ safety and efficiency. This collaboration on joint training and cooperation also extends to other events, such as pre-planned large-scale exercises and special events among the participating agencies.

Salina Campus
KU Medical Center Salina campus do not have police or security department. Administrators work closely with their local response agencies. Salina police have toured the facility and are permitted access to engage in ongoing tours to maintain familiarity. KU Medical Center Salina campus community members contact the local police department in emergency situations with campus administrators being advised of emergency situations. There are no formal memorandum of understanding or signed agreements between the Salina campus and the Salina Police Department.
Wichita Campus

Security
The Safety and Emergency Management Department consists of the Security, Safety and Emergency Manager, and two non-commissioned safety and security officers who have jurisdiction on all KUSMW owned and controlled property. Safety and security officers patrol buildings and campus grounds to monitor for suspicious activity and unsafe conditions. The Safety and Emergency Management team have the authority to enforce KUSMW policies and procedures and to ask for identification to determine whether the person(s) have lawful business on KUSM-W property. They also have the authority to issue parking tickets on campus parking lots and are authorized to escort individuals to vehicles. Security officers provide patrol services by car and foot daily during normal hours of operation. Security personnel can detain suspects until police arrival but have no power of arrest. Security officers do possess private person arrest power in accordance with specifications of K.S.A. 22-2403. A person who is not a law enforcement officer may arrest another person when:

(1) A felony has been or is being committed and the person making the arrest has probable cause to believe that the arrested person is guilty thereof; or
(2) any crime, other than a traffic infraction or a cigarette or tobacco infraction, has been or is being committed by the arrested person in the view of the person making the arrest.

Training
The Safety and Emergency Management team are trained in Basic First Aid and CPR/AED certified. The Safety and Security Management team also have the authority to act as Incident Command during campus emergencies until more qualified personnel arrive on-scene (e.g., law enforcement, fire department, EMS).

Interagency Relationships
The Safety and Emergency Management Department maintains a cooperative working relationship with the Wichita Police Department (WPD), Sedgwick County Sheriff’s office, the FBI Kansas Division Wichita office, and other local emergency response agencies. There is no written Memorandum of Understanding between agencies; however, local response agencies periodically train with and visit the KUSM-W campus. KUSM-W security has jurisdiction on KUSM-W property only and will contact WPD for any incidents observed off-campus.

KUSM-W security may initiate initial investigations to determine if criminal activity has occurred and will contact WPD for further guidance as needed. KUSM-W security will notify WPD of any criminal activity that occurs on campus. KUSM-W security will provide WPD with incident reports and surveillance data as requested to aid in criminal investigations. WPD notifies campus security of criminal activity or unusual circumstances in the local area that may affect campus.
Daily Crime Log

Federal law requires that every university maintaining a police or security department of any kind "shall make, keep, and maintain a daily log, written in a form that can be easily understood, recording all crimes reported to such police or security department" to include the nature, date, and time reported and when the crime occurred, general location of each crime, and the disposition of the complaint, if known. The law requires that this initial information be open for public inspection within two business days of the report of the crime unless the release of the information would jeopardize an ongoing investigation, cause a suspect to flee, or result in the destruction of evidence, in which cases the information will be withheld until the adverse effect is no longer likely to occur. New information about entries must be made available within two business days.

Kansas City and Salina Daily Crime Log is posted at: https://www.kumc.edu/public-safety/clery-information/daily-crime-report.html.

Wichita Daily Crime Log is posted at: KUMC-W Daily Crime Log

Crime Reporting

The University of Kansas recognizes the importance for an institution of higher learning to develop and maintain a safe and secure environment in which the academic and social pursuits of its members can be fully realized. The University has the utmost concern for the success of each student and endeavors to allow each student maximum freedom to live his/her life free from interference. With this freedom, however, each student is responsible to be an active participant in the exercise of personal safety. While the University of Kansas strives to provide a safe environment, criminal incidents and other emergencies may occur despite reasonable efforts. Crimes should be accurately and promptly reported to campus security and the appropriate law enforcement agency, including when the victim elects to, or is unable to, make such a report.

Crimes on or around the Kansas City campus must be reported to the KU Medical Center Police Department at 911 or 913-588-5030. Crimes on or around the Salina campus must be reported to the Salina Police Department at 911 or 785-826-7210. Crimes on or around the Wichita campus must be reported to KUSM-W Security at 316-293-2662. Members of the community are helpful when they immediately report crimes or emergencies to the KU Medical Center Police Department and/or primary Campus Security Authority (CSA) for purposes of including them in the annual statistical disclosure and assessing them for issuing a Timely Warning Notice, when deemed necessary.
The Primary CSAs to whom the University would prefer that crimes be reported are:

**Kansas City**
- Robert Klein, Vice Chancellor of Academic Affairs & Student Affairs, rklein@kumc.edu, 913-588-2739
- Chari Young, Vice Chancellor & Chief Human Resource Officer, cyoung8@kumc.edu, 913-588-3929
- Robert Simari, Executive Vice Chancellor, rsimari@kumc.edu, 913-588-1440
- Natalie Holick, Associate Vice Chancellor for Integrity & Compliance, nholick@kumc.edu, 913-588-8011
- Lauren Jones McKown, J.D., Associate Vice Chancellor for Civil Rights and Title IX, Lauren_McKown@ku.edu, 785-864-0542

**Salina**
- Sally Maliski, Dean for School of Nursing, smaliski@kumc.edu, 913-588-1665
- Tyler Hughes, Dean for School of Medicine, thughes55@kumc.edu, 785-822-0400
- Lauren Jones McKown, J.D., Associate Vice Chancellor for Civil Rights and Title IX, Lauren_McKown@ku.edu, 785-864-0542

**Wichita**
- Sean McKinney, Emergency, Safety & Security Manager, smckinney5@kumc.edu, 316-293-3409
- Dr. Garold Minns, Dean for School of Medicine-Wichita, gminns@kumc.edu, 316-293-2600
- Heather Van Buuren, Director of Academic and Student Affairs, hvanburren@kumc.edu, 316-293-2694
- Lauren Jones McKown, J.D., Associate Vice Chancellor for Civil Rights and Title IX, Lauren_McKown@ku.edu, 785-864-0542

**Reporting Crime on Campus**
No community's security plan can attain maximum effectiveness unless everyone contributes to making it work. Safety and security are both personal and shared responsibilities. The University encourages all crimes to be reported to its KU Public Safety Office or local police department. In addition, the university requires employees to report known or suspected crimes committed by or perpetrated against anyone in the University community, which such suspected actions occur on property owned or operated by the University or in conjunction with a University-sponsored event or activity. http://policy.ku.edu/chancellor/crime-reporting.

Employees who do not report criminal activity, as required by this policy, may be subject to appropriate disciplinary action, up to and including termination of employment, in accordance with applicable personnel policies for faculty and staff.
Response to Criminal Reports/Criminal Data Policies
The KU Public Safety Office uses the Kansas Standard Offense Report to: record criminal activity; tabulate and report crimes to the Kansas Bureau of Investigation; and compile the crime statistics necessary for the Annual Security Report.

Kansas City Campus Response
When you report a crime to KU Medical Center PD on the Kansas City campus, an officer is dispatched to the location of the crime, or to meet with the caller as necessary. If assistance is required from the Kansas City, KS Police Department or the Kansas City, KS Fire Department, KU Medical Center PD will contact the appropriate unit, if they were not dispatched simultaneously. If a sexual assault or rape is reported, staff on the scene, including the University police officer, will offer the victim a wide variety of services. More information is available in the sexual assault section.

Campus blue phones may be used for emergency or non-emergency concerns. They are located throughout the walkways and parking lots of the Kansas City campus. Once activated, a large blue strobe light flashes from the top of the phone tower and the KU Medical Center Police dispatcher is notified immediately. If you need or someone else needs assistance or if you see something suspicious, activate a blue phone immediately. Even if unable to speak, the dispatchers will receive the location where the blue phone was activated and dispatch an officer to respond.

Salina Campus Response
The Salina Police Department responds to calls by dispatching officer(s). If a sexual assault or rape should occur, staff on the scene, including Salina PD, will offer the victim a wide variety of resources, including the presence of a sexual assault advocate.

Wichita Campus Response
KUSM-W Security is available 24 hours a day to answer calls. In response to a call, KUSM-W
Security will take the required action, either dispatching an officer or asking the victim to report to KUSM-W Security to file an incident report. All reported crimes will be investigated by the University and may become a matter of public record. All KUSM-W Security incident reports are forwarded to the Dean of Students Office for review and referral to the Office of Academic and Student Affairs or The School of Pharmacy Office for potential action, as appropriate. KUSM-W Security Investigators will investigate a report when it is deemed appropriate. Additional information obtained via the investigation will also be forwarded to the Office of Academic and Student Affairs or The School of Pharmacy Office. If assistance is required from the Wichita Police Department or the Wichita Fire Department, KUSM-W Security will contact the appropriate unit. If a sexual assault or rape should occur, staff on the scene, including KUSM-W Security, will offer the victim a wide variety of services.

**Reporting Crime off Campus**

For emergencies, local law enforcement can be reached by dialing **911**.

**Kansas City Off Campus Crime Reporting**

If a crime happens off the Kansas City campus, those crimes are reported to the applicable local police department.

- Kansas City Kansas Police Department, 913-596-3000
- Kansas City Missouri Police Department, 816-234-5111
- Fairway Kansas Police Department, 913-262-2364
- Westwood Kansas Police Department, 913-782-0720

**Salina Off Campus Crime Reporting**

If a crime happens off of the Salina campus, those crimes are reported to the **Salina Police Department** at **911** or **785-826-7210**.

**Wichita Off Campus Crime Reporting**

If a crime happens off of the Wichita campus, those crimes are reported to the **Wichita Police Department** at **911** or **316-268-4111**.

**Voluntary Confidential and Anonymous Reporting**

Anonymous reporting is allowed at the University. If, for a personal reason, a person does not wish to report an on-campus crime or suspected crime to the police, that person may anonymously report it to **Crime Stoppers Program at:**

- Kansas City Campus, 816-474-8477, or Text “Tip452” & your message to 274637.
- Salina Campus, 785-825-8477, or Text “SATIPS” & your message to 274637.
- Wichita Campus, 316-267-2111 or 800-222-TIPS/ or submit online.
Reports filed anonymously to Crime Stoppers are counted and disclosed in the University’s annual crime statistics. A visual presentation of reporting options is available here: [http://sapec.ku.edu/resources](http://sapec.ku.edu/resources).

The purpose of an anonymous report is to possibly take steps to promote safety. In addition, KU can keep an accurate record of the number of incidents involving students, determine where there is a pattern of crime with regard to a particular location, method, or assailant, and alert the campus community to potential danger. Reports filed in this manner are counted and disclosed in the annual crime statistics for the University.

The KU Public Safety Office encourages anyone who is the victim or witness of any crime to promptly report the incident to the police. The police do not have a voluntary confidential reporting process because police reports are public records under state law, thus the police cannot hold reports of crime in confidence. Confidential reports for purposes of inclusion in the annual disclosure of crime statistics can be made to any campus security authority (the primary CSAs are identified in the Reporting and Disclosure Procedures above). However, some of the CSAs are also Responsible Employees under Title IX, and they are obligated to share reported information involving sexual misconduct, domestic/dating violence and stalking, including information about the identity of the victim and accused, with the Title IX Coordinator. Reports to advocates and professional and pastoral counselors can be kept confidential. Advocates and professional and pastoral counselors are encouraged to inform their clients, if and when they deem it appropriate, of the procedures to confidentially report crimes to primary CSAs.

University faculty and staff members are required to inform the Office of Civil Rights and Title IX (the University’s Title IX Coordinator) when they have been told of an incident of possible sexual harassment (including rape, sexual assault, domestic violence, dating violence, and stalking).

**Crimes Disclosed to Pastoral or Mental Health Counselor**

To be exempt from disclosing reported offenses, pastoral or mental health counselors must be acting in their roles of pastoral or professional counselors. This exemption does not relieve counselors of the duty to exercise reasonable care to protect a foreseeable victim from danger posed by the person being counseled or to make reports mandated by law. When speaking to a victim or witness to a crime, counselors are encouraged, if and when they deem appropriate, to inform the individual of procedures to report crimes on a voluntary, confidential basis for inclusion into the annual crime statistics.

A pastoral counselor is a person who is associated with a religious order or denomination, is recognized by that religious order or denomination as someone who provides confidential counseling and is functioning within the scope of that recognition as a pastoral counselor.

A mental health counselor is a person whose official responsibilities include providing psychological or mental health counseling to members of the institution’s community and who is functioning within the scope of his or her license or certification. This definition applies even
to professional counselors who are not employees of the institution but are under contract to provide counseling at the institution.

Security and Access of Facilities

The University of Kansas is committed to maintaining an environment in which students, faculty, staff, and guests can work without interference. The University of Kansas is a public institution and as such access to many areas and facilities of the campus is open to the general public and their use is encouraged, during normal business hours. Vehicular access to both campuses is also open, with limited and authorized-only access to parking areas. Each campus environment is detailed further below.

Kansas City Campus

The Kansas City campus sits in the busy urban environment of Kansas City, Kansas. The campus is home to the University’s medical, nursing, and health profession’s schools and administrative offices, classrooms, and libraries. It is contiguous with, and supports, a separate and independent hospital. Most facilities are open to the public from 6:00 a.m. until 6:00 p.m., Monday through Friday. Personnel do have access to the buildings for study, work, or teaching, after business hours; however, a badge is required for after-hour access and to access some entrances at all times. Access to individual classrooms and laboratories is limited to authorized personnel. Certain buildings on campus are open seven days a week, such as the athletic facility and the library. KU Medical Center PD officers patrol all buildings on a regular basis, and KU Medical Center Security officers are stationed at the library during non-public hours.

Use of University grounds on the Kansas City campus for activities such as assemblies, rallies, or other gatherings is governed by the KU Medical Center Public Assembly Policy found here: https://kumc-publicpoliciesandprocedures.policystat.com/policy/5607054/latest/. Policies of the Board of Regents also limit the use of campus facilities, including for fund raising and political activity.

The Public Safety Department has full-time security officers and police officers who monitor entrances and patrol buildings and campus grounds to report suspicious activity and unsafe conditions. The University Facilities Management Office is responsible for designing and constructing campus facilities in compliance with applicable codes. It also oversees the campus lighting plan as well as the design and construction standards for all KU Medical Center buildings. The Facilities Management Office is responsible for maintaining buildings and grounds. The Facilities Services Grounds Crew regularly trims trees, shrubs, and other vegetation so that exterior lights are not blocked. Any exterior doors found to be malfunctioning are reported to Facilities Services for immediate attention. The University facilities personnel are additionally responsible for unlocking and locking designated buildings utilizing the Genetec access control system within the Safety and Security shop, with event scheduling being primarily handled by the University Badging Office. Facilities and Environment, Health, & Safety (EH&S) employees perform routine fire and safety-related inspections of laboratories and buildings. Any concerns about, or suggestions for, campus safety improvement can be submitted through a work order to facilities by calling 913-588-7928 or emailing facilitieservicecoordinates@kumc.edu.
The campus is regularly inspected by the Kansas Fire Marshal’s Office as well as KU Medical Center’s Facilities Management Safety and Security Team. The Environment, Health and Safety Office is committed to aiding the campus in the protection of human health, safety and the environment in a manner that enhances the quality of education, research and public service on campus.

**Salina Campus**

Salina campus houses both medicine and nursing programs. The building remains secure 24 hours per day, seven days a week. Public hours are 7:30 a.m. until 4:00 p.m., Monday through Friday, via a secure entrance where visitors must ring a bell and be given access to enter. Authorized personnel do have after-hours access to the buildings for study, work, or teaching, but this requires a badge and eye scan for access. Salina Administration is responsible for ensuring campus facilities are in compliance with applicable codes. KU Medical Center Salina maintains campus facilities in a manner that minimizes hazardous and unsafe conditions and work orders for the KU Medical Center Salina building are submitted through campus administration for completion. Other members of the KU Medical Center Salina community are helpful when they report equipment problems to KU Medical Center PD or to Facilities Management. For students conducting clinical rotations, Salina Regional Health Center’s security group patrols the building after hours. The administrative team of KU Medical Center Salina maintains a close working relationship with this group if a security incident occurs. As part of the KU Medical Center Salina security process, students are asked to call the non-emergent police number, 785-826-7210, or 911 should assistance be needed when leaving or entering the building.

**Wichita Campus**

KUSM-W is a public institution, which means many areas are open to the general public during normal business hours. Normal business hours are 8 a.m. - 5 p.m. Monday-Friday, except most state holidays. The campus also houses two outpatient clinics, which are also open to the public during normal business hours. Security officers are typically on-site Monday-Friday from 6:30 a.m. – 8:30 p.m. and as requested for special events and certain holidays in which the clinics are open.

The campus is secured after normal business hours by perimeter gates and facility access control points. Students and employees have access to campus parking lots and facilities through use of their assigned campus access badge. KUSM-W has closed circuit security cameras located throughout both the interior and exterior areas of campus. Surveillance is recorded 24/7 and is actively monitored during normal business hours. After-hours footage is available for review as needed.

Security officers routinely patrol the campus and monitor entrances and exits for unsafe conditions and security vulnerabilities. Any building-specific safety or security deficiency/malfunction is reported to Facilities Management for repair. The Facilities Management Department is responsible for designing and constructing facilities in compliance with applicable building and safety codes as well as maintaining the campus grounds. Facilities Management and Safety and Emergency Management work together to complete monthly inspections on life-safety equipment such as fire extinguishers, AEDs, etc. Annual fire safety inspections are conducted by third-party agencies and coordinated with both the facilities and safety and emergency management departments. Parking lot lighting, under Facilities Management is controlled by motion, meaning that they get brighter when there is motion detected. KUSM-W does not have campus residences.
Monitoring & Recording of Criminal Activity at Student Organization Locations

KU Medical Center does not have officially recognized student organizations that own or control housing facilities outside of the KU Medical Center core campus. Therefore, local PD is not used to monitor and record criminal activity since there are no non-campus locations of student organizations.

Crime Prevention and Security Awareness Programs

The University’s work on campus safety is not limited to physical improvements. There are numerous programs that promote safe living at the University. A common theme of all awareness and crime prevention programs is to encourage students and employees to be aware of their responsibility for their own security and the security of others.

In an effort to promote safety awareness, KU Medical Center participates in a variety of programs to educate and inform students, employees, parents, and the community at large on a variety of issues.

Safety Intervention Team

In order to enhance emergency preparedness and prevention efforts, KU Medical Center has established a Safety Intervention Team which addresses safety concerns pertaining to the Kansas City, Wichita, and Salina campuses. The objective of the Safety Intervention Team is to systematically identify, evaluate, and manage potentially threatening situations, including persons of concern or suspicious behaviors, at the University. The multidisciplinary team is composed of faculty and staff from the Kansas City University campus as well as representation from the Wichita and Salina campuses.

Programs are presented upon request or are scheduled at various times and locations on or near the campus. Below are some of the programs and services that are available and that are all provided at least once a semester to students. They are available to faculty and staff upon request.

R.A.D. Basic Physical Defense Program

University Police offer the R.A.D. Basic Physical Defense Program upon request. The program is a comprehensive, women-only course that begins with awareness, prevention, risk reduction, and risk avoidance, and progresses to the basics of hands-on defense training. It includes lecture, discussion and self-defense techniques, suitable for women of all ages and abilities. The course is held on the Kansas City campus, but all campuses can participate.

Surviving an Active Shooter Program

The Active Shooter Program creates awareness and discussion of what to do in an active shooter or hostile intruder situation; this program includes a lecture in conjunction with a security assessment of the area where students or employees work and/or study. Trainers can be contacted by emailing crimeprevention@kumc.edu. This is available to all campuses annually.

Safety on Campus Program

At the request of students or staff members, Emergency Management or KU Medical Center PD will
conduct a safety on campus awareness presentation. This presentation includes a classroom lesson with a slide presentation on general awareness for urban environments and highlights the procedures on campus for enhancing personal safety and campus security. Any campus can request this program by emailing: crimeprevention@kumc.edu. The program can be tailored to meet specific campus safety needs.

New Hire and New Student Orientation Program
Emergency Management participates in new hire orientation for employees every two weeks on the Kansas City campus, and as needed at the Salina campus. This program informs incoming employees of the safety and security policies on each respective campus, as well as the emergency communications available to them. Each year, new students receive the same safety training through an online learning system. Wichita - New staff are assigned safety and security orientation training during their first week of hire. Training material is provided by Human Resources in conjunction with Safety and Emergency Management. New students are given safety and security orientation training through Academic and Student Affairs in collaboration with Safety and Emergency Management during the first week on campus. School of Pharmacy students are given safety and security training during the first week on campus. New faculty are given safety and security orientation training as coordinated through the Faculty Affairs and Development Department.

KU Medical Center Police Department
As part of the department’s community-oriented policing philosophy, KU Medical Center PD offers crime prevention presentations each semester to classrooms, campus clubs and student groups as requested. Topics of these presentations include personal safety awareness, Rape Aggression Defense (R.A.D.) and property protection strategies. Anyone interested in having a KU Medical Center PD Officer speak to his or her classroom or group should contact them at 913-588-5030.

Missing Residential Student Policy and Procedure
The University of Kansas Medical Center in Kansas City provides limited international accommodations at the International House. Suspected missing students should be reported immediately to the KU Medical Center PD. If a member of the University community has reason to believe that a student who resides in international accommodations is missing for 24 hours, he or she should immediately notify the University Police Department at 913-588-5030, or 911 from a campus telephone. The University police will generate a missing person report and initiate an investigation.

In addition to registering a general emergency contact, students residing in the international accommodations will be informed annually that each student has the option of identifying a person designated as a confidential missing person contact to be contacted by the University in the event the student is determined to be missing for more than 24 hours. If a student has identified such an individual, the University will notify that individual no later than 24 hours after the student is determined to be missing. A student who wishes to identify a confidential contact can do so through the Office of International Programs. A student’s confidential contact information will be accessible only by
authorized campus officials and law enforcement in the course of the missing person investigation.

After investigating a missing person report, should the University Police Department determine that the student has been missing for 24 hours, the University will notify local law enforcement and the student’s emergency contact no later than 24 hours after the student is determined to be missing. If the missing student is under the age of 18 and is not an emancipated individual, the University will notify the student’s parent or legal guardian immediately after the University Police Department has determined that the student has been missing for 24 hours, in addition to notifying any additional contact person designated by the student. For all missing students, KU Medical Center will notify the local law enforcement agency within 24 hours of the determination that the student is missing, unless the local law enforcement agency was the entity that made the determination that the student is missing. A student is determined to be missing when the KU Medical Center PD have verified that reported information is credible and circumstances warrant declaring the person missing. Should the KU Medical Center PD investigate and determine that a residential student is missing, contact will then be made to the missing person contact, if contact information has been provided, within twenty-four (24) hours of the determination that the student is missing by the KU Medical Center PD. If the student is under the age of 18 and is not an emancipated individual, KU Medical Center PD will notify the student’s parent or guardian and any other designated contact person within 24 hours. Regardless of whether the student has identified a contact person, is above the age of 18, or is an emancipated minor, KU Medical Center will inform the Local PD (or the local law enforcement with jurisdiction) that the student is missing within 24 hours.

The KU Medical Center Missing Student Policy can be found here: https://kumc-publicpoliciesandprocedures.policystat.com/policy/7650802/latest/.

The Salina and Wichita campuses do not have on-campus residential housing.

Response to Sexual Violence and VAWA Policies

The University of Kansas prohibits the crimes of sexual assault, domestic violence, dating violence, and stalking as defined by the Clery Act. In addition, the University of Kansas prohibits discrimination on the basis of race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, status as a veteran, sexual orientation, marital status, parental status, retaliation, gender identity, gender expression, and genetic information in the University’s programs and activities. The Office of Civil Rights & Title IX has been designated as the entity to address inquiries regarding the University’s non-discrimination policies and procedures. The Office of Civil Rights & Title IX may be contacted at civilrights@ku.edu; 1000 Sunnyside Avenue, Room 1082, Lawrence, KS 66045; (785) 864-6414.
Definitions

**Sexual Assault under the Clery Act**
An offense that meets the definition of rape, fondling, incest, or statutory rape as used in the FBI’s Uniform Crime Reporting (UCR) program. Per the National Incident-Based Reporting System User Manual from the FBI UCR Program, a sex offense is “any sexual act directed against another person, without the consent of the victim, including instances where the victim if incapable of giving consent.”

- Rape is defined as the penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.
- Fondling is defined as the touching of the private parts of another person for the purposes of sexual gratification, without the consent of the victim, including instances where the victim is incapable of giving consent because of his/her age or because of his/her temporary or permanent mental incapacity.
- Incest is defined as sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.
- Statutory Rape is defined as sexual intercourse with a person who is under the statutory age of consent.

**Sexual Assaults under Kansas State Law**
“Sexual Assault” is not a defined term in Kansas criminal statute. The definitions of sex offenses under Kansas law are set forth in K.S.A. 21-5501 et seq., including but not limited to:

“Rape” (K.S.A. 21-5503):

1. Knowingly engaging in sexual intercourse with a victim who does not consent to the sexual intercourse under any of the following circumstances:
   1. When the victim is overcome by force or fear; or
   2. When the victim is unconscious or physically powerless;
2. Knowingly engaging in sexual intercourse with a victim when the victim is incapable of giving consent because of mental deficiency or disease, or when the victim is incapable of giving consent because of the effect of any alcoholic liquor, narcotic, drug or other substance, which condition was known by the offender or was reasonably apparent to the offender;
3. Sexual intercourse with a child who is under 14 years of age;
4. Sexual intercourse with a victim when the victim's consent was obtained through a knowing misrepresentation made by the offender that the sexual intercourse was a medically or therapeutically necessary procedure; or
5. Sexual intercourse with a victim when the victim's consent was obtained through a knowing misrepresentation made by the offender that the sexual intercourse was a legally required procedure within the scope of the offender's authority.
“Sexual Battery; aggravated sexual battery” (K.S.A. 21-5505):
(a) Sexual battery is the touching of a victim who is 16 or more years of age and who does not consent thereto, with the intent to arouse or satisfy the sexual desires of the offender or another.
(b) Aggravated sexual battery is the touching of a victim who is 16 or more years of age and who does not consent thereto with the intent to arouse or satisfy the sexual desires of the offender or another and under any of the following circumstances:
   (1) When the victim is overcome by force or fear;
   (2) when the victim is unconscious or physically powerless; or
   (3) when the victim is incapable of giving consent because of mental deficiency or disease, or when the victim is incapable of giving consent because of the effect of any alcoholic liquor, narcotic, drug or other substance, which condition was known by, or was reasonably apparent to, the offender.

**Domestic Violence under the Clery Act**
Domestic Violence is defined as a felony or misdemeanor crime of violence committed—
- By a current or former spouse or intimate partner of the victim;
- By a person with whom the victim shares a child in common;
- By a person who is cohabitating with, or has cohabitated with, the victim as a spouse or intimate partner;
- By a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction in which the crime of violence occurred;
- By any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction in which the crime of violence occurred.

**Domestic Violence under Kansas State Law**
Pursuant to K.S.A. 21-5111(i), “Domestic violence” means an act or threatened act of violence against a person with whom the offender is involved or has been involved in a dating relationship, or an act or threatened act of violence against a family or household member by a family or household member. Domestic violence also includes any other crime committed against a person or against property, or any municipal ordinance violation against a person or against property, when directed against a person with whom the offender is involved or has been involved in a dating relationship or when directed against a family or household member by a family or household member. For the purposes of this definition:
   (1) "Dating relationship" means a social relationship of a romantic nature. In addition to any other factors the court deems relevant, the trier of fact may consider the following when making a determination of whether a relationship exists or existed: Nature of the relationship, length of time the relationship existed, frequency of interaction between the parties and time since termination of the relationship, if applicable.
(2) "Family or household member" means persons 18 years of age or older who are spouses, former spouses, parents or stepparents and children or stepchildren, and persons who are presently residing together or have resided together in the past, and persons who have a child in common regardless of whether they have been married or have lived together at any time. Family or household member also includes a man and woman if the woman is pregnant and the man is alleged to be the father, regardless of whether they have been married or have lived together at any time.

In addition, pursuant to K.S.A. 21-5414, “domestic battery” and “aggravated domestic battery” include:

(a) Domestic battery is:
   (1) Knowingly or recklessly causing bodily harm to a person with whom the offender is involved or has been involved in a dating relationship or a family or household member; or
   (2) Knowingly causing physical contact with a person with whom the offender is involved or has been involved in a dating relationship or a family or household member, when done in a rude, insulting or angry manner.

(b) Aggravated domestic battery is:
   (1) Knowingly impeding the normal breathing or circulation of the blood by applying pressure on the throat, neck, or chest of a person with whom the offender is involved or has been involved in a dating relationship or a family or household member, when done in a rude, insulting or angry manner; or
   (2) Knowingly impeding the normal breathing or circulation of the blood by blocking the nose or mouth of a person with whom the offender is involved or has been involved in a dating relationship or a family or household member, when done in a rude, insulting, or angry manner.

**Dating Violence under the Clery Act**
Dating Violence is defined as violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim. The existence of such a relationship shall be determined based on the reporting party’s statement and with consideration of the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved in the relationship.

**Dating Violence under Kansas State Law**
“Dating violence” is not separately defined under Kansas criminal statute. It is included within the crimes of “domestic violence”, “domestic battery”, and “aggravated domestic battery” cited previously.

**Stalking under the Clery Act**
Stalking is defined as engaging in a course of conduct directed at a specific person that would cause a reasonable person to—
• Fear for the person’s safety or the safety of others; or
• Suffer substantial emotional distress.

i. For the purposes of this definition—
   A) *Course of conduct* means two or more acts, including, but not limited to, acts which the stalker directly, indirectly, or through third parties, by any action, method, device, or means follows, monitors, observes, surveils, threatens, or communicates to or about, a person, or interferes with a person’s property.
   B) *Reasonable person* means a reasonable person under similar circumstances and with similar identities to the victim.
   C) *Substantial emotional distress* means significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling.

ii. For the purposes of complying with the requirements of this section and section 668.41, any incident meeting this definition is considered a crime for the purposes of Clery Act reporting.

**Stalking under Kansas State Law**
Pursuant to K.S.A. 21-5427, “Stalking” is:

1. Recklessly engaging in a course of conduct targeted at a specific person which would cause a reasonable person in the circumstances of the targeted person to fear for such person's safety, or the safety of a member of such person's immediate family and the targeted person is actually placed in such fear;
2. Engaging in a course of conduct targeted at a specific person with knowledge that the course of conduct will place the targeted person in fear for such person's safety or the safety of a member of such person's immediate family;
3. After being served with, or otherwise provided notice of, any protective order included in K.S.A. 21-3843, prior to its repeal or K.S.A. 21-5924, and amendments thereto, that prohibits contact with a targeted person, recklessly engaging in at least one act listed in subsection (f)(1) that violates the provisions of the order and would cause a reasonable person to fear for such person's safety, or the safety of a member of such person's immediate family and the targeted person is actually placed in such fear; or
4. Intentionally engaging in a course of conduct targeted at a specific child under the age of 14 that would cause a reasonable person in the circumstances of an immediate family member of such child, to fear for such child’s safety.

**Consent under University of Kansas policy**
“Consent” is communicated, ongoing, and mutual. This means consent is gained through words or actions that show an active, knowing, and voluntary agreement to engage in mutually agreed-upon sexual activity. It is the responsibility of the initiator, or the person who wants to engage in the specific sexual activity to make sure that the initiator has consent. Consent cannot be gained by force, by ignoring or acting without regard to the objections of another, or by taking advantage of the incapacitation of another, where the accused knows or reasonably should have known of such incapacitation. For example, a person who is intoxicated may not be
capable of giving consent. Consent is also absent when the activity in question exceeds the scope of consent previously given or when the person from whom consent is sought is deemed incapable of giving consent under the law of the State of Kansas. A person always has the right to revoke consent at any time during a sexual act. Consent to one act does not constitute consent to another act. Consent on a prior occasion does not constitute consent on a subsequent occasion. Silence, lack of resistance, or failure to say “no” does not imply consent.

**Consent under Kansas law**

“Consent” is not a separately defined defined term in Kansas criminal statute. However, K.S.A. 21-5503 (Rape) and K.S.A. 21-5505 (Sexual battery) provide that consent is absent under the following circumstances: (1) an individual is overcome by force or fear; (2) an individual is unconscious or physically powerless; (3) an individual is unable to give consent because of mental deficiency or disease; or (4) an individual is unable to give consent because of the effect of any alcohol liquor, narcotic, drug or other substance, which condition was known by the offender or was reasonably apparent to the offender.

**Procedures Victims Should Follow if a Crime of Domestic Violence, Dating Violence, Sexual Assault, or Stalking Occurs**

**Medical Assistance**

After an incident of sexual assault, domestic violence or dating violence, the victim should consider seeking medical attention as soon as possible at the University of Kansas Health System hospital for *Kansas City* and *Salina* campuses and Ascension hospital for *Wichita* campus. These hospitals have forensic nurses and can assist in physical evidence recovery and collection. In Kansas, evidence may be collected even if you choose not to make a report to law enforcement. Kansas allows victims to not disclose their names when having a SANE completed. Names are needed for the hospital, for medical care, and to connect any evidence collected to the victim as a person. But victims don't have to report to the police, and they can keep their kit "anonymous". In that option, the kit is given a number and the person gets the number - so if they ever decide to report and access an investigation, their number is how that kit is identified.

**Preserving Evidence**

When sexual violence such as sexual assault, dating violence, domestic violence, or intimate partner violence is alleged, it is important to preserve evidence when possible. Physical evidence is best collected within 120 hours of the assault. Evidence can be preserved by not showering/bathing or laundering your clothing to avoid washing away evidence. Evidence can also be preserved by saving text messages, social media communications, and other information that may be useful for the investigator. The Office of Civil Rights and Title IX provides written information of the importance of preserving evidence. Preserving evidence may assist in proving whether an offense occurred and be helpful in obtaining protective order
As time passes, evidence may dissipate or become lost or unavailable, thereby making investigation, possible prosecution, disciplinary proceedings, or obtaining protection from abuse orders related to the incident more difficult. If a victim chooses not to make a complaint regarding an incident, he or she nevertheless should consider speaking with KU Public Safety or other law enforcement to preserve evidence in the event that the victim decides to report the incident to law enforcement or the University at a later date to assist in proving that the alleged criminal offense occurred or that may be helpful in obtaining a protection order.

**Reporting Sexual Violence (including sexual assault, domestic violence, dating violence, and stalking)**

CARE Coordinator’s Office (confidential assistance) – 785-864-9255  
Office of Civil Rights & Title IX (file a complaint with the university) – 785-864-6414  

University employees who are “mandatory reporters” are required to report incidents of sexual misconduct and sexual violence to the Office of Civil Rights & Title IX. The Office may be contacted at civilrights@ku.edu, 1000 Sunnyside Ave, Room 1082, Lawrence, KS 66045, 785-864-6414. Reports may be submitted online through the University’s reporting portal: https://cm.maxient.com/reportingform.php?UnivofKansas&layout_id=20. Students and members of the community who are not mandatory reporters can submit reports anonymously through the reporting portal as well.

Once the Office of Civil Rights and Title IX has been informed of an incident, the office reaches out to the complainant directly, or through campus partners as appropriate, to provide information about resources and reporting options. The Office of Civil Rights and Title IX also provides a written explanation of the individual’s rights and options under University policy and the law. The Office of Civil Rights and Title IX will conduct this outreach and provide this information for all reports, regardless of whether the offense occurred on or off campus.

**Notification to Law Enforcement Authorities**

**Kansas City Campus**  
KU Medical Center Police Department – 911 or 913-588-5030  
Kansas City Kansas Police Department – 911 or 913-596-3000  
Kansas City Missouri Police Department – 911 or 816-234-5111  
Fairway Kansas Police Department – 911 or 913-782-0720  

**Salina Campus**  
Salina Police Department – 911 or 785-826-7210
The Office of Civil Rights & Title IX complaint investigation process is independent of any other complaint resolution process. A student, faculty, staff, or guest has the right to file a criminal complaint with the appropriate law enforcement authorities or to choose not to do so. These options may be pursued in addition to or instead of filing a complaint with the Office of Civil Rights & Title IX. The Office and the Care Coordinator are available to assist with reporting crime to the appropriate law enforcement agency.

When someone chooses to file a report with KUPSO or the appropriate law enforcement jurisdiction, OCRITIX will work in coordination with that office. If the complainant is in the OCRITIX, staff members will assist in contacting KUPSO to facilitate that introduction or offering to have a KUPSO officer take a report in OCRITIX space. The University’s Care Coordinator, Care Sisters, and Sexual Trauma and Abuse Care Center will accompany a complainant to meeting with KUPSO and other law enforcement agencies. OCRITIX will be respectful of the criminal investigation and court processes by acknowledging delays when requested and requesting information when a criminal process had completed should it be relevant to the OCRITIX process.

**Procedures the University will follow when a crime of Sexual Assault, Domestic Violence, Dating Violence, or Stalking is reported.**

The University has procedures in place that serve to be sensitive to victims who report sexual assault, domestic violence, dating violence, and stalking, including informing individuals about their right to file criminal charges as well as the availability of counseling, health, mental health, victim advocacy, legal assistance, visa and immigration assistance, student financial aid and other services on and/or off campus as well as additional remedies to prevent contact between a complainant and an accused party, such as changes to housing, academic, protective orders, transportation and working situations, if reasonably available. The University will make such accommodations or protective measures, if the victim requests them and if they are reasonably available, regardless of whether the victim chooses to report the crime to the KU Public Safety Office or local law enforcement. If the victim wishes that a report not be made to the University but would like supportive measures, students should contact the Ombuds Office or the KU CARE Coordinator. If the victim is ok with a report being made to the University, students and employees can contact the Office of Civil Rights and Title IX and employees can contact KU Human Resources. The OCRITIX will provide support measures like those listed directly above regardless of whether the complainant would like to pursue a formal complaint and investigation.
If a report of domestic violence, dating violence, sexual assault, or stalking is reported to the University, below are the procedures that the University will follow:

**Sexual Assault:**

1) Depending on when reported (immediate vs delayed report), the University will assist complainant with access to medical care. The University will do this regardless of when the incident was reported, but it takes higher priority if the incident is very recent.
2) The University will assess immediate safety needs of the parties and possible witnesses.
3) The University will assist complainant with contacting local police if complainant requests. Regardless of whether the complainant request, the University will still provide the complainant with contact information for local police department and applicable jurisdiction when appropriate.
4) The University will provide complainant with referrals to on and off campus mental health providers as well as the name and contact information for KU’s CARE Coordinator.
5) The University will assess need to implement interim or long-term supportive or protective measures, including but not limited to no contact orders or trespass warnings.
6) The University will provide the victim with a written explanation of the victim’s rights and options, which includes instructions on how to get a Protection Order.
7) The University will provide a copy of the policy applicable to Sexual Assault to the complainant and inform the complainant regarding timeframes for inquiry, investigation, and resolution.
8) If an investigation occurs, the University will inform the complainant of the outcome of the investigation, whether or not the respondent will be administratively charged and what the outcome of the hearing is.
9) The University will enforce the anti-retaliation policy and take immediate and separate action against parties that retaliate against a person for complaining of sex-based discrimination or for assisting in the investigation.

**Domestic Violence and Dating Violence:**

1) Depending on when reported (immediate vs delayed report), the University will assist complainant with access to medical care. The University will do this regardless of when the incident was reported, but it takes higher priority if the incident is very recent.
2) The University will assess immediate safety needs of the parties.
3) The University will assist complainant with contacting local police if complainant requests. Regardless of whether the complainant request, the University will still provide the complainant with contact information for local police department and applicable jurisdiction when appropriate.
4) The University will provide written information to complainant on how to preserve evidence.
5) The University will assess need to implement interim or long-term protective measures to protect the complainant, including but not limited to no contact orders or trespass warnings.
6) The University will provide the victim with a written explanation of the victim’s rights and options, which includes instructions on how to get a Protection Order.

**Stalking:**

1) The University will assess immediate safety needs of complainant.
2) The University will assist complainant with contacting local police if complainant requests. Regardless of whether the complainant request, the University will still provide the complainant with contact information for local police department and applicable jurisdiction when appropriate.
3) The University will provide written information to complainant on how to preserve evidence.
4) The University will assess need to implement interim or long-term protective measures to protect the complainant, including but not limited to no contact orders or trespass warnings.
5) The University will provide complainant with referrals to on and off campus mental health providers as well as the name and contact information for KU’s CARE Coordinator.
6) The University will provide the victim with a written explanation of the victim’s rights and options, which includes instructions on how to get a Protection Order.
7) The University will provide a copy of the policy applicable to Sexual Assault to the complainant and inform the complainant regarding timeframes for inquiry, investigation, and resolution.
8) The University will enforce the anti-retaliation policy and take immediate and separate action against parties that retaliate against a person for complaining of sex-based discrimination or for assisting in the investigation.

**Assistance for Victims: Rights & Options**

Regardless of whether a victim elects to pursue a criminal complaint or whether the offense is alleged to have occurred on or off campus, the university will assist victims of sexual assault, domestic violence, dating violence, and stalking and will provide each victim with a written explanation of their rights and options. Such written information will include:
• the procedures victims should follow if a crime of dating violence, domestic violence, sexual assault or stalking has occurred;
• information about how KU will protect the confidentiality of victims and other necessary parties;
• a statement that KU will provide written notification to students and employees about victim services within the University and in the community;
• a statement regarding the University’s provisions about options for, available assistance in, and how to request accommodations and protective measures; and
• an explanation of the procedures for institutional disciplinary action

Notification of Counseling, Mental Health, or Other Student Services
Employees in the Office of Civil Rights & Title IX or the Care Coordinator can also help students find and explore options, emotional support, and medical care, both on and off-campus. The Care Coordinator and Counseling & Psychological Services support students who have experienced a sexual assault or other forms of sexual violence, intimate partner violence, and stalking. Students, staff, and faculty can also receive medical attention through the Watkins Health Services. The University provides written notification to students and employees about existing counseling, health, mental health, victim advocacy, legal assistance, visa and immigration assistance, student financial aid, and other services available for victim-survivors both within KU and in the community.

Supportive Measures
The Office of Civil Rights & Title IX provides information and written notification about its ability to use supportive measures to assist either party. The University will provide these supportive measures if the party requests them and they are reasonably available, regardless of whether the reporting party chooses to file a criminal or civil rights complaint and regardless of whether the reporting party chooses to participate in a criminal or civil rights investigation. Examples of supportive measures include, but are not limited to, contact restrictions (“no contact order”), academic measures such as schedule change or extension of due dates, alternative housing placement, alternative work schedules/locations, course schedule changes, transportation, legal assistance, student financial aid assistance, health and mental health support, visa and immigration assistance, and course withdrawal/load reductions.

To request changes to academic, living, transportation and/or working situations or protective measures, a victim should contact the Office of Civil Rights and Title IX (785-864-6414) or Care Coordinator (785-864-9255), if they wish that a report not be made to the University.

Campus & Community Support Resources
The University will provide written notification to students and employees about existing assistance with and/or information about obtaining resources and services including counseling, health, mental health, victim advocacy, legal assistance, visa and immigration assistance, student financial aid and assistance in notifying appropriate local law enforcement. These resources include the following:
University of Kansas Support Resources (On Campus)

Kansas City and Salina Campuses
- Counseling and Education Support Services for Students, 913-588-6580.
- Counseling and Legal Assistance for Employees is through the Employee Assistance Program, 1-888-275-1205, https://sehp.healthbenefitsprogram.ks.gov/benefits/eap
- University of Kansas Health System hospital for a forensic examination, 913-588-1227.
- Office of International Programs for Visa and Immigration Assistance, 913-588-1480.
- Financial Aid Office, 913-588-4698.

Wichita Campus
- Counseling and Education Support Services for Students, 316-687-0006.
- Counseling and Legal Assistance for Employees is through the Employee Assistance Program, 1-888-275-1205, https://sehp.healthbenefitsprogram.ks.gov/benefits/eap
- Office of International Programs for Visa and Immigration Assistance, 913-588-1480.
- Financial Aid Office, 316-293-2603.

Support Resources (Off Campus)

Kansas City & Community-Based Resources
- KC Metro 24-Hour Domestic Violence Hotline, 816-468-5463.
- Metropolitan Organization to Counter Sexual Assault, 816-531-0233.
- Kansas Legal Services, 1-800-723-6953

Salina & Community-Based Resources
- Veridian Behavioral Health, 785-452-6113.
- Kansas Legal Services, 1-800-723-6953

Wichita & Community-Based Resources
- Wichita Area Sexual Assault Center, 316-263-0815.
- Ascension Hospital for a forensic examination, 316-609-4501.
- Kansas Legal Services, 1-800-723-6953

Student Financial Aid — Sometimes a victim of a crime may feel the need to take a leave of absence from school. If a student is considering a leave of absence based on the circumstances of a complaint, they should understand there may be financial aid implications in taking such leave. This should be discussed with financial aid personnel, and the Title IX Coordinator can assist in facilitating this conversation if desired. The University's financial aid website can be found at: www.financialaid.ku.edu.
National Resources

- Suicide and Crisis Lifeline: 988
- National Domestic Violence Hotline: 1-800-799-7233
- National Sexual Assault Hotline: 1-800-656-4673
- Rape, Abuse and Incest National Network (RAINN): https://www.rainn.org/
- US Dept. of Justice Office on Violence Against Women: https://www.justice.gov/ovw
- National Coalition Against Domestic Violence: http://www.ncadv.org/
- U.S. Citizenship and Immigration Services: https://www.uscis.gov/
- Immigration Advocates Network: https://www.immigrationadvocates.org/

Rights of Victims and the University’s Responsibilities for Orders of Protection or Similar Lawful Orders

The rights of parties and the institution’s responsibilities for orders of protection, “no-contact” orders, restraining orders, or similar lawful orders issued by a criminal, civil, or tribal court or by the institution are as follows: The University does not issue orders of protection but may issue no-contact or no trespassing orders as appropriate. If a reporting party has a court order of protection or restraining order, the Office of Civil Rights & Title IX can assist in making arrangements to accommodate and enforce the court order on campus. The Office keeps supportive measures confidential to the extent it does not impair the University’s ability to provide the measures and as permitted by law.

The University complies with Kansas state law in recognizing orders of protection by encouraging people holding the protection order as well as those who have a protection order against them to disclose this information to University officials. University officials can then assist all parties by determining if the parties have classes together and discussing strategies to enjoy campus life successfully without violating the order. The University will also assist parties in negotiating attendance at large scale events. A complainant may then meet with KUPSO, KU’s CARE Coordinator, or the Office of Civil Rights and Title IX to develop a Safety Action Plan, which is a plan for campus police and the victim to reduce risk of harm while on campus or coming and going from campus. This plan may include, but in not limited to: escorts, changing classroom location, or allowing a student to complete assignments from home, etc.

Information about how to obtain a protection order in Douglas County, Kansas can be found at: https://www.douglascountyks.org/services/courts-and-law/crimes-and-justice/protection-orders. Additional forms and instructions can be found at: https://www.kansajudicialcouncil.org/legal-forms/protection-orders. A Kansas “Protection Order Portal” is available at: https://www.kspop.org/.
Confidentiality & Anonymity

All information shared with the Office of Civil Rights & Title IX is treated with discretion and tact. Nevertheless, certain information provided to the office may need to be disclosed to other University officials. Those who participate in an investigation are only provided with sufficient information to allow them to respond fairly to the alleged concern. People may request that directory information on file with the University be withheld by contacting the Registrar’s Office to submit an information hold https://registrar.ku.edu/personal-information-and-privacy. The Office of Civil Rights and Title IX or CARE Coordinator can assist parties with this request.

Regardless of whether someone has opted-out of allowing the University to share “directory information,” personally identifiable information about the victim and other necessary parties will be treated as confidential and only shared with persons who have a specific need-to-know, i.e., those who are investigating/adjudicating the report or those involved in providing support services to the victim, including accommodations and protective measures. By only sharing personally identifiable information with individuals on a need-to-know basis, the University will maintain as confidential, any accommodations or protective measures provided to the victim to the extent that maintaining such confidentiality would not impair the ability of KU to provide the accommodations or protective measures.

The University will complete any publicly available recordkeeping, including Clery Act reporting and disclosures, without the inclusion of personally identifiable information about victims of sexual assault, domestic violence, dating violence and stalking who make reports of such to the University to the extent permitted by law. The University does not publish the name of crime victims or other identifiable information regarding victims in the Daily Crime Log or in the annual crime statistics that are disclosed in compliance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act. Furthermore, if a Timely Warning Notice is issued on the basis of a report of sexual assault, domestic violence, dating violence, or stalking, the name of the victim and other personally identifiable information about the victim will be withheld.

Investigation process in cases of alleged sexual assault, domestic violence, dating violence, or stalking.

KU Medical Center’s Title IX Resolution Process extends to educational programs or activities of KU Medical Center and includes any retaliatory actions by an individual and an individual's associates that may arise as a result of a Title IX complaint made in good faith or by participation in the Title IX resolution process. The Title IX Resolution Process does not extend to incidents that occur outside of the United States.
For incidents occurring outside of the United States or outside KU Medical Center educational programs or activities but where an on-campus safety issue has been identified, the Discrimination Complaint Resolution Process will be utilized. For cases involving a course of conduct occurring both on and off campus, KU Medical Center may proceed under either the Title IX Resolution Process or the Discrimination Complaint Resolution Process.

Who may utilize KU Medical Center's Title IX Investigation Process? Any person with knowledge of prohibited sexual harassment in KU Medical Center’s employment practices or educational programs or activities may contact the Institution Title IX Coordinator, 4330 Shawnee Mission Parkway, Fairway, KS 66105, Telephone: 913-588-8011; 711 TTY; e-mail: nholick@kumc.edu and may submit a report of sexual harassment. A person need not have a KU Medical Center affiliation to submit a report of sexual harassment. Reports may be filed via the Title IX online intake form, by email to nholick@kumc.edu or by phone to 913-588-8011. All reports received through the Title IX intake form, reports made by email or phone, and reports from third-party reporters, such as mandatory reporters, are not considered formal complaints to the Title IX Coordinator. Upon receiving a report from a third-party reporter, the Title IX Coordinator will reach out to the complainant, if the identity of the complainant is known, to discuss the availability of supportive measures and explain the process for filing a formal complaint.

If the report is submitted by the complainant, the Title IX Coordinator will acknowledge the complaint within three (3) working days which will include the web address of this policy, and schedule an initial meeting with the Title IX Coordinator (or designee). During this intake meeting the Title IX Coordinator will discuss the availability of supportive measures and explain the process of filing a formal complaint.

During the initial meeting with the Title IX Coordinator, the complainant has the option of requesting supportive measures as well as filing a formal complaint. The complainant also has the option of requesting that KU Medical Center take no further action on the report. The Title IX Coordinator will consider this request in balance with the safety of the KU Medical Center community.

Emergency Removal of Students: Pursuant to KU Medical Center’s Safety Intervention and Mandatory Leave for Student's Policy and Procedures, KU Medical Center may determine that a student respondent poses an immediate threat to the physical health or safety of any student or individual. The Title IX Coordinator may contact the student respondent’s Associate Dean for Student Affairs to initiate the emergency removal of student due to the allegation(s) of sexual harassment. The Associate Dean for Student Affairs will conduct an individualized health and safety risk analysis pursuant to the Safety Intervention and Mandatory Leave Policy, in consultation with the Safety Intervention Team before removing the respondent. The respondent will be notified of the removal decision in writing and shall have an opportunity to challenge the removal decision pursuant to the appeal process set forth in the Safety Intervention and Mandatory Leave for Students Policy and Procedures.
Administrative Leave for Employees: An employee respondent may be placed on administrative leave by Human Resources during the pendency of the Title IX processes including the investigative process and hearing process. This is not intended to apply to student employees.

Abuse of the Title IX Resolution Process: KU Medical Center takes all discrimination complaints seriously. However, knowingly filing a false complaint is considered serious misconduct and is also subject to sanction. An individual who establishes a pattern of repeatedly filing frivolous complaints that harass colleagues and/or abuse the complaint resolution process may lose the right to file complaints for a specified period of time.

Considerations for Filing a Report or Complaint: The process for responding to Title IX complaints may include informal resolution (which may include mediation, restorative justice, or other educational resolutions), formal investigations, or supportive measures (which are available during both informal resolutions and formal investigations). If the subject matter or issue of the complaint does not fall under this policy, the EOAC staff may advise the complainant of other available procedures.

Complainants are encouraged to file their formal complaints within one hundred eighty (180) days of any occurrence of alleged discrimination. A formal complaint must be made while the complainant is still enrolled in a program with KU Medical Center, intends to re-enroll in a program with KU Medical Center, is employed by or seeking employment with KU Medical Center, or is participating or attempting to participate in an education program of KU Medical Center.

The Title IX Coordinator, in their discretion, may file a signed formal complaint regarding the alleged violation of the Sexual Harassment Policy. Situations where the Title IX Coordinator might file a formal complaint include incidents involving weapons, incidents involving multiple respondents, situations where the respondent has multiple reports alleging violations of the sexual harassment policy, the complainant is a minor, or other situations where the Title IX Coordinator feels it is necessary to protect the campus community.

Contents of Reports and Formal Complaints: A report or formal complaint of sexual harassment or retaliation to the Title IX Coordinator should include the following, to the extent known and available:

- Name and contact information (address, telephone, e-mail) for the complainant;
- Name and contact information (address, telephone, e-mail) for the respondent;
- Date(s), time(s), and place(s) of the alleged violation(s);
- Nature of the alleged sexual harassment (ie, sexual harassment, sexual assault, dating or domestic violence, stalking, or retaliation);
- Detailed description of the specific conduct that is the basis of the alleged violation(s);
- Copies of any documents or other evidence pertaining to the alleged violation(s);
- Names and contact information for any witnesses to the alleged violation(s);
- Any other relevant information.

**Receipt of a Report of Sexual Harassment:** Upon receipt of a report, the Title IX Coordinator will promptly reach out to the complainant to discuss the availability of supportive measures with or without filing a formal complaint, and explain to the complainant the process for filing a formal complaint.

**Formal Complaint Evaluation:** Upon receiving a formal complaint, the Title IX Coordinator shall conduct an initial evaluation of the formal complaint and determine the appropriate action required. Where the University or its employees are accused of sexual harassment, the Title IX Coordinator will contact the dean, director, administrator, supervisor, or chairperson responsible for the unit that is accused of sexual harassment to inform them of the filing of the formal complaint. When necessary, appropriate administrator(s) or faculty member(s) may be designated by the Chancellor, Executive Vice Chancellor, Vice Chancellor, Dean, Director, or Chairperson, by the Associate Vice Chancellor of Human Resources, or by the Title IX Coordinator to participate in the evaluation of the formal complaint and to facilitate necessary action.

In conducting its initial review of the formal complaint, the Title IX Coordinator may meet with the Complainant or take other steps to learn of the basis of the formal complaint, including examining University records.

The formal complaint shall be dismissed when:
- The conduct alleged in the formal complaint would not constitute sexual harassment even if proved,
- The conduct did not occur in the University's educational programs or activities, or
- The conduct did not occur against a person in the United States

The Title IX Coordinator may dismiss a formal complaint if at any time during the investigation or hearing:
- A complainant notifies the Title IX Coordinator in writing that the complainant would like to withdraw the formal complaint or any allegations therein;
- The respondent is no longer enrolled or employed by the University;
- The complainant refuses to cooperate or participate with the University's investigation;
- The complainant is anonymous;
- The complaint was filed when the complainant was not participating or attempting to participate in an education program or activity of the university; or
- Specific circumstances prevent the University from gathering evidence sufficient to reach a determination as to the formal complaint or allegations therein.

If it is determined that the Title IX Coordinator will not proceed with investigation of a formal complaint, the Title IX Coordinator will notify the complainant (if not anonymous) and respondent in writing explaining the reasons why the complaint is not being investigated under
Title IX. The Title IX Coordinator may notify the complainant that their formal complaint will be investigated by the EOAC under the Discrimination Complaint Resolution Process (DCRP) or that the matter is being referred to another office for review. The notification letter will include a statement regarding the complainant and respondent right to appeal the Title IX Coordinator's decision if no formal investigation will occur under this policy or other process pursuant to section VI below.

A formal investigation will be initiated if a complaint is complete, timely, within the scope of this policy and articulates sufficient facts, which if determined to be accurate, would support a finding that the University's Sexual Harassment policy has been violated.

**Investigations**

**Presumption of No Responsibility:** Respondents are presumed not to be responsible for the allegations of the complaint until a conclusion is reached at the end of the investigation.

**Investigation Time-frame:** KU Medical Center will strive to complete investigations of formal complaints, including issuance of a report of findings to the complainant and respondent, in as timely and efficient a manner as possible within sixty (60) working days of receipt of a complaint. However, this time-frame may be extended for good cause based on considerations such as, but not limited to, the schedule, availability, or absence of parties, party advisors, or witnesses; concurrent law enforcement activity; need for language assistance or accommodation of disabilities; holidays or semester breaks including summer break; and complexity of the complaint. If an investigation cannot be completed within sixty (60) working days of receipt of the complaint, then the investigator(s) will notify the complainant and respondent the investigation time-frame is being extended and the reason for the extension and provide a time-frame for completing the investigation.

**Investigation Procedure:** Investigators assigned to conduct an investigation will be impartial and have no conflicts of interest. In conducting investigations into violations of the University's Policies, the Title IX Coordinator will use a preponderance of the evidence standard in making factual determinations. The preponderance of the evidence means the fact in dispute is more likely than not to be true. The investigation will include the following elements:

**Contact with Complainant:** If the investigator did not speak with the complainant at the time that the complaint was received by the Title IX Coordinator, then the investigator will meet or speak with the complainant at the start of the investigation and throughout the investigation as appropriate.

**Notice to Parties:** The parties, including respondent, will be provided with a statement of the complaint in writing, and the complainant will be provided a copy of this notification. The notice will include:
• That the respondent is presumed not to be responsible for the alleged conduct and that
a determination will be reached at the conclusion of the resolution and hearing
processes.
• The web address where the KU Medical Center Title IX Resolution Process, Title IX
Hearing Procedures, and any informal resolution process can be found;
• The alleged conduct constituting a potential violation of University policies;
• The identities of parties involved in the alleged incident (if known);
• The specific section of the University's policies allegedly violated;
• The date and location of the alleged incident (if known);
• The parties' right to an advisor (who may be an attorney) of the parties' choice and to
review all evidence gathered prior to the conclusion of the investigation; and
• That University policies prohibit knowingly making false statements or submitting false
information during the investigation process.
Respondents will be provided an opportunity to meet with the investigator(s)
investigating the complaint and to respond to the allegation and to meet or speak with
the investigator throughout the investigation as appropriate. Respondents may respond
in person or in writing within a reasonable time to be determined by the investigators. If
a respondent chooses not to participate or refuses to answer a complaint, their
nonparticipation will not prevent the investigation from proceeding and could result in a
finding based solely on the information provided by the complainant.

**Additional Allegations:** If, in the course of an investigation, the investigator decides to
investigate allegations about the complainant or respondent that are not included in the notice,
the investigator will provide notice of the additional allegations to the parties whose identities
are known.

**Notice regarding Retaliation:** All parties to a complaint (complainant, respondent, witnesses,
and appropriate administrators or supervisors) will be informed that retaliation, defined in
Section V, by an individual or an individual's associates against any person who files a complaint
or any person who participates in the investigation of a complaint is prohibited. Individuals who
engage in retaliation are subject to disciplinary action.

**Representation:** In any meeting with the investigator(s), the parties to the complaint
(complainant and the respondent) may bring an advisor to the meeting. If the advisor is an
attorney, the party must notify the Title IX Coordinator in writing at least three (3) working days
before the meeting date.

**Notice of all Meetings:** The Title IX Coordinator will provide to a party whose participation is
invited or expected, written notice of the date, time, location, participants, and purposes of all
meetings including investigative interviews. Email is the primary form of written
communication for the EOAC Office and the Title IX Coordinator. The Title IX Coordinator will
provide sufficient time to prepare to participate by allowing at least three (3) working-day's
notice unless the party requests a date and time allowing less than three (3) working days.
Information relevant to Investigation: The parties to a complaint (complainant and respondent) will be informed that they have the opportunity to identify witnesses, present witness statements, and submit any other evidence they believe relevant to resolution of the complaint. The investigator(s) will interview other persons whom, at the investigator(s)’ discretion determines to be necessary to gather relevant information. The investigator will review any written materials, e-mails, text messages, or other evidence that, at the investigator’s discretion, may provide relevant information regarding the complaint. The burden of gathering evidence rests on the investigator.

Medical Records: No reports will be accessed, disclosed, or used that are made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in the their capacity, or assisting in that capacity, which are made and maintained in connection to the treatment of the party without that party's voluntary and written consent to do so.

Privileged Information: The investigator will not require, allow, rely upon, or otherwise use questions or evidence that constitute, or seek disclosure of, information protected under a legally recognized privilege, unless the person holding the privilege has waived the privilege. Witness Summary. Witnesses may request, and the investigator will provide, a reasonable opportunity to review the investigator’s summary of that individual's interview and the opportunity to submit changes, corrections, or information clarifying the summary.

Review of Evidence and Preliminary Report: Upon completion of the preliminary investigation report, the investigator will provide the complainant and respondent, as well as the advisor of each party, an opportunity to inspect and review all evidence collected during the course of the investigation to include summaries of investigative interviews, physical evidence, inculpatory evidence, exculpatory evidence, and evidence upon which the investigator has collected but does not intend to rely. The complainant and respondent, and advisor to each party, will have ten (10) calendar days to submit a written response to the evidence. The investigator will consider the written responses prior to the completion of the final investigative report.

Final Investigative Report: After the end of the ten (10) calendar day period during which the complainant and respondent have the ability to review all evidence and preliminary report, the Title IX Coordinator will objectively evaluate all relevant evidence – including both inculpatory and exculpatory evidence – and will draft a final investigative report. The investigative report will fairly summarize relevant evidence.

A copy of the final investigative report will be provided simultaneously to both parties, as well as the advisor for each party.

Hearings: When the Title IX Coordinator issues the investigative report, the parties will also be notified in writing of the hearing date, which will be scheduled at least ten (10) calendar days, but no later than thirty (30) calendar days, from receipt of the report. Five (5) calendar days before the scheduled hearing date, each party must submit to the Title IX Coordinator and to
the opposing party the following:

- The name of their advisor representing them at the hearing or notice that they wish KU Medical Center to provide an advisor for the hearing;
- Any written response to the investigation report to be considered by the Hearing Panel;
- A list of any documents, communications, or other evidence intended to be introduced as exhibits during the hearing that were not produced or collected during the course of the investigation, along with a copy of such evidence;
- The name and contact information for any witness the party intends to call at the hearing who was not identified as a witness during the investigation;
- A statement as to whether the party prefers to attend the live hearing from a separate room via video.

The Title IX Coordinator will share the potential exhibits and witness list with the Hearing Panel who will issue relevancy determinations at the hearing. Hearings will be conducted in accordance with KUMC's Title IX Hearing Procedures.

**Retaliation:** No person may intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by Title IX or because the individual has made a report or complaint, testified, assisted, or participated or refused to participate in any manner in an investigation, proceeding, or hearing. Disciplinary action, harassment, unsupported evaluations, or other adverse changes in the conditions of employment or the educational environment may also constitute retaliation. Retaliation will not be tolerated and could result in suspension, reassignment, salary reduction, termination, expulsion or other disciplinary action. Formal complaints of retaliation will be handled under the Title IX Resolution Process.

Nothing in this retaliation section limits the ability of the complainant and respondent to discuss the allegation under investigation or to gather and present relevant evidence. The exercise of rights protected under the First Amendment does not constitute retaliation. Charging an individual with a code of conduct violation for making a materially false statement in bad faith in the course of a proceeding under this part does not constitute retaliation.

**Appeals**

**Appeals of Dismissal of Formal Complaint:** If the complainant believes that the Title IX Coordinator has erred in its decision to administratively close the complaint without a full investigation, the complainant may appeal that conclusion to the Executive Vice Chancellor, or designee, within seven (7) calendar days of the date of the notice of the investigator’s findings. The request for an appeal must be a signed, written document articulating why the investigator’s dismissal of the formal complaint is erroneous.

The Executive Vice Chancellor, or designee, shall notify the respondent and the Title IX Coordinator in writing of an appeal of the dismissal of formal complaint and allow the
respondent seven (7) calendar days to submit a written statement. The Title IX Coordinator may also be asked to submit a response or to provide additional information regarding the case. The Executive Vice Chancellor will respond to the appeal in writing to both complainant and respondent within twenty (20) calendar days of receiving the respondent's written statement or the conclusion of the seven (7) calendar days to submit a statement. This decision on appeal will constitute final agency action and there will be no further appeal within the University.

Standard of Review for Appeals of Dismissal of Formal Complaint. The Executive Vice Chancellor, will not conduct a new investigation of the Complaint or substitute their judgment for that of the Title IX Coordinator. Rather, on appeal, the Complainant must show:

- there was procedural irregularity by the Title IX Coordinator or the investigator that affected the outcome of the matter;
- the investigator or Title IX Coordinator improperly failed to gather or consider information relevant to the complaint;
- new evidence that was not reasonably available at the time of the dismissal that could affect the outcome of the matter; or
- the Title IX Coordinator or investigator had a conflict of interest for or against complainants and respondents generally or the individual complainant and respondent that affected the outcome of the matter.

Appeals of Hearing Panel's Determination Regarding Responsibility or Sanctions: Both the complainant and respondent will have the right to appeal the determination of the Hearing Panel regarding responsibility or sanctions. If either party believes that the Hearing Panel has erred in its decision regarding responsibility or sanctions, the party may appeal that conclusion to the Executive Vice Chancellor (for faculty or residents), Vice Chancellor for Academic and Student Affairs (for students), or to the Associate Vice Chancellor for Human Resources (for staff), or designee, within seven (7) calendar days of the date of the notice of the Hearing Panel's decision. The request for an appeal must be a signed, written document articulating why the Hearing Panel's decision as to responsibility or sanctions is in error.

The EVC, VCASA, or AVC for Human Resources, or designee, shall notify the opposing party, in writing, of an appeal from the decision on responsibility or sanctions and allow the opposing party seven (7) calendar days to submit a written statement.

The EVC, VCASA, or AVC for Human Resources, will respond to the appeal in writing to both complainant and respondent within twenty (20) calendar days of receiving the opposing party's written statement or the conclusion of the seven (7) calendar days to submit a statement. This decision on appeal will constitute final agency action and there will be no further appeal within the University.

Standard of Review for Appeals of a Decision by the Hearing Panel: The Executive Vice Chancellor, Vice Chancellor for Academic and Student Affairs, or Associate Vice Chancellor for Human Resources, will not conduct a new investigation of the Complaint or substitute their judgment for that of the Hearing Panel. Rather, on appeal, the appealing party must show:

- there was procedural irregularity that affected the outcome of the matter;
• new evidence that was not reasonably available at the time of the hearing that could affect the outcome of the matter; or
• the Title IX Coordinator, investigator, or Hearing Panel member had a conflict of interest for or against complainants and respondents generally or the individual complainant and respondent that affected the outcome of the matter.

Informal Resolutions: After submission of a formal complaint, either party may request an opportunity to resolve the complaint through an informal resolution process. If requested by one party, the other party must voluntarily agree to participate in order for the informal resolution process to proceed. A successful resolution and agreement of the parties will result in dismissal of the complaint without further investigation or hearing. Prior to reaching an agreement, either party may withdraw from the process and request that the grievance procedures pursuant to this policy resume.

An informal resolution process will be facilitated by an individual who is trained, unbiased and without conflict. The informal resolution process will be conducted in accordance with informal resolution procedures.

The informal resolution process is not available when the complaint involves an allegation of a student complainant against an employee respondent.

Disciplinary Sanctions and Remedies: Members of the University community who are found to have violated the University’s Sexual Harassment Policy are subject to disciplinary actions appropriate to their status as faculty, staff, or students. Disciplinary actions for faculty and staff can range from a warning to dismissal or termination. Training, counseling or other remedial programming may also be required but is not considered disciplinary action and may be imposed even absent a finding of responsibility.

Access to Records

Confidentiality: The Title IX Coordinator will handle all discrimination and harassment complaints discreetly but cannot guarantee confidentiality or anonymity because the University has an obligation to investigate complaints of discrimination and harassment and to maintain a safe environment, free from harassment and discrimination. Because of its obligations under the law, KU Medical Center will not be able to honor all requests for confidentiality or all requests that a complaint not be pursued.

However, complainants, respondents, witnesses, and any other parties involved in a complaint of discrimination shall refrain from disclosing information about a complaint of discrimination to anyone who does not have a legitimate, business need or right to know. The foregoing does not preclude either party from seeking the advice or counsel of a supervisor, counselor, attorney, or other person in a similar role or from discussing the allegations under investigation or gathering and presenting relevant evidence.
State and Federal Reporting of Discrimination: Employees may file employment discrimination complaints with the Equal Employment Opportunity Commission or the Kansas Human Rights Commission. Students may file discrimination complaints through the Office of Civil Rights in the U. S. Department of Education. Information about deadlines and filing procedures for these state and federal agencies are available on their websites.

Record Keeping: The University will maintain all records of each sexual harassment investigation for a period of seven (7) years to include any determination regarding responsibility, any audio or audiovisual recording or transcript, any disciplinary sanctions imposed on the respondent, any remedies provided to the complainant designed to restore and preserve access to the university's educational programs or activities, any appeals and the results therefrom, and informal resolutions and the results therefrom, and all materials used to train Title IX Coordinators, investigators, decision-makers, and any person who facilitates an informal resolution process.

For each report and formal complaint falling under this Title IX process, before closing the file, the Title IX Coordinator shall document all actions taken in response and all measures taken to restore or preserve access to educational programs and activities of the University. The Title IX Coordinator shall also document the basis for its conclusion that the University's response was not deliberately indifferent, and where no supportive measures have been provided, why the University's response was not clearly unreasonable in light of the known circumstances.

Standard of Evidence. The University uses the preponderance of the evidence standard for evaluating complaints of discrimination and sexual misconduct.

Notification of Final Results. In accordance with applicable policy, all parties to an investigation will be simultaneously informed of the imposition of disciplinary action. Specifically, the accuser and the accused will be notified simultaneously, in writing, of any initial, interim and final decision of any disciplinary proceeding; and the accuser and accused will be notified simultaneously in writing, of the opportunity to appeal cases involving sexual violence, including sexual assault, domestic violence, dating violence, and stalking. Parties will be simultaneously notified of any change to the result and when the result becomes final.

Notification to Victims of Crimes of Violence
The University will, upon written request, disclose to the alleged victim of a crime of violence, or a non-forcible sex offense, the report on the results of any disciplinary proceeding conducted by such institution against a student who is the alleged perpetrator of such a crime or offense. If the alleged victim is deceased as the result of such crime or offense, the next of kin of such victim shall be treated as the alleged victim for purposes of this paragraph.
Disciplinary Procedures/Processes

Students

Medical Students Viewing Process for Actions Affecting Medical Student Status Policy, KU School of Medicine (policystat.com)

Referral for a Professionalism Hearing for Failure to Meet Professional Behavior Core Standards: A medical student who has failed to meet the core professional behavior standards of the School may be subject to a referral for a professionalism hearing by the Student Promotions and Special Programs Committee.

A referral for a professionalism hearing may occur for one or more but are not limited to:

- Causing physical harm or endangering the health or safety of any person;
- Threatening written or verbal conduct that causes a reasonable expectation of injury to the health or safety of any person or damage to property;
- Intimidating others, defined as implied threats or acts that cause a reasonable person fear of harm;
- Bullying or cyberbullying, including repeated and/or severe aggressive behaviors that intimidate or harm or control another person physically or emotionally, and are not protected by the freedom of expression;
- Possessing or using firearms, explosives, dangerous chemicals or other controlled property, in contravention of law or institutional policy;
- Unauthorized entry into facilities or use of facilities of another person or the School or University without proper consent or authorization;
- Intentionally damaging or destroying university property or personal property of another;
- Exhibiting behavior which is disruptive to the learning process or to the academic or community environment;
- Obstructing or disruption of teaching, research, administration, disciplinary procedures or other institutional activities including the University's public service functions or other authorized activities;
- Intentionally or knowingly attempting to take or taking in their possession the property of the University or personal property of another, including goods, services and other valuables;
- Intentionally or knowingly using, misappropriating, or selling the property of another person or the University, including goods, services, and other valuables;
- Furnishing false or misleading information or records to the School or University, including the omission of relevant information or is in possession of forged, altered, misrepresentative documents, records, or instruments;
- Intentionally or knowingly obtaining or attempting to obtain property of or information about the University or of another person by misrepresentation or fraudulent means;
- Intentionally and knowingly committing a theft of electronic information, attempts to gain unauthorized access to computer and other electronic resources or misuses School or University electronic resources;
• Using, possessing, manufacturing, or distributing controlled substances or alcohol, or whose behavior evidences being under the influence of alcohol or controlled substances in violation of School or University policies;
• Conviction of a crime, while a student or before becoming a student under circumstances bearing on the suitability of a student to practice a health or related profession, or disregard for the ethical standards appropriate to the practice of a health related professional while a student or before becoming a student;
• Retaliation as defined as any behavior, direct or indirect, taken to or attempt to harass, intimidate, or improperly influence any individual associated with any School or University investigatory or complaint process;
• Sexual misconduct that includes sexual harassment and sexual violence as defined in KU Medical Center’s Title IX Policy, https://kumc.policystat.com/policy/4521464/latest/;
• Discrimination as defined by https://kumc.policystat.com/policy/4520954/latest/;
• Stalking as defined as a course of conduct directed at a specific person that is unwelcome and would cause a reasonable person to feel fear;
• Violence or abuse by a person in an intimate relationship with another that includes stalking, dating violence, sexual violence, or domestic violence;
• Violating existing rules, regulations, or policies of the School, University, or Board of Regents;
• Engaging in any other acts or omissions which, if the student were a licensed physician, could result in discipline by the Kansas State Board of Healing Arts or denial of licensure.

This policy applies to misconduct (as identified) that occurs (1) on University premises; (2) at University sponsored activities; (3) off-campus when the behavior affects University operations or the on-campus safety of a member of the University community; (4) off-campus when the behavior bears on the suitability of a student to practice in a health or related profession; or (5) when the University is required by law to address the behavior.

Following the Student Promotions and Special Programs referral for a professionalism hearing, the medical student shall receive written notification of the referral within 48 hours. The written notification shall include the evidence on which the referral was based which may be reviewed by the student, a description of the hearing procedure, as well as the hearing date and process for appearing before the APC to respond, as set forth in this policy.

A violation of School or University policy will be found if the APC by a majority vote, finds it more likely than not that the student violated School or University policy based on all of the information presented during the hearing process.

**Process for Referral for Academic or Professionalism Hearing for Failure to Meet Academic and/or Professional Behavior Core Standards**

**Notification of Student Promotions and Special Program Committee’s Referral for Academic or Professionalism Hearing:** As a referral that may affect the status of a medical student such as retention, advancement or graduation, the student shall be notified in writing within 48 hours of the Student Promotions and Special Programs Committee’s decision to move forward with a referral for an academic or professionalism hearing. The written notification will include
disclosure of the evidence on which the referral was based which may be reviewed by the student, a description of the hearing procedure, as well as the hearing date and the process for appearing before the APC to respond, as set forth in this policy.

**Ability to Withdraw:** Any medical student will have the ability to withdraw from the School prior to the scheduled academic or professionalism hearing. A student wishing to withdraw from the School is required to submit a statement in writing to the Senior Associate Dean for Student Affairs or designee, who will assist the student in completing the appropriate forms. If a student does not notify the School of their intent to withdraw, the hearing will proceed as scheduled. A student will not have the ability to withdraw from the School after the hearing has begun without the approval of the APC or Executive Dean.

**Academic or Professionalism Hearing Procedures:** At the academic or professionalism hearing, the APC shall permit the student an opportunity to provide an explanation for their failure to meet either core academic standards and/or core professional behavior standards. If the student desires, up to three faculty members from the KU Medical Center community may appear before the APC on the student’s behalf. The student shall submit any documentation, including letters from individuals with information related to the basis for the hearing, and list of faculty members they wish to present at the hearing to the Senior Associate Dean for Student Affairs or designee at least three working days prior to the hearing. The student shall not be permitted to be accompanied by counsel when appearing before the APC.

A single hearing may be held for more than one student in cases arising out of a single occurrence or common set of facts. Each student retains the right to request that their case be heard individually.

Academic or professionalism hearings of the APC are not recorded. During an academic or professionalism hearing, APC members review relevant documentation, the student identified faculty members speak on the student’s behalf, and the student may appear before the APC. The APC members have an opportunity to ask questions of both the faculty members and the medical student. Immediately after the student presentation, APC members will deliberate. Following deliberations, the APC members will vote on the motion to retain or dismiss the student. Should a quorum majority of the eligible voting APC members vote for retention, the medical student is retained in medical school. Should a quorum majority of the eligible voting APC members vote for dismissal, the medical student is dismissed from medical school.

**Notification of the APC’s Determination:** Medical students will be notified of the APC’s determination within 48 hours of the APC vote. In cases of dismissal, a written report summarizing the hearing and determinations will be sent to the student and the Executive Dean within 10 days of the hearing date. In cases where the medical student is retained, the APC may make non-appealable determinations including:
that the student be assigned a failing grade for the course or clinical rotation; and/or that he/she take a leave of absence from medical school for a specified period or time; or that such other measures be taken as are determined appropriate under the circumstances, or according to University policy or local, state and federal law.

**Appeal of APC’s Determination to Dismiss:** Following issuance of the APC’s written report, a medical student will have 10 days to appeal to the Executive Dean in writing. The appeal must be based on one of the following reasons: (i) proper procedures have not been followed; (ii) the student believes the determination to dismiss is excessive given the violations; or (iii) the student has obtained new relevant information that was not available at the time of the hearing.

The Executive Dean will decide within 10 days after receiving the student’s appeal to either uphold the APC’s determination to dismiss or to retain the student in the academic program of the medical school. Should the Executive Dean decide to retain the student in the academic program, s/he will inform the APC of the reasons for the decision to retain and will describe any special conditions that the student will be expected to undertake relative to the student’s retainment in the academic program.

**Reapplication:** A medical student dismissed for failing to meet core academic standards may reapply for admission to the School. The application shall be considered by the Admissions Committee in the same manner as are other applications.

A medical student dismissed for failure to meet core professional behavior standards is not eligible to reapply for admission to the School.

**Nursing Students**

Students and School of Nursing student organizations are expected to conduct themselves as responsible and professional members of the University community. Non-academic misconduct includes any violation of Board of Regents, University, and/or School of Nursing (SON) policy as applicable to School of Nursing students. While on University premises or at University sponsored or supervised events, students and organizations are subject to disciplinary action for violations of published policies, rules, and regulations of the Board of Regents, University, and/or SON, including, but not limited to offenses listed in this policy.

The SON non-academic misconduct process is substantially less formal than legal proceedings. Most cases can, and should be, handled informally. The purpose of misconduct procedures is to educate and prepare students for responsible citizenship and to resolve situations that involve violations of Board of Regents, University, and/or SON policies.

Any student or student organization conduct that potentially violates the University’s Nondiscrimination or Sexual Harassment Policies or KU Medical Center’s Title IX Policy will be
reported to KU Medical Center’s Equal Opportunity Office (EOO) for investigation. A referral to EOO does not prevent the SON from acting prior to the conclusion of an EOO investigation if other misconduct is alleged. For information regarding the adjudication of EOO complaints, see EOO office.

“Non-Academic Misconduct” involves conduct covered under the policies of the Board of Regents, University, and SON. This definition excludes conduct otherwise covered by the SON definition of academic misconduct.

Non-academic misconduct includes, but is not limited to, the following offenses:

**Offenses Against Persons**: An offense against a person may be committed when a student:
- Threatens or attempts to threaten the physical health of another person.
- Places another person in danger of serious bodily harm or fear of serious bodily harm.
- Uses physical force in a manner that is intimidating or threatening or that endangers the health, welfare, or safety of another person.
- Willfully, and repeatedly follows, stalks, or attempts to make unwanted contact with another person (e.g., other students, patients, faculty, University staff co-workers). This includes, but is not limited to, communication and any action(s) that appears to be threatening or violent, no matter the method of communication.
- Exhibits unwelcome and/or inappropriate sexual behaviors with other students, patients, visitors, faculty, University staff or co-workers.
- Engages in hazing of another person for the purpose of initiation or admission into, affiliation with, or continuation of membership in any organization operating under the sanction of the University. Hazing includes, but is not limited to, any action, activity, or situation that endangers the mental or physical health, welfare, or safety of a person, exposes a person to extreme embarrassment, or involves personal servitude. For purposes of this policy, hazing is a forced activity regardless of the apparent willingness of an individual to participate in the activity.
- Possesses or carries any non-firearm weapon or explosive on University property.
- Possesses or carrier any firearm on University property designated as prohibiting firearms.
- Falsely reports a bomb, fire, or other emergency.

**Offenses Against Property**: An offense against property may be committed when a student:
- Knowingly, and without proper consent or authorization, has in his or her possession the property of another person, the University, or any third party or entity, including clinical sites.
- Knowingly, and without proper consent or authorization, removes, uses, misappropriates, or sells the property of another person, the University, or any third person or entity, including clinical sites.
- Access, without proper authorization, student personnel or patient records, University records, or clinical site records.
• Damages or destroys property owned or in the possession of another person, the University, or any third person or entity, including clinical sites.
• Obtains the property of another person by misrepresentation or fraudulent means.
• Misuses, damages, or alters any fire-fighting or other safety equipment.
• Enters the facilities of, or uses the property of another person, the University, or any clinical site without proper consent or authorization.
• Knowingly, and without proper payment, uses the services of the University or any clinical site that require payment.

**Offenses Against the Orderly Process of the University**: An offense against the orderly process of the University may be committed when:

• A student causes or attempts to cause a substantial disruption or obstruction of classroom or clinical teaching, research, administration, disciplinary proceedings, other University learning activities, or other authorized, permitted, or constitutionally protected activities on University premises, including employment, recruitment, and public service functions.
• A student or applicant knowingly furnishes false information to the University, faculty, or staff; or a student applicant, or former student forges, alters, misrepresents, or misuses University documents, records, or instruments of identification.

**Other Offenses**: include, but are not limited to, those listed.

• Violations of the University’s social media policy.
• HIPPA violations.
• Conviction of a felony that violates applicable Board of Regents, University, and/or SON policies and/or that which disqualifies the student from participation in University and/or SON activities or educational requirements including, but not limited to clinical activities.
• Substance abuse. Substance abuse in this policy does not include the unimpaired individual using a controlled substance pursuant to a valid prescription.
• Being impaired or under the influence of alcohol or other drugs or controlled substances while in clinical settings, on University premises, or engaged in University-related activities.
• Non-compliance with Impaired Student Assistance policy and/or associated agreements/contracts.
• Any other conduct in violation of applicable Board of Regents, University, and/or SON policies.

**Offenses by a Student Organization or Campus Organization**

• Organizations may be held responsible for conduct in accordance with guidelines established for individual students.
• Organizations also may be held responsible for their conduct determined to be a recognized group activity regardless of location (on or off University premises) or University supervision or sponsorship.
• Organizations may be sanctioned in a manner suitable to the circumstances, like those outlined for individual students.
Investigation and Hearing of Suspected Non-academic Misconduct: Any behavior described in section I of this policy constitutes an occurrence of suspected misconduct. Every effort will be taken to process reviews as expeditiously as possible by adhering to the time frames established in the following procedures. Occurrences of suspected misconduct will be addressed using the following procedures:

Report of Occurrence: Any person suspecting misconduct (“Reporting Individual”) should report the incident in question to the SON Associate Dean for Student Affairs (ADSA), either orally or in writing within five academic days from the day of detection. A report may be made by faculty, staff, or students of the SON or any other person witnessing suspected misconduct. The ADSA will inform the Reporting Individual that it may be necessary to disclose his/her name to the Responding Student during the investigation. When a faculty member reports an occurrence, he/she cannot apply sanctions for any suspected occurrence of misconduct prior to exhaustion of the procedures required of this policy. The ADSA will exercise discretion in reporting to the KU Medical Center Title IX Coordinator or Safety Intervention Team and/or proceeding with a SON Non-Academic Misconduct investigation.

When the ASDA choose to proceed with SON investigation, s/he will report suspected occurrences to the Student Admission and Progression Committee (SAPC) Chair within three academic days of receiving a report of occurrence. The SAPC Chair will appoint an Investigator from among the SAPC faculty members and notify the ADSA within three academic days after receiving notice of the report.

The SAPC Chair and Investigator will meet with the ADSA within three academic days, and prior to any investigative action, to review policy and required processes. In cases where a patient is involved, identification of the Responding Individual will be revealed to the University or clinical site by the ADSA on a strict need-to-know basis.

All data from the investigation and hearings are confidential. Except for the Investigator assigned to collect data related to a reported incident, members of the SAPC will not discuss cases with anyone not connected with the SAPC. During the investigation, the Investigator will maintain confidentiality during all contacts to collect data. Breaches of confidentiality will result in immediate dismissal from the SAPC and possible disciplinary action. Witnesses and Advisors are likewise bound by confidentiality.

Investigative Procedures: The investigator is charged to speak with the Reporting Individual, the Responding Student, and other individuals who may be directly involved (as warranted). All data gathered by the Investigator will be documented in writing. Confidentiality will be maintained in all cases. During the time of investigation and pending a hearing, the Responding Student is encouraged to continue attending class. Dropping a course does not halt the investigation of alleged misconduct or imposition of a sanction. If the Responding Student fails to respond to the Investigator, the investigation will continue.

The Investigator, SAPC Chair, and ADSA will meet as soon as data is gathered and no later
than 20 academic days from the initial reporting of suspected occurrence to the ADSA. Based upon the Investigator’s findings, the Investigator, SAPC Chair, and ADSA will determine if a hearing is warranted.

If a hearing is not warranted, the ADSA (or SAPC Chair when the ADSA is the Reporting Individual) will notify the Reporting Individual within five academic days that the investigation did not result in a decision to hold a hearing. All documented material related to the investigation will be secured by the ADSA office and remain confidential.

If a hearing is warranted, the ADSA (or SAPC Chair when the ADSA is the Reporting Individual) will notify the Responding Student of the decision to proceed with hearing, provide a copy of the Investigator’s report, inform the individual of hearing procedures, and provide contact information for an assigned SON Advisor. The Responding Student may also choose to have an attorney as an additional or sole Advisor. The Responding Individual must inform the ADSA (or SAPC Chair as applicable) of any attorney/advisor’s name at least eight academic days prior to the hearing.

The Reporting Individual will be informed that a hearing will be held, given a copy of the Investigator’s report, and provided contact information for an assigned SON Advisor. Reporting Individual, Responding Student, and SAPC members will be notified of the date, time, and place of the hearing no later than five academic days after the hearing is decided to be warranted. All hearings will occur within 20 academic days after the hearing is decided to be warranted. Cases not heard within this period will be dismissed unless extenuating circumstances exist.

Advisors provide guidance regarding procedural issues relating directly to the allegation, investigation, and any related hearing. The Advisor has an obligation of confidentiality. Advisors are not permitted to present information at any time during the hearing. Advisors can attend the hearing and be present during any presentation of information to Appeals Committees; but are not present during Hearing Panel and/or Appeals Committee discussion and decision.

Witnesses: The Reporting Individual and Responding Student may ask witnesses to speak during the hearing. Advisors may not serve as witnesses. Witnesses will appear in person and can be asked questions by the Hearing Panel as well as the Reporting Individual or Responding Student (as applicable.) Witnesses will not receive data acquired by the Investigator. Names of witnesses must be presented to the ADSA (or SAPC Chair as applicable) at least eight academic days prior to the hearing. Names of all witnesses will be provided to the hearing members, Reporting Individual, and Responding Student at least six academic days prior to the hearing.

Hearing Procedures: The hearing will occur prior to any action being taken by the SAPC to recommend sanction. If the Responding Student admits that s/he committed the alleged misconduct, SAPC will be given access to the Investigator’s report and the hearing will be held only to determine recommended sanctions. When the Responding Student does not admit misconduct, the hearing proceeds as follows.
The Responding Student will appear at the hearing unless s/he waives this right. Without prior notification to the SAPC Chair, failure to report to the hearing will result in the following action:

- Failure to participate on the part of the Reporting Individual: This may lead to dismissal of the charge. However, the SAPC will consider the specific circumstances and may, within its discretion, continue the hearing process without the Reporting Individual.
- Failure to participate on the part of the Responding Student: The hearing decision is made based on information made available to the Investigator during the investigation process. The Responding Student’s right to further speak to the alleged misconduct or answer additional questions is waived.

The Hearing Panel will be comprised of SAPC faculty members, excluding the member who served as the Investigator for the case in question.

If any involved party perceives a potential conflict of interest with any member of the SAPC, a specific written declaration of this potential conflict of interest will be presented to the SAPC Chair within two academic days of receiving the list of witnesses. If the SAPC Chair agrees that a potential conflict of interest exists, s/he will appoint a replacement from the appropriate member category (e.g. faculty member of the committee).

If any involved party perceives a potential conflict of interest with the SAPC Chair, a specific written declaration of this potential conflict of interest will be presented to the ADSA within two academic days of receiving the list of witnesses. If the ADSA agrees that a potential conflict of interest exists, s/he shall appoint a replacement.

The only persons allowed in hearings will be:

- Responding Student and his/her SON Advisor and legal counsel if desired (for an organization, the organization may be represented by two members, and accompanied by an Advisor)
- Reporting Individual
- Witnesses while testifying
- Investigator
- SAPC Chair and committee members (Hearing Panel)
- ADSA

The hearing will be recorded by such means as lends itself to completeness, accuracy, and security (e.g., audio and/or video recording). Upon written request, any student found to have engaged in misconduct and subject to an adverse decision of the Hearing Panel may request and obtain a transcription of the proceedings at this/her own expense.

The SAPC Chair (or replacement) will preside over the hearing and decide all questions of procedure and conduct of the proceedings. S/he will administer affirmations to witnesses and members of the Hearing Panel and may recess or adjourn the hearing upon request of any Hearing Panel member, participating party, or his/her own motion upon such terms and conditions as s/he deems just.
Opening Remarks and Procedural Clarification

- Official record of proceedings will be recorded (state mechanism for doing so).
- Purpose of convening to hear accusation of non-academic misconduct brought by (name of Reporting Individual) against (name of Responding Student).
- Due Process: Explains exhaustion of steps leading to the hearing phase.
- Explain the Chair’s role in the orderly conduct of the hearing and that s/he may consult with the Associate Dean of Student Affairs on policy.
- Explain the role and composition of the SAPC and identify the SAPC members serving as the Hearing Panel.

Introductions: State name, role (Reporting Individual, Advisor, Responding Student, Responding Individual Legal Counsel (as applicable), SAPC member (faculty or student representative, Witness).

Affirmations

- Hearing Panel members are identified and asked: “Do you, as Hearing Panel members, affirm to justly and fairly weight documentary and witness information and to cast your vote based solely upon the information presented, and to follow the instructions of the Chair?”
- Witnesses are identified and asked: “Do you affirm to accurately and factually present information specific to the matter reviewed in this hearing, and to follow the instructions of the Chair?”
- All in Attendance: “Do you affirm to strictly hold in confidence all information presented today?”
- “Are there any questions before hearing the accusation of non-academic misconduct?”

Procedure

- Presentation by Investigator (or the person presenting the accusation and the supporting information) of the accusation and testimony of Reporting Individual.
- Questioning of Reporting Individual
  - By Hearing Panel
  - By Responding Student
- Presentation of information by Witness (as applicable) in support of the accusation.
- Questioning of Witness for the Reporting Individual by the Hearing Panel and the Responding Student.

  [If more than one Witness, Chair calls for next witness to present, followed by questioning by Hearing Panel and Responding Student. This process continues until all witnesses are heard.]

- Presentation of Responding Student’s accounting of events if desired (optional).
- Questioning of Responding Student by Hearing Panel.
- Presentation of information by Witness (as applicable) in support of Responding Student.
• Questioning of Witness for the Responding Student by Hearing Panel and the Responding Student.

[If more than one Witness, Chair calls for next witness to present, followed by questioning by Hearing Panel and Responding Student. This process continues until all witnesses are heard.]

• Presentation of counter or rebuttal information by the Reporting Individual (optional).
• Presentation of counter or rebuttal information by the Responding Student (optional).
• Hearing Panel members may ask final questions (if any) of either party, if desired.
• Closing statement by Reporting Individual.
• Closing statement by Responding Student.

Closure of hearing by the Chair
The SAPC Chair makes the following statements:

• No student can be compelled to testify at any SAPC hearing nor to answer questions posed by the Hearing Panel; no inference can be drawn by the Hearing Panel against a potential student Witness due to his/her failure or refusal to testify or respond to questions.
• The person(s) making any claim(s) or change(s) against the Responding Student which, if true, constitutes misconduct warranting discipline, will not carry the Burden of Proof.
• “Burden of Proof,” for the purpose of this hearing, will mean that the Hearing Panel must be made to believe that more likely than not the Responding Student has committed one or more of the claims or changes offered and that said claim(s) or change(s) constitute misconduct warranting discipline. (Mandatory instruction in all cases)
• Therefore, if you believe that (name Responding Student) has engaged in misconduct of the following nature: (list each claim or charge), then you will vote against the individual on said claim or charge. If you do not believe misconduct has occurred, your vote will be in favor of the individual upon such claim or charge, proceeding in the manner to each claim or change until all are voted upon. (Mandatory instruction in all cases)
• The Hearing Panel will next deliberate in private and outcomes will be communicated to the Responding Student within three business days. All non-Hearing Panel participants are now excused from the hearing.

Private Hearing Panel Deliberation: Determination of whether the Responding Student committed the alleged misconduct will be made by secret ballot of the Hearing Panel members. The decision will be based on a simple majority of all present, eligible voting members. The SAPC Chair and Investigator are present for deliberation. The SAPC Chair will not vote except in the event of a tie. The Investigator does not vote.

There will be a separate vote by secret ballot on the recommended sanction. When appropriate, more than one sanction may be imposed. The sanction will be determined by a majority vote of the Hearing Panel. The Chair will vote only in the case of a tie. The Investigator does not vote.
Sanction options in order of increasing severity for non-academic misconduct are:

- **Warning**: Notice in writing that continuation or repetition of conduct found wrongful, within a period stated in the warning, may be the cause for more severe disciplinary action.
- **Disciplinary Probation**: Disciplinary probation shall have as its purpose the rehabilitation of the student or organization and may include suspension of specified privileges for a definite period not to exceed two years. Disciplinary probation may also require the student or organization to participate in specified activities, including one counseling information session, or may prescribe any program that is deemed just and fair under the circumstances of the case.

The authority imposing this sanction (SAPC Chair) may assign any qualified person within the University community, other than an undergraduate student, to act as a probation supervisor. The probation supervisor should report periodically to the ADSA. If the probation supervisor should report that the student is not fulfilling probation requirements, the case will be reviewed by the SAPC Chair, who may recommend additional sanctions.

- **Campus/Community Service**: Students or organizations may be required to complete a specified number of service hours to an identified campus or community agency. The authority imposing this sanction (SAPC Chair) may assign any qualified person to serve as the service supervisor. If the service supervisor should report that the student or organization has not fulfilled the service requirements, the case will be reviewed as in Section III.
- **Student Suspension**: Exclusion from University privileges and activities as set out in the order after a hearing for a definite period not to exceed two years. The conditions of matriculation shall be stated in the order of suspension.
- **Organization Suspension**: Exclusion from University privileges and activities as set out in the order after a hearing for a definite period not to exceed two years. The conditions of reinstatement shall be stated in the order of suspension.
- **Student Expulsion**: Termination of student status for a minimum of 2 years. The conditions of readmission, if any, shall be stated in the order of expulsion.
- **Removal of Organization Registration**: Termination of registered organizational status for a minimum of 2 years. The conditions of re-authorization of organizational registration, if any, shall be stated in the order of removal of registration.

"Extenuating circumstances" may be deemed acceptable grounds for deviation by SAPC from these sanctions. Students or organizations who admit to misconduct may appear before SAPC to request a deviation from standard sanctions.

Findings from the hearing will be forwarded to the ADSA and Dean of the School of Nursing by the SAPC Chair within two business days after the recommendation(s) have been formulated. Findings will include the Hearing Panel’s decision of whether non-academic misconduct was committed. If the committee finds that non-academic misconduct was committed, they also
will recommend one or more sanctions to the Dean, who will make a final determination of the sanction(s) to be imposed and will notify the student.

Formal written notification of the Dean's decision will be sent to the Responding Student from the office of the Dean within five business days by certified mail. A copy of the notification will be provided to the ADSA to be included with hearing notes retained for ten years. If the Responding Student is licensed and found to be in violation of this policy, and as applicable, the individual may be reported to the licensing agency and/or state in which s/he is licensed.

**Appeals** of the Dean's decision may be made to the Appeals Committee. The Responding Student may appeal either the finding that non-academic misconduct occurred or may appeal the sanction. The Dean's decision is binding unless the Responding Student files an appeal with the Appeals Committee within 10 business days from the date of the written notification of the Dean's decision.

All appeals will be considered as expeditiously as possible after receiving the written request for an appeal. Appeals must be based and sustained on the grounds that the decision of the Hearing Panel was arbitrary and capricious. When filing an appeal, the Responding Student will state with specificity why s/he believes the decision was arbitrary and capricious.

The Appeals Committee, consisting of the following members, are appointed by the School of Nursing Steering Committee at the beginning of each academic year.
- Three faculty, one of whom is designated as chair. Two alternates are also designated should an appointed faculty have a conflict of interest.
- One undergraduate and one graduate student. Two alternates are also designated should an appointed student have a conflict of interest.

Members of SAPC, Advisors, and individuals involved in the alleged incident are not eligible to serve on the Appeals Committee.

**An Appeals hearing will be conducted as follows:** Notification to required participants of scheduled Appeals Hearing will occur no more than 10 business days from receipt of the appeal by the Appeals Committee Chair.

Prior to the hearing, the Appeals Committee will review records from the original Hearing Panel. Members of the SAPC who will be questioned by the Appeals Committee can review the records and evidence on the original hearing and deliberations before participating in the hearing.

The hearing is presided over by the Chair of the Appeals Committee. The Chair decides all questions of procedure, evidence, and conduct of the proceedings. S/he may recess or adjourn the hearing, upon request of any Appeals Committee member, Responding Individual, counselor, or his/her own motion upon such terms and conditions as s/he deems just.
• The Responding Individual or his/her Advisor will present the reason for appeal to the Appeals Committee.
• The Appeals Committee will ask relevant questions to the appellant and any invited original Hearing Panel members.
• The appellant is advised that the Appeals Committee will deliberate in private and their finding will be communicated to the Responding Student, the ASDA, and the Dean within five business days.
• The Appeals Committee discusses the information presented and then votes on whether the appeal meets the above-stated grounds to be considered arbitrary and capricious. A simple majority is required.
  o If sanctions are found to be arbitrary and capricious, the sanctions are removed.
    No alternative sanctions are considered or imposed.
  o When sanctions are not found to be arbitrary and capricious, the sanctions remain and are immediately enforced.

NOTE: When presented by the Responding Student, the relevance of a documented disability will be considered in respect to the conduct or behavior that has precipitated the possible nonacademic misconduct.

**School of Health Professions Students**

The University of Kansas Medical Center/The University of Kansas Health System is at once both a campus for education and a hospital complex devoted to the diagnosis and treatment of the sick. Thus, it is imperative that students conduct themselves in such a manner as to maintain both the professionalism which typifies those who dedicate themselves to the maintenance of health through education, service and research, and the hygienic conditions most conducive to that maintenance of health.

Since the student has chosen to become a health care professional, it is the administration's view that such professionalism reflected by appropriate behavior, appearance, and personal hygiene should begin on the first day of school and continue throughout the career.

We expect students to express a concern and respect for the rights, dignity, and contributions of all people regardless of differences, in all interactions – including with peers, faculty, and recipients of health care services. Indeed, an ability to understand the beliefs, attitudes, and values of other individuals and to value their contributions is a crucial trait for successful and effective practice.

KU Medical Center offers frequent opportunities to explore and enhance your understanding of diversity, equity and inclusion. Your practice and professional career both will benefit from
thoughtful incorporation of these principles.

**Notification and Scheduling Performance Activities:** The department chair or program director, in collaboration with faculty, has the responsibility and discretion to schedule all tests, examinations, other performance requirements and activities and final examinations with due regard for any procedures of the School of Health Professions, the Office of Graduate Studies and/or any school offering a particular course.

At the beginning of a course, students should receive a schedule of all evaluation activities, including performance requirements, observations, papers, major examinations, any final examination or other required activity, as well as a statement of the policies governing the use of individual performance results in computing and assigning grades.

Students are responsible for keeping track of their grades each semester and for recognizing when their anticipated course grade is below course and program standards or places them in academic jeopardy in any way. Students are expected to seek assistance from the course instructor at such times, or sooner if they feel they need support from faculty to be successful.

Course instructors provide students with information about performance standards in the course syllabus; they are not expected to provide additional warnings concerning a particular student's prospects for an unacceptable course grade.

**End of Semester:** The program will notify the student in writing if semester grades result in a change of status in the program (i.e., good standing, probationary status, dismissal).

**Grade Policies**
- Undergraduate Programs – The letters A, B, C, D, I, F (and S and U for certain approved courses) are used in the School of Health Professions. Departments may have specific policies about the requirements and outcomes for particular grades; students are responsible for this information. All other regulations on grading specified in the Handbook for Faculty.
- Graduate School – The minimum criteria for grading is outlined in the Handbook for Faculty; the department may select higher criteria for graduate school performance.

**Academic and Nonacademic Misconduct:** Each program has rules regarding academic and non-academic misconduct. Students have the responsibility to know these rules. In addition to program rules, the School of Health Professions has its own rules regarding academic and nonacademic misconduct:

Academic misconduct includes, but is not limited to, the following:
- Giving, receiving, or utilizing unauthorized aid on examinations, assignments, preparation of notebooks, themes, reports, projects, and/or other assignments or undertakings
- Misrepresenting the source of academic work
- Copying from a textbook or class notes during a closed book exam
- Taking a test or writing a paper for another student
• Securing or supplying in advance a copy of an exam without the knowledge and consent of the instructor
• Using non-approved technology during an exam
• Falsifying clinical hours or student data
• During clinical education, engaging in any unprofessional behavior, inappropriate acts or omissions which place the patient in jeopardy
• During clinical education concealing and not reporting any illegal, unethical, fraudulent or incompetent acts of others
• During clinical education, committing any breach or violation of the confidence of a person being served
• Committing unethical practices in conducting and/or reporting research.

Nonacademic Misconduct, Definition: Students and student organizations are expected to conduct themselves as responsible and professional members of the university community. Nonacademic misconduct includes any violation of the university policy on prevention of alcohol abuse and drug use on campus and in the workplace as well as any other published University policies applicable to School of Health Professions students.

While on University premises or at university-sponsored or supervised events, students and organizations are subject to disciplinary action for violations of published policies, rules, and regulations of the university and Kansas Board of Regents, and for the following offenses:

Offenses Against Persons include, but are not limited to, the following:

When a student:
1. Threatens the physical health of another person; places another person in serious bodily harm; uses physical force in a manner that endangers the health, welfare, or safety of another person; or willfully, maliciously, and repeatedly follows or attempts to make unwanted contact with another person (students, patients, visitors, faculty, staff, co-workers).
2. Exhibits inappropriate sexual behaviors with students, patients, visitors, faculty, staff, or co-workers.
3. Possesses or carries any firearm, weapon, or explosive on University premises.
4. Falsely reports a bomb, fire, or other emergencies.
5. Is convicted of a misdemeanor or felony involving crimes against persons (e.g. assault, battery, physical or sexual abuse).* (See below)
6. Is convicted of a misdemeanor or felony related to moral turpitude (e.g. prostitution, public lewdness/exposure, etc.).* (See below)

*In this context, “conviction” is intended and understood to include pleas of guilty, pleas of nolo contendere, and diversion agreements.
Offenses Against Property include, but are not limited to, the following:

When a student:
1. Knowingly and without proper consent or authorization has in his or her possession the property of another person, the University, or any clinical site.
2. Knowingly and without proper consent or authorization removes, uses, misappropriates, or sells the property of another person, the University, or any clinical site.
3. Willfully or maliciously damages or destroys property owned or in the possession of another person, the university, or any clinical site.
4. Obtains the property of another person by misrepresentation or fraudulent means.
5. Misuses, damages, or alters any fire fighting or other safety equipment.
6. Enters the facilities of, or uses the property of another person, the University, or any clinical site without proper consent or authorization.
7. Knowingly, and without proper payment, uses the services of the University or any clinical site that require payment of a charge.

Offenses Against the Orderly Process of The University may be committed, but are not limited to, the following:

When a student:
1. Intentionally causes or attempts to cause a substantial disruption or obstruction of classroom or clinical teaching, research, administration, disciplinary proceedings, other University learning activities, or other authorized, permitted, or constitutionally protected activities on University premises, including employment, recruitment, and public service functions.
2. Knowingly furnishes false information to the University, faculty, or staff; or a student, applicant, or former student forges, alters, misrepresents, or misuses University documents, records, or instruments of identification.
3. Misuses computing resources in violation of university policy.

Offenses by a Student Organization or Campus Organization.
Organizations may be held responsible for conduct in accordance with guidelines applicable to individual students. Organizations may be held responsible for their conduct determined to be a recognized group activity regardless of location (on or off University premises) or University supervision or sponsorship. Organizations may be sanctioned in a manner suitable to circumstances, similar to those outlined for individual students.

Other offenses include, but are not limited to, the following:

When a student:
1. Is convicted of a misdemeanor or felony for the sale, possession, distribution, or transfer of narcotics or controlled substances. * (See below)

*In this context, “conviction” is intended and understood to include pleas of guilty, pleas of nolo contendere, and diversion agreements.
2. Is impaired or under the influence of alcohol or other drugs while in clinical settings or on University premises.
3. Displays unprofessional dress including visible tattoos.
4. Misses a clinical experience without notice and a valid reason, or leaves a clinical experience without notice and a valid reason.
5. Uses University broadcast email for personal purposes (e.g., to sell a personal item or promote a non-KU Medical Center event. (Per the University of Kansas Medical Center Operational Protocol: Email)
6. Commits any other acts or omissions which, if the student were a credentialed practitioner, could result in discipline by the credentialing agency.

**Actions related to academic and non-academic misconduct:** If, following the program policies and procedures regarding due process, a student is found to have violated regulations or to have engaged in academic or nonacademic misconduct, the student may receive admonition, warning or censure and/or be subject to reduction of grade, academic or disciplinary probation, suspension, or dismissal.

**Sanctions for Academic or Non-Academic Misconduct:** Sanctions for academic misconduct or non-academic misconduct should be determined and imposed to maintain the integrity of the academic program and the rights of all individuals; maintain the mission of the University and its intellectual environment and to assist in the education of the student responsible for the academic or non-academic misconduct.

Types of sanctions include:

1. Warning: A formal written warning for the student’s acknowledgment and signature; the signed warning to be placed in the student’s department or program record
2. Probation: Probationary status imposed with or without restrictions for a definite period of time not to exceed one calendar year. A student is subject to suspension or dismissal if involved in any academic or non-academic misconduct, including violations of the terms of the probation, while on probation.
3. Suspension: Involuntary separation of the student from the university for a definite period of time after which the student is eligible to return. The student is subject to immediate dismissal if involved in any subsequent act of misconduct after the suspension has been imposed and/or lifted.
4. Dismissal: Involuntary separation of the student from the University. See section on Due Process.

**Informing Students:** During the orientation period each student will sign and date a statement indicating they have access to and have read the department/program policies, the regulations and conditions related to academic misconduct and nonacademic misconduct, and the School of Health Professions student handbook.

At the beginning of each course, every instructor shall make clear the rules for the preparation of classroom assignments, collateral reading, notebooks, or other outside work so that students
may not, through ignorance, subject themselves to the charge of academic misconduct.

**Due Process** constitutes the procedural safeguards that ensure students receive fair and impartial treatment.

Faculty are expected to deal directly with students when an action that occurs in their courses causes concern. Course materials (i.e., syllabus) should outline expectations and consequences.

The department chair or program director will implement the program policies and resources to address alleged situations of academic or non-academic misconduct and to provide for due process when the situation is not resolved with the faculty.

**School Appeals Procedure For Academic and Non-academic Misconduct:** Appeals procedures apply to situations in which the student wishes to appeal a proposed suspension or dismissal due to alleged misconduct. Grades are the purview of the instructor and department or program, and will not be considered in the school's appeals process. Each program in the School of Health Professions has policies that are pertinent to that program. Students are responsible for following the procedures within the program before they may file an appeal with the School.

Proposals to suspend or dismiss a student for misconduct shall be sent from the department chair or program director, in writing, to the dean of the School of Health Professions, the vice chancellor for academic affairs, and to the student. The letter shall specifically recite those facts and circumstances relied upon by the program for recommending the proposed discipline. To access the SHP appeals procedure, the student must file, in writing, a Notice of Appeal to the dean of the School of Health Professions within two (2) weeks of the date of the chair's or program director's recommendation of discipline.

**Procedure for filing the Notice of Appeal**
- The student must submit the written Notice of Appeal after completing all steps to attempt resolution through department or program procedures.
- The written appeal must include a statement regarding why the student wishes to appeal the proposed suspension or dismissal, including a description of efforts to resolve the matter within the program. The dean of the school will initiate the appointment of an appeals committee and charge the committee as specified in this policy.

**Composition of the School Appeals Committee**
- There will be five members on the appeals committee.
- No one directly involved with the grievance will be eligible to serve on the appeals committee.
- The dean of the school will appoint a chair and two persons from the faculty to serve on the appeals committee. The dean will request that the student and the program each select an additional faculty member to serve on the committee.
Other Matters: The chair or program director of the department will decide if the student will be allowed to continue in the program until the appeals procedure is complete, providing such continuance in the School or in a clinical experience will not seriously disrupt the University or clinical site or constitute a danger to the health, safety, or welfare of patients, staff, faculty or other persons.

Should any final appeals decision occur after the first day of classes in a subsequent semester, and the final appeals decision is grounds for the student’s discontinuance in the program, the policies of the KU Medical Center Office of the Registrar will determine whether or not a tuition refund will be allowed. No part of this procedure is meant to preempt University policy.

School Appeals Committee Responsibilities: The committee is responsible for determining whether the student’s proposed suspension or dismissal was for proper cause and was reasonable. The committee will make this determination by conducting a fair and impartial hearing, including a review of materials and information related to the student appeal. Since each program has policies and rules governing its particular program, it is not the purview of the appeals committee to evaluate the department’s or program's policies.

School Appeals Committee Process and Hearing Procedures

1. Committee Process
   a. The committee will meet within two weeks of their appointment to consider the Notice of Appeal.
   b. Each party associated with the appeal will submit materials and the name of the individual that they have asked to serve on the committee to the associate dean in the School of Health Professions. The associate dean will provide copies of the materials to the committee, the department/program representative and to the student(s). The program and the student(s) should also provide the associate dean names of individuals who will provide testimony at the hearing. This information will be provided to the chair of the committee.
   c. Neither the student nor the program will be allowed to have legal counsel participate in the hearing. However, the student will be allowed to have a faculty or faculty advisor present at the hearing to assist in the student’s appeal presentation to the committee.
   d. Each party will have the right to present testimony, call witnesses and question witnesses related to the appeal.
   e. The hearing will be audio recorded and this will be part of the record which will be held for five (5) years.
2. Conduct of the Hearing.
The designated chair shall preside at the hearing; call the hearing to order; introduce the student(s), program representative and the committee members; review with the student that he/she has waived his/her FERPA rights to confidentiality based on the appeal request; and review with the committee any extraordinary procedures to be employed during the hearing. The chair of the committee shall be responsible for assuring the hearing proceeds in an orderly and fair manner.

a. General Rules
   i. The chair of the committee shall preside over the hearing and shall make appropriate introductions of the parties and provide a description of the hearing procedures.
   ii. All requests to address the committee shall be addressed to the chair.
   iii. The chair will rule on all requests, evidentiary matters, witness concerns, and procedural points of order. In appropriate circumstances regarding hearing procedures and evidentiary matters, the chair shall have the right to declare an executive session in order to confer with committee members.
   iv. Common courtesy, respect, professionalism, and decency shall be observed at all times.
   v. The student shall bear the burden of persuading the committee that the proposed discipline is without proper cause and is unreasonable.

b. Opening Statements.
   i. The chair shall make opening remarks outlining the general nature of the student’s appeal.
   ii. The student may make an opening statement to the committee regarding the reasons for the appeal.

c. Department Evidence.
   i. The department/program shall present its evidence in whatever form it chooses, including testimony from witnesses.
   ii. The committee may question witnesses at any time.
   iii. The student may question each witness at the conclusion of his/her initial testimony.

d. Student Evidence
   i. If the student has not elected to make a statement earlier under b.ii. above, the student shall have the opportunity to make a statement to the committee about the suspension or dismissal charge prior to presenting evidence.
   ii. The student may present evidence in whatever form he or she chooses, including testimony from witnesses.
   iii. The committee may question the student’s witnesses at any time.
   iv. The department/program may question each of the student’s witnesses at the conclusion of his/her initial testimony.
v. The student shall have the right to offer his/her own testimony but shall not be required to do so.

e. **Rebuttal Evidence**

The committee may permit the program and the student to offer rebuttal evidence or testimony to the other’s presentation.

### 3. Rights of the Committee.

The committee shall have the right to the following:

a. Hear cases involving more than one student proposed for discipline which arises out of the same action or occurrence; provided, however, the committee shall make separate findings and recommendations for each student;

b. Permit the incorporation into the record by reference of any documentation produced and desired in the record by the program or the student;

c. Question witnesses or challenge other evidence introduced by either the program or the student at any time;

d. Call additional witnesses or require additional investigation;

e. Exclude any person from the hearing who interferes with or obstructs the hearing or fails to abide by the rulings of the chair of the committee.

### 4. Rights of the Student(s).

The student(s) shall have the right to:

a. Be present at the hearing;

b. Examine evidence presented to the committee prior to the hearing;

c. Question witnesses present and testifying;

d. Present evidence by witnesses or documentation; and

e. Make a statement to the committee in mitigation or explanation of the conduct in question.

### 5. Determination by the Committee.

The committee shall make its factual findings and recommendations in executive session out of the presence of the department or program representative and the student(s) charged. The committee will deliberate on the merits of the case based on fair and impartial review of the information presented: A vote will be taken to determine the recommendation that will be put forward to the dean of the school.

The committee will provide the dean with the results of its vote, along with a written report of its findings within three working days of completing deliberations. The dean has the responsibility to consider all of the underlying information and the recommendation of the committee and to make a final decision regarding the matter. The dean will notify the student and the program in writing about the decision within one week of receiving the committee’s summary and recommendations. The decision of the dean is not appealable.

7. Record of the Hearing.

The notice, exhibits, audio record, and the findings and determination of the committee and the dean’s letter to the student shall become the “Record of Case” and shall be filed in the Office of the Dean of the School of Health Professions for five (5) years.

Faculty

Sanctions: The sanctions listed here are formal sanctions and are steps taken beyond local complaints at the program or department level about a faculty member’s performance; i.e., verbal admonitions to improve or change one's behavior, or negative comments concerning a faculty member’s performance as may be stated in the annual evaluations. One or more of the following sanctions, listed in order of increasing severity, may be imposed for proscribed conduct by a faculty member.

Although listed in order of severity, the sanctions need not be applied serially, and a more serious sanction may be applied without a less serious one having been previously applied. Sanctions i, ii, iii, and iv below are considered corrective and are not subject to appeal. Sanctions under v below are considered punitive and may be appealed.

a. Warning. Notice in writing that continuation or repetition of conduct found wrongful, within a period of time stated in the warning, may be cause for more severe disciplinary action.

b. Restitution. Reimbursement for damage to or misappropriation of property. This may take the form of appropriate service or other compensation.

c. Recommendation of Censure. Recommendation to the dean of the applicable school that a faculty member be formally reprimanded.

d. Recommendation of Suspension with Pay. Recommendation to the dean of the applicable school that a faculty member be excluded from teaching and other specified privileges or activities for a definite period not in excess of two years.

e. Recommendation of Suspension without Pay or Dismissal. Recommendation to the dean of the applicable school that a faculty member be suspended without pay or dismissed.

Appeal and Adjudication of Corrective Actions and Non-Punitive Measures: If the Dean’s decision results only in the imposition of corrective actions or non-punitive measures, there is no appeal, and the decision of the dean shall be final.

Adjudication Procedure: If the dean’s decision results in a punitive sanction such as suspension
without pay or dismissal, the respondent may appeal the decision through the appropriate
procedure contained in Section VIII.L. of this Handbook.

**Procedure for Appeal of Suspension without Pay or Dismissal (Failure to Meet Academic
Responsibilities, Personal or Professional Misconduct, Improper Use of Social Media,
Discrimination, or Research Misconduct)**

**General Principles**: Circumstances that might result in a recommendation for dismissal or
suspension without pay include, but are not be limited to a for-cause disciplinary sanction
arising from failure to meet academic responsibilities, personal or professional misconduct,
improper use of social media, discrimination, or research misconduct.

There are no informal resolution procedures to reverse a decision for dismissal. Questions
concerning faculty appeal rights should be addressed to the Vice Chancellor for Academic
Affairs.

**Purpose and Jurisdiction of the Appeal Procedure**: The procedure is restricted to appeals
based on the following grounds: (a) that the dean had no reasonable basis in fact for selecting
the appellant for suspension without pay or dismissal, or the selection was arbitrary and
capricious, or (b) that improper procedures were followed in dismissing the appellant.
Individuals who may use this procedure include all tenured faculty and
probationary faculty whose dismissal will occur before the end of their term appointment,

Regarding procedural issues related to suspension without pay or dismissal, the appellant may
use the following links to access information related to the subject.

- a. Research Misconduct
- b. Personal or professional misconduct
- c. Improper use of social media
- d. Discrimination
- e. Post Tenure Review
- f. Failure to meet academic responsibilities

**Burden of Proof**: The faculty member shall bear the burden of proof in appeals under this
procedure to show that the dean had no reasonable basis for selecting the appellant for
dismissal or the selection was arbitrary and capricious or that improper procedures were
followed.

**Access to Information**: The faculty member shall have access to all relevant information in the
possession of the administration to aid in preparing his or her case in an appeal.

**Responsibility for Implementation**: The Executive Vice Chancellor is responsible for
administering the appeal mechanism to review faculty claims that resulted in dismissal or
termination or suspension without pay.
**Timelines:** The date upon which a written appeal from the appellant is received by the Office of the Executive Vice Chancellor shall be referred to as the appeal filing date. Time limits set forth in these procedures may be extended by the Vice Chancellor for Academic Affairs at his or her discretion, or upon written request to the Vice Chancellor for Academic Affairs from the appellant or the University. The Vice Chancellor for Academic Affairs shall inform the parties when extensions of the time limits are made.

**Appeal Procedure**

**Details of Appeal Procedure**
The appellant must file a written appeal with the Office of The Executive Vice Chancellor within 20 business days after receiving written notification of proposed dismissal or suspension without pay. The appeal must include the basis for the appeal and provide information that supports that basis. For example, if an appeal is based on procedural violations, the appellant must explain what procedures were applied and why they were improper.

- Upon receipt of the appeal, the Executive Vice Chancellor shall inform the Vice Chancellor for Academic Affairs that an appeal has been filed.
- The Executive Vice Chancellor will request briefings from the complainant and respondent, as well as information from the appropriate hearing committee (e.g. Medical Center Hearing Committee, Research Misconduct Committee).
- The Executive Vice Chancellor will review the information and provide a final written decision to the complainant, respondent, the Vice Chancellor for Academic Affairs and the applicable dean within 20 business days from receipt of all materials requested of the parties and the applicable committee. The Executive Vice Chancellor may request an extension from the Vice Chancellor for Academic Affairs.

**Records Management:** The Vice Chancellor for Academic Affair shall maintain all records for appeals filed pursuant to these procedures, including the appeal, the response, summaries, and other pertinent materials considered in the course of the process, the administrative response, and any documentation which confirms that administrative actions were taken. Records shall be retained in the Vice Chancellor for Academic Affairs for at least five years.

**Changes and Amendments to Policy and Procedures:** Policy and/or procedural changes and amendments to this process shall be made jointly by the Faculty Assembly Steering Committee, the Vice Chancellor for Academic Affairs, and the Executive Vice Chancellor.

**Fellows and Residents (Graduate Medical Education Students)**

**Suspensions and Terminations:** The corrective actions that KUSOM and Medical Center may impose are suspension and termination. Corrective actions are based on individual circumstances and shall not be graduated or sequential.
**Cause:** A resident’s participation in a GME program is expressly conditioned upon satisfactory performance by the resident in all aspects, academic and non-academic, of their training program. If a resident’s performance or conduct are unsatisfactory or inconsistent with the educational objectives and goals of the program, with the Medical Center’s standards of patient care, with the objectives and missions of the School, or with the terms of the Resident Agreement, immediate corrective action may be taken. Corrective action may also be taken if the welfare of patients or their families is endangered by a resident’s conduct, if the resident’s conduct or performance reflects adversely on the Program or School, or if the resident’s behavior disrupts or endangers the personnel or operations of the Program, Professional Practice or Medical Center.

The program, school, or Medical Center is under no obligation to pursue suspension prior to proposing termination. In those cases where, in the view of the institution or its representatives, such action is warranted, termination may be the initial corrective action proposed.

Specific indications for corrective action include, but are not limited to:

a) failure to satisfactorily resolve first or second probationary status. A resident on probationary status may be proposed for corrective action if, based on their evaluations during the probationary period, or in the judgment of the Program Chair and Program Director, they:

   i. show further deterioration in their performance;
   ii. are identified as having additional deficiencies;
   iii. continue to show unsatisfactory performance after completion of one or two probationary periods, consecutive or non-consecutive;

b) impairment;
c) intoxication while on duty, or other abuse of alcohol or drugs;
d) dereliction of professional duties and responsibilities;
e) conviction of a felony or of a “Class A” misdemeanor, whether or not related to the practice of medicine or surgery. In this context, “conviction” is understood to include pleas of guilty, pleas of *nolo contendere*, and diversion agreements;
f) unethical or unprofessional behavior;
g) insubordination;
h) harassment of staff, patients, or personnel including, but not limited to, sexual harassment or racial or ethnic discrimination;
i) inability to perform the essential duties regularly required of all residents, with or without an accommodation, in a program;
j) revocation or suspension of a license to practice medicine in any jurisdiction;
k) failure to maintain a DEA or DEA is suspended or revoked;
l) other conduct or performance of the resident that places the safety or health of Medical Center patients, their families, members of the public or Medical Center personnel in jeopardy; or
m) placement on the excluded providers listing maintained by the Federal Government.
n) Revocation of permission to rotate to clinical sites and complete essential training required of all residents.

**Administrative Leave** is neither a corrective action nor a remedial status and does not, in and of itself, entitle the resident to due process and fair hearing. The purpose of administrative leave is to allow the resident to:

a) meet with the Program Director and/or Department Chair to fully understand the cause(s) for the proposed corrective action and, if possible, come to an agreement with the Program Director, Department Chair, DIO or designee concerning the steps that must be taken to avert the imposition of the corrective action
b) pursue the rights to due process and fair hearing; and
c) receive the summary letter notification of corrective action.

Placement on administrative leave relieves the resident of all program duties and academic activities until:

a) the resident indicates they do not wish to avail themselves of the hearing process and accepts the proposed corrective action;
b) the proposed corrective action is averted based on agreement between the Program Director and the resident; or
c) the Executive Dean takes action, based on the recommendations of a hearing committee.

Placement on administrative leave suspends all patient care and clinical/animal research activities of the resident. Resident access to patient care information, including medical records, is suspended.

The resident shall continue to receive all stipends and benefits during periods of administrative leave.

The minimum initial period of administrative leave shall be seven (7) days.

**Authority**: The authority to propose or initiate a corrective action is reserved for the resident's Program Chair and Program Director.

**Enforceability**: To be enforceable, all corrective actions must be processed pursuant to the policies and procedures for GME contained herein.
Initiation and Notification of Proposed Corrective Action and Due Process: If the resident’s Program Director or Department Chair finds a valid cause for corrective action, they shall provide written notice to the DIO or designee of their intent to initiate corrective action. The Program Director and/or Department Chair will then prepare a written notice of proposed corrective action stating the cause(s) for and the nature of the proposed corrective action. The notice shall also inform the resident of their right to a hearing pursuant to the due process provisions established herein.

After the DIO has been notified, the Program Director and/or Program Chair shall meet privately with the resident to review and a summary document will be provided at this point with the notice of proposed corrective action and its cause(s) and to inform the resident of the fair hearing process.

At the end of this meeting, the Program Director and/or Program Chair, and the resident shall co-sign the notice of proposed corrective action and the resident will be placed on administrative leave. Signature by resident indicates receipt of the document and does not necessarily constitute agreement with the contents of the document. The resident and the DIO will be provided a copy of the co-signed notice.

Within 24 hours of the conclusion of the meeting with the resident, the Program Director or Department Chair will notify the faculty of the program and the DIO. The DIO will inform the Chief of Staff of the University Hospital, the President of the University of Kansas Physicians, and the Chief Medical Officer of the proposed corrective action, its cause(s) and of the placement of the resident on administrative leave. The DIO will also notify the Dean’s Office and provide the Dean’s Office with a copy of the co-signed notice of proposed corrective action. GME leadership should notify the HR business partner regarding administrative leave. The resident will have seven working (7) days of administrative leave from the date of the meeting to respond, in writing, to the summary of the proposed corrective action. The resident may:

   a) accept the summary of the proposed corrective action and the terms of rescission, if any. In this case, the resident will provide a written statement of acceptance to the Officers of the Program and the DIO or their designee, or,

   b) indicate to the Program and the DIO, in writing, the intent to pursue an appeal and hearing.

All documents, summaries, notices, responses on the part of the parties to the proposed corrective action, or copies thereof, become a part of the resident’s permanent file.

Upon receipt of the resident’s response to the proposed corrective action by the Officers of the Program, copies of all pertinent records and documents, including all evaluations, summaries, notices and responses on the part of any party to the proposed action will be provided to the DIO and the Office of General Counsel.
**Status of Salary and Benefits for Residents Subject to Corrective Action:** The resident will continue to receive all compensation and benefits during any periods of administrative leave and during the period between notification of proposed termination and its final resolution.

If the corrective action is averted or rescinded, or if the hearing process produces a finding for the resident and the resident is reinstated, and the time spent on administrative leave exceeds the allowed amount of vacation time, an equivalent period of training may be required to be made up at the end of the resident’s terminal appointment to satisfy the length of training requirements for the program.

The resident will receive academic credit toward completion of postgraduate training for those periods during which the resident served in good standing or while on probation. No credit is awarded for periods of administrative leave or for time lost during appeal or hearing processes relating to a proposed corrective action.

**Suspension** is the temporary revocation of any or all of a resident’s clinical, academic, and/or administrative privileges, rights and/or responsibilities without pay.

A period of suspension is intended to allow the resident an opportunity to definitively address significant, persistent, or recurrent deficits in their performance or behavior that, if uncorrected, would prevent his/her successful completion of the program. **Suspension is inappropriate if the resident’s deficiencies and/or behavior are considered irredeemable or if the resident has been previously suspended.**

**Length** -- No less than seven (7) days and no more than thirty (30) days during the term of the resident agreement.

**Terms and Conditions:** The Program Director and/or Department Chair must meet with the resident to initiate suspension by the seventh (7th) day of administrative leave following notice of proposed suspension to review the summary of proposed suspension with the resident. The following items must be discussed with the resident and included in the summary of proposed suspension:

a) the specific deficits in their performance or behavior that are considered the cause(s) for the proposed suspension;

b) the specific clinical, academic and administrative duties and activities from which the resident is proposed to be suspended;

c) the specific length of the proposed suspension;

d) the specific steps that must be taken to correct the cause(s) for the proposed suspension;

e) the right of the program and institution to pursue termination of the resident’s appointment should the cause(s) for the proposed suspension persist at the end of the suspension; and
f) the provisions for due process and the right of the resident to pursue an appeal and hearing.

Resolution: Once a suspension is, in fact, imposed, the Program Director or Chair will meet with the resident no later than the last day of the specified period of suspension and advise him/her of the resolution of the suspension. There are three possible resolutions:

a) If, in the judgment of the Chair and Program Director, conditions for rescission of suspension are adequately met, the resident shall be returned to duty no later than the day following the last day of the period of suspension; or

b) If the resident is enrolled in a treatment or therapy program recognized and/or approved by the Program Director and Chair as a part of the terms and conditions of suspension, the resident will be placed on a leave of absence until the resident’s treatment or therapy has progressed to the point that the resident can return to duty.
   i. Such leave of absence will commence on the day following the last day of the period of suspension.
   ii. The institutional and program policies with regards to leaves of absence will apply.
   iii. Should treatment or therapy be incomplete or unsuccessful in the opinion of the individual responsible for the supervision and management of the resident’s care, or should the Program Director and/or Chair become aware of a relapse or recurrence of the impairment, the resident may be proposed for termination; or

c) If, in the judgment of the Chair and Program Director the conditions for rescission of suspension are not adequately met, or if other deficiencies or performance deficits are identified, the resident will be proposed for termination.

Limitations

a) The maximum cumulative time that any one resident may spend on suspension is thirty (30) days during their GME program.

b) The maximum number of suspensions for a given resident is one (1).

c) Residents who have previously been suspended in their GME program and who require additional corrective action will be proposed for termination.

Termination is the severance of a resident’s appointment to the resident staff and of all obligations of and benefits to the parties to the Resident Agreement, excepting those specifically identified below.

Residents who are proposed for termination will be placed on administrative leave and relieved of all academic and clinical duties and activities pending final resolution of their status.

The Program Director and/or Department Chair must meet with the resident to review the summary of proposed termination with the resident. The following items must be discussed with the resident and included in the summary of proposed termination:
a) the specific deficits in their performance or behavior that are considered the cause(s) for the proposed termination, including, if applicable, the dates of the previous suspension which prevents the resident from being suspended again;
b) the effective date of the proposed termination, usually the morning of the eighth (8th) working day after the meeting to discuss summary of proposed termination;
c) the continuation of the resident’s administrative leave pending final resolution of the resident’s status; and
d) the provisions for due process and of the right to appeal and hearing.

If termination is, in fact, imposed, the resident will:

a) receive their stipend up to the effective date of the termination if not already suspended;
b) receive applicable health insurance and other benefits if not already suspended;
c) vacate any and all call rooms, laboratories, and/or office spaces provided by the KUSOM OR TUKHS, if any, on or before the effective date of the termination;
d) return all KUSOM OR TUKHS property on or before the close of business on the effective date of the termination of the resident’s appointment, including, but not limited to pagers, hospital scrubs, meal cards, keys, and identification badges;
e) be billed for any monies owed to the KUSOM including, but not limited to, parking tickets and fees, and/or library fees or fines.

Non-Promotion: A resident may not be promoted to the next level of training if their performance does not meet the expectations defined by the program. In this case, the resident will repeat part or all of the training year. Summative evaluations will be utilized to make decisions about promotion to the next level of training. A resident may be non-promoted until their performance improves to the required level.

Non-Renewal of Agreement: A Program Director may elect to non-renew a resident’s agreement for reasons such as below. This is not a conclusive list.

1. Consistent less than satisfactory or below average evaluations by the faculty
2. Failure to correct deficiencies leading to probation during the probationary period
3. Consistent and multiple complaints about interpersonal relationships with patients, peers, professional staff, support staff, or physicians with whom the resident interacts during the resident’s training program
4. Consistent delinquent episodes of work assignments
5. Failure to comply with the special requirements of the residency program (i.e., procedure documentation, research projects, conference attendance, etc.)
6. Participation in non-sanctioned activities (i.e., moonlighting) without written permission of the Program Director
7. Violation of University, Medical Center rules or regulations
8. Failure to pass Step III of the USMLE or Level 3 of COMLEX exam before the end of the PGY2 year
9. Such other cause as, in the opinion of the Program Director, makes it advisable to not renew the Resident Agreement

**Reporting Obligations and Voluntary Withdrawal from a Program:** The School will comply with the obligations imposed by state and federal law and regulations to report instances in which a resident is subject to corrective action for reasons related to alleged mental or physical impairment, incompetence, malpractice or misconduct, or impairment of patient safety or welfare.

Consistent with School policy and applicable state and federal laws and regulations, the resident proposed for corrective action may voluntarily withdraw from a Program at any time after the initial notice of the proposed action, or at any time during appeal and hearing process up to the actual commencement of the hearing.

**Grievances:** A grievance procedure is available to residents for resolution of problems relating to their appointments or responsibilities, including differences with the School, Program, or any representative thereof. The School ensures the availability of procedures for redress of grievances, including complaints of discrimination and sexual harassment, in a manner consistent with the law and with the general policies and procedures of the University of Kansas and the School. The grievance process is available to all residents in the programs sponsored by KUSOM.

**Grievable Matters** are those relating to the interpretation and application of, or compliance with the provisions of the Resident Agreement, the policies and procedures governing GME, the general policies and procedures of the University, School and/or Hospital, including academic or other disciplinary actions taken against the resident that could result in probation, dismissal, non-renewal of resident agreement, non-promotion of a resident to the next level of training or other actions that could significantly threaten a residents’ intended career development, and adjudication of resident complaints and grievances related to the work environment or issues related to the program or faculty. Questions of capricious, arbitrary, punitive or retaliatory actions or interpretations of the policies governing GME on the part of any faculty member or officer of the program are subject to the grievance process.

**Non-Grievable Matters:** Actions on the part of the University, School, and/or Hospital based solely on administrative considerations are not subject to interpretation and are therefore non-grievable. These matters should be addressed through the normal resolution process. Attempts to remediate a deficiency, such as an individual learning plan or performance improvement plan is an academic improvement strategy designed to improve a resident’s proficiency in one or more of the ACGME Core Competencies or Milestones. Remediation is not a disciplinary action, but rather an educational tool to help remediate areas of unsatisfactory academic performance, and as such, a resident may not appeal these attempts to remediate.
**Grievance Procedure:** Residents are entitled to an equitable system of appeal if they receive a disciplinary action regarding academic and/or professional performance. Each residency program is responsible for determining the academic standards required for satisfactory progress through each year of training and the completion of the requirements. Residents are entitled to participate in the grievance procedure in the event a disciplinary action concerning residency status is taken. A disciplinary action occurs when (1) a resident is placed on probation, (2) a resident is placed on suspension, (3) a resident is not promoted to the next year of training, (4) a program elects not to renew the resident agreement, or (5) a resident is terminated from a residency training program. If any of these actions are taken, the resident is entitled to a grievance hearing.

Complaints of illegal discrimination including failure to provide reasonable accommodation of disabilities and sexual harassment are processed in accordance with School policies and procedures administered through the Equal Opportunity Office.

In all other cases:

a) The resident will first discuss any grievance with the Program Director and/or Department Chair. In programs that provide formal faculty mentors, the resident’s mentor should be involved in all such discussions. Issues can best be resolved at this stage and every effort will be made to achieve a mutually agreeable solution.

b) If the grievance is not resolved to the satisfaction of the resident after discussion with the Chair and/or Program Director, the resident has the option to present the grievance, in writing, to the Office of GME. In situations where the grievance relates to the Chair or Program Director, the resident should present the grievance in writing directly to the DIO or their designee.

c) The DIO or an appropriate designee will meet with the resident, the Program Director, the Chair and one or more of the program’s chief residents to determine the validity of the complaint and to determine any means of redress.

d) Should the meeting with the DIO or their designee, fail to resolve the grievance to the satisfaction of the resident, the resident may request that they be heard by the SOM Executive Dean. Any action(s) taken in good faith by the Executive Dean addressing the grievance will be final.

**APPEAL AND FAIR HEARING**

The University of Kansas Medical Center assures the resident the right to appeal any corrective action proposed by the Program or Institution. All appeals must be processed pursuant to these policies and procedures. The fair hearing process is intended to provide an objective review of the disciplinary action and its cause(s).

**Appealable Matters:** Any proposed corrective action is appealable upon the resident’s receipt of written notice of the proposed action.
Non-Appealable Matters: Questions of fairness in the treatment of the resident, placement on probation, non-renewal of contract, or a determination not to promote a resident and other such matters are not appealable but may be subject to the grievance procedures described in section 13 of this Manual.

Requests for Hearing: The resident will have until the seventh (7th) day following receipt of a summary of proposed corrective action to file a written request for hearing with the Program and the DIO or their designee.

The request must be delivered to the DIO by email or trackable delivery method (i.e. UPS, FedEx, certified mail). The DIO will then forward the request to the Executive Dean.

Waiver and/or Failure to Request a Hearing: A resident may elect to waive the right to hearing by delivering a written waiver to the DIO by email or trackable delivery method (i.e. UPS, FedEx, certified mail). The DIO will then forward the written waiver to the Executive Dean prior to the seventh (7th) working day following receipt of a summary of proposed corrective action.

A resident who fails to request a hearing within the time and in the manner specified above waives any right to such hearing and to any appeal or review.

In those cases where the resident waives the right to hearing, either explicitly or through failure to request, the corrective action becomes effective immediately or on a date determined by the Program Director.

Hearing Committee: Upon receipt of a valid request for hearing, the Dean of KUSOM, through the DIO or their designee will convene a hearing committee.

The committee shall consist of four members of the clinical faculty of KUSOM–Kansas City and one member of the resident staff. All clinical faculty members shall be from outside of the resident’s program. The committee shall include:

a) a clinical Department Chair selected by the Dean
b) a member of the Clinical Faculty selected by the Dean,
c) a Program Director selected by the Dean,
d) a resident selected by the appealing resident, and
e) a member of the Clinical Faculty selected by the resident.

The resident selected by the appealing resident may be from any of the programs sponsored by the KUSOM-Kansas City.

No one who has been personally involved in the events that led to the proposed corrective action or otherwise have any interest that would affect the objectivity and fairness of the hearing may serve on the committee.
The Dean reserves the right to modify the membership to assure the integrity and impartiality of the hearing committee.

The DIO, or a designee, will be in attendance at the hearing as an impartial observer.

The committee shall elect or appoint a chair of the hearing committee from among the faculty members of the committee.

Legal counsel may not be present for the hearing.

**Date, Location and Staffing of the Hearing:** The hearing should occur within twenty-eight (28) working days of the receipt of the request for hearing at a time and location specified by the chair of the hearing committee.

Any hearing held greater than twenty-eight (28) working days after the request for hearing must be due to circumstances beyond the control of the hearing committee, the resident, the Officers of the Program, and/or KUSOM.

Under no circumstances will the hearing commence more than forty-two (42) working days after the request for hearing is received. Delay in the commencement of the hearing beyond this limit due to the actions, or failure to act, on the part of either the program or the resident, may result in a finding against the delaying party.

The DIO or their designee will staff the hearing.

**Notice of Hearing:** Written notice of the date, time and location of the hearing will be delivered email or trackable delivery method to the resident and the program director no less than seven (7) working days before the hearing.

The resident and the program director will exchange supporting documentation via the DIO or their designee:

a) Any documents to be used by either side (the resident or the program) must be presented to the DIO or their designee and the Program Director of the resident’s Program no less than seven (7) working days before the hearing.

b) All supporting documents submitted to the DIO or their designee by both sides, including those collected as part of the regular corrective action process, will be supplied to the resident, the program director, and the members of the hearing committee by the DIO or their designee when they are completely collected, but no later than five (5) working days before the hearing.

c) Any documents brought to the hearing by either party that were not submitted in advance will be reviewed on a case-by-case basis by the chair of the hearing committee. The chair’s decision to include or exclude such documents will be
final and is not appealable/greivable. Any documents accepted by this method at the hearing will be provided to all parties.

**Presiding Officer:** The chair of the hearing committee will be the presiding officer and will act to maintain decorum.

The presiding officer shall assure that all participants have a reasonable opportunity to present relevant oral and documentary evidence and will determine the order of the proceedings, making all rulings on matters of procedure and the admissibility of documents, evidence and testimony.

**Personal Presence:** Failure of the resident requesting a hearing to appear at the proceedings shall constitute a waiver of the right to be heard in the same manner as if no appeal or request for hearing had been made. The Chair of the hearing committee will determine if a resident has failed to appear.

Failure of a Program Director who endorsed the proposed corrective action to appear during the hearing shall result in a finding for the resident and reinstatement to the Program.

**Presentation of Evidence and Testimony:** The hearing need not be conducted strictly according to the rules of law relating to the examination of witnesses or presentation of testimony or evidence.

The resident shall have the following rights:

- a) to call and examine witnesses,
- b) to introduce evidence submitted according to section 14.7.2 of this Manual,
- c) to cross-examine any witness on matters relevant to the issue of the hearing,
- d) to challenge for cause any witness or rebut any evidence, and
- e) to decline to testify in their own behalf.

The resident and Program Director or Chair will be given equal opportunity to be heard for such amounts of time as deemed fair and reasonable by the presiding officer.

The Program Director’s evidence and testimony will be presented first and will be followed by the resident’s evidence and testimony.

Proper objections may be made during the presentation of evidence and testimony.

At the conclusion of the resident’s evidence and testimony, the Program Director will present a brief rebuttal and closing statement to be followed by the resident’s rebuttal and closing statement.

Both parties shall be present for the entire hearing.
The resident will be allowed to submit a prepared written statement at the close of the hearing.

**Burden of Proof:** Evidence presented by the Program Director or chair must support the proposed corrective action. Thereafter, the burden shifts to the resident to come forward with evidence showing cause why the proposed corrective action should not be taken.

**Record of Hearing:** An electronic record of the hearing will be kept. The Office of GME will choose the method of recording and arrange for any necessary equipment or personnel.

The resident will be provided with one copy of the record at no cost. Additional copies will be subject to duplication fees.

**Deliberations and Report of the Hearing Committee:** Within seven (7) working days of final adjournment of the hearing, the committee, exclusive of the parties, will meet to deliberate and produce a final written report of its findings, its recommendations and the basis for its recommendations. The deliberations of the hearing committee will not be recorded or transcribed.

The deliberations of the hearing committee will be closed to all but the members. The DIO or designee will be present as an observer and advisor on policy matters but will not have a say or vote.

In the course of deliberations, the committee will develop a recommendation, complete with a summary of the supporting facts and rationale, with regards to the proposed corrective action, and the written statement of the recommendation will constitute the committee’s report.

The committee may recommend:

a) finding for the resident, rejection of the proposed corrective action, and reinstatement of the resident to good standing;

b) finding for the resident with placement on probation and issuance of a formal reprimand, warning, or suspension, provided placement on probation or suspension will not lead to the resident’s exceeding the limits imposed with regards to the maximum number of probationary periods;

c) finding for the resident with placement on probation, subject to the limits imposed with regards to the maximum number of probationary periods, and recommendation for other remedial actions such as additional training, counseling or referral for evaluation and/or treatment;

d) finding for the Program with specified modification(s) of the proposed corrective action; or

e) finding for the Program with endorsement of the proposed corrective action.
Within seven (7) working days of the adjournment of the committee’s final deliberations, the presiding officer will deliver the committee’s written report to the resident, the Program Director, the Department Chair, the DIO or their designee, and the Executive Dean of KUSOM.

**Action by the Executive Dean:** Within seven (7) working days of the receipt of the committee’s report, the Executive Dean will review all documents relating to the proposed corrective action and take final action on behalf of KUSOM.

The Executive Dean may:

- a) Concur with the report of the committee, in which case the committee’s recommended course of action will be initiated immediately.
- b) Reject the report of the committee and take whatever other appropriate actions they deems necessary.

Within three (3) working days of the Dean’s review and action, the Executive Dean shall communicate the results to the DIO or their designee, the Program Director, Department Chair and the resident. The Director or Chair is then responsible for the communication of the Dean’s action to the Chief of Staff of the Hospital and the Medical Director of the Professional Practice Group.

The decision of the Executive Dean is final and no further appeal is available.

**Additional Policies Relating to Appeal and Hearing:** The resident shall remain on administrative leave throughout the entire appeal and hearing process, and shall not participate in the clinical, academic and/or administrative activities of the program during the appeal, hearing and Dean’s review proceedings.

All documents generated by the activities of the hearing committee during the appeal and hearing process shall be maintained in the DIO or their designee in a file separate from the resident’s permanent departmental file. Should the Executive Dean’s final review produce a decision adverse to the resident, this documentation will become a part of the resident’s permanent record. Should the Executive Dean’s review find for the resident, all documents related to the appeal and hearing will be maintained in the DIO or their designee in a separate file.

The resident is entitled only to the due process, appeal and hearing rights and procedures accorded to the resident staff as set forth in these policies and procedures. Under no circumstances will the resident be entitled to the due process, hearing and appellate rights granted to physician members of the Medical Staff or to members of the Faculty of KUSOM.

Should a resident’s appointment expire while the resident is subject to a corrective action or involved in the fair hearing process, the resident will not be offered a new appointment unless and until the hearing and Dean’s review results in a finding for the resident. The resident will
however continue to receive their previous salary and benefits until the conclusion of the fair hearing process.

**Unclassified Professional Staff**

**Reappointment, Notice of Non-Reappointment, Discipline, and Termination**

a. Term of Appointment – Unclassified professional staff appointments are normally made on a year to year basis. Unless a limited term of appointment has been stated or previous notice of non-reappointment has been given, all appointments to unclassified professional staff positions will be automatically renewed on July 1 of each year. In accordance with Kansas Board of Regents policy (Section F.2.C(2)), and Medical Center Policy, the first six months of an Unclassified Professional Staff member’s initial appointment shall be "at the pleasure of" the Executive Vice Chancellor and, as such, the provisions of Subsections b. and c., below, shall not be applicable to that initial six months of employment. (modified 12/05/06)

b. Notice of Non-Reappointment

- Upon recommendation of the Chair or Director of the appropriate school or division, and after review by the appropriate Vice Chancellor or Dean, or a designated representative, notice of non-reappointment will be sent to the holder of such appointment. Such individuals may be reassigned to other duties for the balance of the fiscal year (rev. 10/23/97). For individuals with three or more years of continuous service, notices of non-reappointment should be mailed at least three months in advance of the expiration date of the annual appointment (no later than March 31 of the year in question).
- Externally Supported Grants and Contracts It is recognized that the positions of some unclassified professional staff members may be funded from externally supported grants and contracts, and that termination of such support provides a bona fide cause for termination of appointment without the usual notice.
- Financial Exigency/Program Discontinuance or Reorientation In the event of termination because of a discontinuance or reorientation of a program, or termination at any time due to budgetary constraints, the appropriate budgetary unit will assist the affected staff member in seeking transfer to other budgetary units of the University of Kansas, or to other state agencies, or in seeking other employment. If a state of financial exigency impends, no unclassified professional staff member should be terminated solely to create a position for a tenured faculty member.
- A staff member who asserts that a decision to give notice of non-reappointment constitutes a violation of established procedures of the University or of the unit should first review the proposed action with the immediate supervisor taking the action. Such review should normally be sought within 10 days of the date of notice of the proposed action. The employee may appeal the matter to the next highest level of administration if a satisfactory resolution is not reached within 10 days of the date the appeal was raised. If the matter is still unresolved after
review by the second level administrator, the employee may reduce the issues to writing clearly indicating the policy or procedure that was allegedly violated by the action and providing a brief description of the facts involved. This written appeal shall be presented to the Chief Human Resources Officer, who shall advise the employee of the remaining steps in the appeal process which will vary depending on the unit in which the person is employed.

c. Suspension, Demotion or Termination – Employees may be disciplined for either issues of performance or conduct. An unclassified staff member may be terminated, suspended without pay, or demoted because of inadequate performance of duties, disciplinary reasons, or other good cause. Generally an employee will receive the minimum disciplinary action appropriate to the misconduct or other infractions committed, taking into consideration prior history as well as the nature of the misconduct or infraction. When an instance of misconduct or poor job performance is determined to be of a serious nature, the suspension, demotion, or dismissal of an employee may occur in the absence of any prior discipline. Unclassified professional employees who are proposed for suspension without pay, involuntary demotion involving a reduction in pay, or termination shall be entitled to receive a written statement from the Chief Human Resources Officer which sets forth the reasons for the proposed discipline. A staff member who wishes to contest or otherwise appeal the proposed discipline, shall have the right to utilize the following procedures:

- The employee should first review the proposed discipline with the immediate supervisor proposing the action within five working days after notice of the proposed action. Efforts to resolve a proposed disciplinary action are to be made at the lowest possible reporting level and are to be appealed to higher reporting levels only if a solution is not reached. If a satisfactory resolution is not reached within 10 working days of the date the matter was taken to the immediate supervisor, the employee may appeal the matter to the next levels of administration up to, and including, the department/unit Chair or Director. Appeals through these levels of administration should be concluded within a total of 20 working days. If there is ultimate resolution in favor of the employee, the employee shall be made whole with regard to pay and benefits.

- Should satisfactory resolution through the administrative levels, cited above, be unsuccessful, the employee may appeal to the Unclassified Appeals Committee. The employee shall reduce the issues to writing, clearly indicating the facts and matters which are contested. The employee's written statement shall be submitted to the employee's immediate supervisor and to the Chief Human Resources Officer for the Appeals Committee's consideration. The Appeals Committee shall be established by the following procedure: the employee, ("the appellant"), shall designate an unclassified professional staff member who is not from the employee's department and is willing to serve on the Appeals Committee; the employee's immediate supervisor who proposed the discipline, (the “respondent”) shall designate an unclassified professional staff member who is not from the employee’s department and is willing to serve on the Appeals Committee; and the Chief Human Resources Officer shall designate third
unclassified professional staff member who is not from the employee’s department, is unbiased, and is willing to serve on the Appels Committee. The Appeals Committee member appointed by the CHRO shall serve as the Appeals Committee Chair and shall have the power to conduct a fair and orderly hearing and rule on questions of relevance and evidence. The appeals Committee shall convene the hearing of the employee’s appeal within 14 working days after the Appeals Committee is established. The following procedural rules shall apply to the hearing:

1. The appellant and respondent shall exchange lists of witnesses and exhibits at least three working days before the hearing.
2. Unless all parties agree that the hearing shall be public, the hearing shall be closed to all but the parties and witnesses. The records and recommendations of the Appeals Committee may refer to the type of case heard but no public reference shall be made of the names of the parties or the witnesses involved. The appellant shall bear the burden of persuading the Appeals Committee that the proposed discipline is unreasonable based upon the facts presented by the parties.
3. Each party shall have the right to a full examination of the witnesses and evidence presented, including the opportunity to cross examine witnesses.
4. The hearing shall be as informal as possible. Formal rules of evidence shall not apply.
5. Each party may represent himself/herself or may be represented by an advisor of his/her choice. However, representation by legal counsel is not encouraged. A recording or other permanent record of the hearing proceedings shall be made by the Appeals Committee.
6. After hearing the evidence and arguments presented, the Appeals Committee shall deliberate and decide, by majority vote, on a written recommendation which shall be forwarded to the Vice Chancellor for Administration. The recommendation shall: summarize the evidence received the basis of the factual findings reached by the Appeals Committee, and include the Appeals Committee's rationale for its recommendation. Each party to the hearing shall receive prompt written notice of the Appeals Committee's recommendation. Within five days of the recommendation's issuance, the employee may appeal and/or contest the Appeals Committee's recommendations to the Vice Chancellor for Administration. Subsequent to this appeal by the employee to the Vice Chancellor for Administration, or if no appeal is taken, the decision of the Vice Chancellor accepting or rejecting the Appeals Committee recommendation shall be implemented and shall not otherwise be appealable.
University Support Staff

Adverse Actions: Contained herein are the official University of Kansas Medical Center Procedures for USS Adverse Actions. These procedures document the handling of matters pertaining to (1) misconduct, and (2) poor performance. The matters are handled on two separate tracks, though there may be cases where the bright line between misconduct and poor performance blurs, and in such a case it would be appropriate for one track to be chosen as the primary method of addressing the adverse action, but information from the other track may also be included as relevant to the department’s overall handling of the situation.

All administrators, supervisors, and USS employees should become familiar with these procedures. Please contact the Human Resources Department with any questions. No decision-making with regard to discipline for any employee shall change solely because of the transition from Classified to USS.

Misconduct: The University of Kansas Medical Center has adopted a progressive system of discipline to be used in cases of misconduct. Generally, the progressive system provides that an employee will receive the lowest form of discipline that is found to be appropriate to the misconduct but that is capable of serving as both an individual and general deterrent to any similar misconduct of that type in the future. Progressive discipline must also take into consideration prior employment history, including the existence (or lack of) prior discipline, as well as the nature and seriousness of the misconduct.

Steps which may be included in KU Medical Center’s program are: (1) informal counseling; (2) formal written counseling; (3) suspension without pay; (4) demotion; and/or (5) termination of employment (dismissal).

In cases of first occurrence, for minor disciplinary situations or infractions deemed non-serious, the informal counseling may be verbal, though it may be done in writing, or followed up in writing to ensure there is a good record of issues discussed and/or that there is no lack of clarity between supervisor and employee. The counseling may solely be documented in a supervisor’s file, log or notes, or it may be included in the employee’s official personnel file at the Human Resources office. The informal counseling may also subsequently be referenced as having occurred in any later disciplinary actions in order to document that the step has occurred within a progressive discipline process.

However, when an instance of misconduct is determined to be of a serious nature, the Medical Center may bypass any or all of the established steps within the above noted progressive discipline system. In such cases, the supervisor or manager proposing discipline may proceed immediately to the level of disciplinary action deemed to be appropriate and commensurate with the seriousness of the misconduct. Specifically, the supervisor or manager may propose a formal written counseling, suspension, demotion, or dismissal of an employee in the absence of any prior, lesser discipline. Employees so disciplined will retain all applicable appeal rights.

Note on the use of suspensions. A permanent employee may be suspended without pay for no more than thirty (30) working days. If a longer suspension is desired, the situation is inherently serious enough to be considered grounds for termination of employment.
Examples of Misconduct

a. Grounds for dismissal, demotion, or suspension of a permanent employee for conduct detrimental to KU Medical Center include all grounds recognized by Kansas statute and established case law, and include but are not limited to the following:

1. gross misconduct or conduct grossly unbecoming a KU Medical Center or employee;
2. a conviction for of a criminal act on the KU Medical Center premises, or against a KU Medical Center employee or member of the public seeking to engage with KU Medical Center; or a criminal act where there is a sufficient connection between the act and the position held that KU Medical Center can inherently no longer retain its trust and confidence in the employee;
3. willful misappropriation of state funds, materials, property or equipment;
4. making a false statement of material fact in the employee’s application for employment;
5. participation in any action that would in any way seriously disrupt or disturb the normal operation of the agency, institution, department or any other segment of state government;
6. trespassing on the property of any state official or employee for an improper purpose;
7. willful damage to or destruction of KU Medical Center materials, property or equipment;
8. willful endangerment of the lives, safety or property of others;
9. possession of unauthorized firearms or other lethal weapons while on the job;
10. assault or battery; otherwise generally mistreating, neglecting or abusing a fellow employee or member of the public;
11. refusal, failure or inability to accept a reasonable and proper assignment, directive or instruction from an authorized supervisor (insubordination);
12. refusal, failure or inability to abide by established policy and/or procedure, including the tobacco-free policy in place on campus;
13. consuming alcohol or drugs during the work day and/or being under the influence of alcohol or drugs while on the job;
14. knowingly releasing confidential information;
15. use of the employee’s state position, use of the employee’s time on the state job, or use of state property or facilities by the employee in connection with a political campaign;
16. exhibiting other personal conduct detrimental to state service which could cause undue disruption of work or endanger the safety of persons or property of others;
17. gross carelessness or gross negligence;
18. sexual harassment arising out of or in connection with employment;
19. serious violations of any formal KU Medical Center policy or procedure;
20. failure to maintain satisfactory and harmonious relationships with the public and fellow employees;
21. habitual or flagrant and improper use of leave privileges;
22. habitual pattern of failure to report for duty at the assigned time and place or failure to remain on duty;
23. unsatisfactory customer service, including cursing and either crude or foul language;
24. habitual or flagrant disregard or violations of established, department-specific policies (e.g., KU Medical Center Police Department manuals, written “Core Values” or applicable Law Enforcement Code of Ethics, etc.).
25. any other conduct generally deemed to be unacceptable or beyond the norms and values of a professional workplace and institution of higher education and health care; or conduct that is KU Medical Center discrediting conduct; or conduct that is otherwise detrimental to the good order and discipline of the University or a department.

Procedure for Imposing Adverse Actions – Misconduct or Poor Performance: If the supervisor and department head determine an employee should be disciplined at the level of a suspension, demotion or termination, the department shall prepare a memorandum addressed to the Director of HR ESC explaining the circumstances, the proposed action, and the reasons in support.

1. If the recommendation is found to be reasonable, the Director shall send to the employee, by certified mail, return receipt requested, a notice stating the reasons for the proposed action and the proposed effective date of such action, which shall not be less than three (3) calendar days nor more than fourteen (14) calendar days following the date the notice of such action is personally delivered to the employee or deposited with the post office as certified mail. The notice shall also include a statement which gives the date, time, and place for the employee, if he or she chooses, to reply in writing or appear in person or both before the Director, as the designee of the Appointing Authority, on the issue of the proposed dismissal, suspension, or demotion. Any such reply and/or appearance shall be prior to the time such dismissal, suspension, or demotion was specified in the notice to become effective.
2. If the employee so requests, the Director may extend the time for reply and/or appearance if the circumstances warrant. The proposed dismissal, suspension, or demotion shall not become effective until after the extended period has expired or until the effective date given in the notice, whichever is later.
3. If conditions warrant, the Director may relieve the employee from duty or change the employee’s duties during the notice period. If the employee is relieved from duty during such period, the employee may continue in pay status by being placed on administrative
leave. This decision shall be made in the sole discretion of the Director, based on the circumstances of the situation.

4. The Director shall send the employee, by certified mail, return receipt requested, a copy of the final decision as to the suspension, dismissal, or demotion of the employee. The notice shall inform the employee of the right to appeal the decision to the KU Medical Center Appeal Board.

5. Any permanent employee finally dismissed, suspended, or demoted may request in writing within thirty (30) calendar days after the effective date of the dismissal, suspension, or demotion a hearing before the KU Medical Center Appeal Board to determine the reasonableness of such action; and the Board shall endeavor to grant the employee a hearing within forty-five (45) calendar days after receipt of such request. At the hearing, the burden of proof shall be upon the employee to establish that the Director did not act reasonably in taking such action.

6. The Director may withdraw or modify the action proposed to be taken against the employee at any time, in his or her discretion, up to the date of the hearing before the KU Medical Center Appeal Board.

**Dismissal of Probationary Employees**

1. **Grounds**
   A probationary employee may be dismissed at any time during the probationary period, for any reason considered by the Director to be in the best interests of the institution (e.g., poor performance, attendance issues, inefficiency or neglect, misconduct, failure to adapt to service at KU Medical Center, etc.).

2. **Procedure for dismissal**
   a. On or before the date of dismissal, the employee shall be sent/given a notice from the Associate Vice Chancellor of Human Resources stating the date the dismissal is effective. No reason for the termination need be provided.
   b. The notice shall also state the employee has an opportunity to appear before the Director or respond in writing to the dismissal.
   c. Following filing a response and/or appearing before the Director, the Director shall investigate any matters raised by the employee as may be appropriate, and shall notify the employee as promptly as possible as to the outcome. The decision rendered by the Director is final and there is no further appeal.

**KU Medical Center Appeal Board:** The University of Kansas Medical Center Hearing Board (“the Board”) hears appeals of adverse actions action taken to suspend, demote or dismiss a USS employee with permanent status. The following procedures outline the appeal process, composition and appointment of the Board and Board hearing procedures.
**Appeal Process**

1. A USS employee with permanent status may appeal a suspension, demotion or dismissal to the Board up to 21 calendar days after the effective date of the action. The appeal must be made in writing and filed with the Associate Vice Chancellor of Human Resources.

2. The appellant may, at his or her own expense, have legal or other representation and must provide the name of that representative and all contact information not later than 14 calendar days prior to the date of the hearing.

**Composition and Appointment of the Board**

1. The Board will be composed by 10 current employees of KU Medical Center who shall serve Board Members. These Board Members are to be appointed by the Executive Vice Chancellor and shall serve 2-year, rotating terms.

2. The Executive Vice Chancellor shall be willing to receive nominations for up to three potential Board members from any union representing KU Medical Center employees, provided such nominations are made prior to June 1 of each year, and that those nominated meet the high standards noted below. The Executive Vice Chancellor will consider all nominations properly presented.

3. The Executive Vice Chancellor will choose Board Members he or she believes to have a good judicial temperament, who will follow the requirements of law and policy and appropriate instructions, who will listen to both sides concerning matters properly at issue, and who will determine the relevant facts presented, upon which they will make a sound judgment. Additionally, the Executive Vice Chancellor will choose employees (faculty or staff) who hold or who have held supervisory or managerial positions at KU Medical Center.

4. These appointments for Board Members shall be made on or before the first day of each fiscal year. The Executive Vice Chancellor shall identify five of the ten Board Members to serve on any KU Medical Center appeals arising from July to December, and the other five of ten Board Members to serve on appeals arising from January to June.

5. The Board Members for an appeal cannot be from the same department as the employee bringing the appeal. Prior to serving on the Board for any appeal properly brought forward, Board Members will be expected to sign a statement confirming that the Board Member is unaware of any conflict of interest or any other reason that would preclude the Member from acting fairly and impartially in deciding the matter before the Board.

6. The parties to the appeal (the employee, as well as the manager or department head who proposed the action at issue) will also have the opportunity to indicate whether a Board Member should be precluded from a particular hearing. That party may “strike” such a Board Member. The objecting party shall have five calendar days from notice of Board Member appointment to notify the Associate Vice Chancellor of Human Resources of their “strike” of a particular Board Member. No reason need be given for the “strike” and no ruling need be made. Instead, the Board Member shall be notified that they need not serve.
7. No hearing shall commence with less than three Board Members. If for whatever reason there are less than three Board Members, then one or more of the five other Board Members selected to serve during the other six-month period of the year shall fill in as an alternate.

8. The Board Members shall elect a Chair among themselves prior to the start of each hearing. The Chair shall conduct the hearing and make relevant rulings, as may be required.

9. Board Members will be required to attend training presented by the KU Medical Center Human Resources department. The training will include information on the appropriate methods for conducting hearings, the rules regarding discipline governing the USS, and the role and responsibilities of Board Members and the Chair.

**Human Resources Responsibilities**

1. KU Medical Center HR will provide all logistical support for the Board. Those duties will include maintaining the appeal files, making arrangements for an audio recording of the hearing through a court reporter, establishing deadlines and other relevant dates for the exchange of witness lists and exhibits, copying and distribution, scheduling meetings and hearings, etc.

**Hearing Procedures**

1. When a written appeal is received by the Associate Vice Chancellor of Human Resources, a copy of the appeal will be provided as soon as possible to the respondent (the employee’s manager and/or department head) involved in the appeal.

2. Hearings should be scheduled by Human Resources within 45 calendar days of receipt of the appeal. Continuances will be considered and may be granted by the Associate Vice Chancellor of Human Resources, upon good cause being shown. Requests for continuance must be in writing and state the reasons for the continuance. The request must also contain alternative dates on which the requesting party is available. Such requests will be considered carefully and every effort will be made to ensure that hearings are scheduled quickly and efficiently, without working an unnecessary hardship on either side.

3. Each party must provide, in writing, a statement of the facts relevant to the matter, as well as a list of witnesses who are expected to testify and a brief written summary of the anticipated testimony of each, including the relevancy of the anticipated testimony, and a list of identified exhibits (documents, photos, etc.), along with copies of the exhibits themselves. All items listed here must be provided to the Associate Vice Chancellor of Human Resources by noon and no later than seven calendar days prior to the hearing. The appellant’s exhibits shall be marked in advance in numerical fashion (e.g., appellant’s exhibit number 1), and the respondent’s exhibits shall be similarly marked. The package of items listed here shall also be bound or stapled, paginated, tabbed, and shall include a table of contents. Each party shall provide one original copy, and Human
Resources shall make photocopies of the packages and provide them to all Board Members, the appellant, and the respondent.

4. When a witness list has been provided from either side, KU Medical Center HR shall send an advisory letter to the University witnesses with a copy to their supervisors and department heads, which will advise them about the need for their testimony. This letter shall indicate KU Medical Center’s strong preference that all relevant witnesses be made available for a hearing, upon appropriate request, but will also clarify that witnesses have a choice as to whether or not they shall participate. Time spent testifying shall be considered “work time” and vacation time need not be used. The letter will also advise witnesses that they will not be subjected to any form of intimidation or retaliation for agreeing to participate (or not participate), and that any attempt to intimidate or retaliate against an employee should be brought to KU Medical Center HR. Such allegations shall be promptly and thoroughly investigated. Should such allegations be substantiated, appropriate disciplinary action shall be initiated.

5. At the request of either party, witnesses may be sequestered during the hearing.

6. Hearings shall be held between 8:00 am and 5:30 pm.

7. All parties who testify at the hearing will be asked to swear or affirm as to the truthfulness of their statements before starting their testimony. A court reporter will administer the oath to all witnesses.

8. The evidentiary phase of the hearing shall be open. After the evidentiary hearing, the Board will adjourn to a closed session to deliberate on the personnel matter involving the disciplinary action imposed against the appellant.

9. At the hearing, the burden of proof shall be on the employee to establish that the Associate Vice Chancellor of Human Resources, or his or her designee, did not act reasonably in suspending, demoting or dismissing the employee, which means that the employee must prove by a preponderance of the evidence that the disciplinary action taken was arbitrary, unreasonable, and/or without appropriate factual basis.

10. Other than rules relating to privileges (attorney-client, spousal, etc.) the formal rules of evidence do not apply. Evidence should be material and relevant and should not be unnecessarily redundant or cumulative. Thus, the parties should be allowed to make objections and to explain their relevance prior to obtaining a ruling from the Chair. Hearsay shall be admissible, but shall be accorded only the weight deemed to be appropriate by the Board Members. Rulings on all objections shall be made by the Chair.

11. All hearings of the Board shall be recorded by a court reporter. All such recordings constitute part of the record of the hearing and shall be maintained by KU Medical Center HR as part of an appropriate file. Access to recordings shall be limited to the parties or their authorized legal representatives, and to members of the Board who heard the appeal. Transcripts may be made, at the sole expense of the requesting party, or by other agreement among the parties.

12. The Chair of the Board has the authority to conduct the hearing, and such authority shall include, but not be limited to, setting reasonable time limits for the presentation and cross-examination of witnesses, determining the relevance of testimony or evidence offered, ruling on asserted privileges, and determining the admissibility of evidence. If a party presents documents for consideration after the stated deadlines for submission,
and the opposing party objects to admission of those documents, the Chair may rule that the documents are not admitted, or, if good cause is shown, the Chair may rule that the documents are admitted but in that event, the Chair may need to call a recess and/or reschedule and continue the remainder of the hearing so that the other party is not prejudiced by the documents’ admission.

13. Each party to the appeal shall have an equal opportunity to make statements and to present arguments to the Board. Each party may present a 10-minute opening statement at the start of the hearing, before calling witnesses. The respondent shall present his or her case first, calling witnesses on direct examination. The appellant may cross examine each witness after his or her testimony, with the respondent having the opportunity for redirect. The appellant shall present his or her case, with direct, cross and redirect to follow, as noted above. Both parties shall then be granted 15 minutes for closing arguments, respondent first, appellant second and rebuttal close by the parties as may be requested. At the conclusion of closing arguments, the Board will adjourn into a closed session to deliberate.

14. After deliberation in the closed session, and when the hearing is reconvened with all parties present, the Chair will solicit a motion to recommend that the Executive Vice Chancellor uphold, modify or reverse the disciplinary action. Each Board Member will vote in public on that motion. The vote will be determined by a plurality. The Board will make every effort to render a decision on its recommendation at that time. If the Board cannot reach a decision because it has to deliberate for a greater amount of time, the Board will return to the hearing room and announce that more deliberations are needed and that the findings of fact, the vote, and recommended determination will be sent by mail to the parties at the conclusion of the extended deliberations.

15. The Board shall prepare its findings of fact and recommended determination within 15 calendar days from the date on which the hearing was held. However, the Chair of the Board may extend this time limit for good cause, as determined by the Chair. The Board will make findings based on the information presented by the parties at the hearing and recommend in writing to the Executive Vice Chancellor whether the action to suspend, demote or dismiss the employee was reasonable and should be upheld, modified or overturned, consistent with the majority vote of the Board Members. The written recommendations must be supported by statements of fact and conclusions based on the application of KU Medical Center policies, rules, and regulations. The findings of fact and recommended determination will include the names of the committee members making and seconding the motion, and the members’ votes on the matter resulting in the findings and recommended determination.

16. After review of the recommendations, the Executive Vice Chancellor will provide a written decision to both parties within 15 calendar days of receiving the Board’s written recommendation. The Executive Vice Chancellor may take into account any relevant evidence. It is anticipated, however, that the Executive Vice Chancellor will follow the Board’s recommendation. If the Executive Vice Chancellor chooses not to follow the Board’s recommendation, the Executive Vice Chancellor shall meet with the Board Members to discuss his or her rationale. The Executive Vice Chancellor’s decision is a
Exclusions or Special Circumstances: These appeal procedures are available only to the University Support Staff with permanent status. They are not available to USS employees in probationary or temporary status, nor are they available to members of the unclassified professional or academic staff or faculty.

Prohibition of Retaliation

Retaliation against persons who file discrimination complaints or persons who participate in an investigation of a complaint, whether by an individual directly involved or by associates of the individual involved, is a violation of law and University policy. Complainants who utilize these procedures or persons who participate in an investigation of a complaint should not be subjected to retaliation. Retaliation may take the form of unwanted personal contact from the respondent or giving additional assignments that are not assigned to others in similar situations, poor grades, or unreasonable course assignments. Phone calls, e-mail, or other attempts to discuss the complaint may be perceived as retaliation under certain circumstances. Disciplinary action, harassment, unsupported evaluations, or other adverse changes in the conditions of employment or the educational environment may also constitute retaliation. Retaliation will not be tolerated and could result in suspension, reassignment, salary reduction, termination, expulsion, or other disciplinary action.

Programs to prevent sexual assault, domestic violence, dating violence, and stalking.

The University has developed an annual educational campaign consisting of a wide variety of formats including in-person and virtual. Programs also include both passive events such as information/awareness tables as well as interactive programs with small groups geared toward provoking thoughts as well as a basic lecture style presentation that covers all issues related to Sexual Violence. Offices that provide these programs on campus include, but are not limited to, the Office of Academic and Student Affairs, Human Resources, the Office of the Vice Chancellor for Diversity, Equity & Inclusion, and the Equal Opportunity & Academic Compliance Office

Primary Prevention and Awareness Programs
• New Student Orientation - online training which provides that KU Medical Center prohibits all acts of sexual violence, as defined, and addresses sexual violence, dating violence, domestic violence, sexual assault, stalking, and prevention awareness through bystander intervention training and risk reduction options.
• New Employee Orientation - initial person training and ongoing online training provides that KU Medical Center prohibits all acts of sexual violence, as defined, and addresses sexual violence, dating violence, domestic violence, sexual assault, stalking, and prevention awareness through bystander intervention and risk reduction options.

Ongoing prevention and awareness campaigns

• Annual Compliance training for all employees and students - online training which provides that KU Medical Center prohibits all acts of sexual violence, as defined, and addresses the prevention of sexual violence, dating violence, domestic violence, sexual assault, stalking through bystander intervention and risk reduction options.

• Sexual Assault Awareness Week annual programming, including Bringing in the Bystander Intervention training, which discusses safe and positive options to be an active bystander, as well as Trauma Informed Examinations Education, and sexual violence awareness presentations.

• Rape Aggression Defense System (RAD) – Conducted by University Police on the Kansas City campus, but available to all campuses, this free 12-hour course is currently available to all female students on campus as requested and is annually made available to female employees as well.

• “Walk a Mile in Her Shoes” program – Nationally recognized event to promote awareness of domestic violence. This includes a partnership with Rose Brooks, a Kansas City, KS domestic violence shelter. The program is available in Kansas City; however, all campus personnel can attend.

• Situational Awareness Class- In person training conducted by University Police upon request to any department on campus and is usually offered at least once a month. This program provides education and strategies for staying safe in any environment.

• Unconscious Bias Training- in person or virtual live training offered through the Office of the Vice Chancellor for Diversity, Equity & Inclusion on a monthly basis or upon department request.

Bystander Education

Bystander Education programs provide participants with the skills to help them act when they see behavior that puts others at risk for violence, victimization, or perpetration. KU’s Bystander Education programs are coordinated with the new student and employee orientation training.

Bystanders can play a critical role in the prevention of sexual and relationship violence. Active bystanders can always dial 911 for help when it could be unsafe for the bystander to personally intervene. Active bystanders are encouraged to utilize a variety of intervention strategies including being direct, delegating to someone in a position of authority, or creating a distraction. Other positive options for bystander intervention include:

• If you see someone who looks like they could be in trouble or need help, ask the person if they are okay.

• Sometimes a silent stare of disapproval can be enough to change behavior.
• Confront people who are taking advantage of someone in a drunk or incapacitated state. Help the person leave the situation.
• Speak out when you hear sexist comments or jokes or discussions about taking advantage of another person.
• Know the campus resources and make referrals. If you don’t know the off-campus referral, contact KU Public Safety Office for a referral.

Risk Reduction

Risk reduction means options designed to decrease perpetration and bystander inaction, and to increase empowerment for victims in order to promote safety and to help individuals and communities address conditions that facilitate violence.

With no intent to victim blame and recognizing that only abusers are responsible for their abuse, the following are some strategies to reduce one’s risk of sexual assault or harassment (taken from Rape, Abuse, & Incest National Network, www.rainn.org)

1. **Be aware** of your surroundings. Knowing where you are and who is around you may help you to find a way to get out of a bad situation.
2. Try to **avoid isolated areas**. It is more difficult to get help if no one is around.
3. **Walk with purpose**. Even if you don’t know where you are going, act like you do.
4. **Trust your instincts**. If a situation or location feels unsafe or uncomfortable, it probably isn’t the best place to be.
5. **Try not to load yourself down** with packages or bags as this can make you appear more vulnerable.
6. **Make sure your cell phone is with you** and charged and that you have cab money.
7. **Don't allow yourself to be isolated** with someone you don’t trust or someone you don’t know.
8. **Avoid putting music headphones in both ears** so that you can be more aware of your surroundings, especially if you are walking alone.
9. **When you go to a social gathering, go with a group of friends**. Arrive together, check in with each other throughout the evening, and leave together. Knowing where you are and who is around you may help you to find a way out of a bad situation.
10. **Trust your instincts**. If you feel unsafe in any situation, go with your gut. If you see something suspicious, contact law enforcement immediately (local authorities can be reached by calling 911 in most areas of the U.S.).
11. **Don't leave your drink unattended** while talking, dancing, using the restroom, or making a phone call. If you’ve left your drink alone, just get a new one.
12. **Don't accept drinks from people you don't know or trust**. If you choose to accept a drink, go with the person to the bar to order it, watch it being poured, and carry it yourself. At parties, don’t drink from the punch bowls or other large, common open containers.
13. **Watch out for your friends, and vice versa.** If a friend seems out of it, is way too intoxicated for the amount of alcohol they’ve had, or is acting out of character, get him or her to a safe place immediately.

14. **If you suspect you or a friend has been drugged, contact law enforcement immediately** (local authorities can be reached by calling 911 in most areas of the U.S.). Be explicit with doctors so they can give you the correct tests (you will need a urine test and possibly others).

15. If you need to get out of an uncomfortable or scary situation here are some things that you can try:
   a. **Remember that being in this situation is not your fault.** You did not do anything wrong, it is the person who is making you uncomfortable that is to blame.
   b. **Be true to yourself.** Don't feel obligated to do anything you don't want to do. "I don't want to" is always a good enough reason. Do what feels right to you and what you are comfortable with.
   c. **Have a code word with your friends or family** so that if you don’t feel comfortable you can call them and communicate your discomfort without the person you are with knowing. Your friends or family can then come to get you or make up an excuse for you to leave.
   d. **Lie.** If you don’t want to hurt the person’s feelings it is better to lie and make up a reason to leave than to stay and be uncomfortable, scared, or worse. Some excuses you could use are: needing to take care of a friend or family member, not feeling well, having somewhere else that you need to be, etc.

16. **Try to think of an escape route.** How would you try to get out of the room? Where are the doors? Windows? Are there people around who might be able to help you? Is there an emergency phone nearby?

17. **If you and/or the other person have been drinking,** you can say that you would rather wait until you both have your full judgment before doing anything you may regret later.

As part of its effort to maintain a safe environment, the University offers the following safety tips for consideration:

**At Home**
- Install quality locks on doors, windows, and sliding glass doors.
- Keep doors locked, even when at home.
- Install and use peepholes.
- Don’t leave keys hidden under mats, above the door or near the door.
- Leave lights or a radio on a timer to give the appearance that someone is home.

**On Campus**
- Know where the emergency (blue) phones are on campus to call for immediate help.
- If living on campus, don’t leave rooms unlocked even if occupied or when nearby.
- Do not attach anything to key rings that indicate place of residence.
- If your instincts tell you something’s wrong, trust them and get away.
• When in a public place, keep valuable possessions out of sight. If you must leave an area for any length of time, take personal items with you.

Relationships
• When going out with someone new, go on a group date or meet in a public place.
• Arrange your own transportation to and from dates.
• Alert friends/family to where you will be going.
• If drinking, be mindful of how alcohol can impair decision making.

On the Streets
• Walk in well-lit areas and be aware of surroundings.
• Walk with another person.
• Use your cell phone judicially – don’t let it distract you.
• Carry your car keys when approaching your vehicle so you can enter quickly.
• Call ahead when driving or walking to your hall or apartment late at night and have someone watch you walk from your car to the residence.

Registered Sex Offenders

The Campus Sex Crimes Prevention Act of 2000 is a federal law that requires institutions of higher education to advise the campus community where information concerning registered sex offenders may be obtained. It also requires sex offenders, already required by state law to register in a state, to provide notice to each institution of higher education in that state, at which the person is employed, carries on a vocation, or is a student. In Kansas, convicted sex offenders must register with the Kansas Bureau of Investigation. You can view this information, by accessing the website at: http://www.kbi.ks.gov/registeredoffender/. In Missouri, you can view the sex offender registry on the Missouri State Highway Patrol site: https://www.mshp.dps.missouri.gov/CJ38/search.jsp Additionally, you can view the national sex offender registry by accessing the Federal Bureau of Investigation website: https://www.fbi.gov/scams-and-safety/sex-offender-registry.

KU Medical Center also requires all registered sex offenders to notify the KU Police Department of their status upon employment or enrollment within three days of designation as a sex offender. Pursuant to the KUMC Sex Offender Notification Policy, the KU Medical Center Police will post on its website a list of registered adult sex offenders who are employees or students of KU Medical Center.

Alcohol and Drug Use Policy

The University of Kansas prohibits the unlawful possession, use, sale, manufacture, purchase, or distribution of alcohol or illegal drugs, or any attempt thereof, by students or by employees on its property or as part of its activities. The University is committed to preventing the illegal use of drugs and alcohol by students and employees. The KU Medical Center Police Department (Kansas City), the Salina Police Department (Salina), and the Wichita Police Department (Wichita) enforce the state’s underage drinking laws, as well as federal, state, and municipal drug laws.
Any student or employee found to be using, possessing, selling, manufacturing, or distributing controlled substances or alcohol, or whose behavior evidences being under the influence of alcohol or controlled substances, in violation of the law on University property or at University events shall be subject to disciplinary action in accordance with policies of the State of Kansas, the Board of Regents, and the University of Kansas. For employees, the University will take appropriate personnel action for alcohol or drug violations up to and including termination. See the Alcohol and Drug Policy on Substance Abuse: https://kumc-publicpoliciesandprocedures.policystat.com/policy/13017430/latest. Students who violate this policy will be subject to sanctions which include completion of an approved drug or alcohol rehabilitation program, disciplinary warning, probation, suspension, and expulsion from the University.

Additionally, KU Medical Center recognizes it is in the best interest of the KU Medical Center community to provide assistance to those who may be struggling with alcohol or drug use and encourages wellness and self-care for its faculty, staff, and students. KU Medical Center offers an Employee and Student Drug Use and Alcohol Abuse Assistance Program to assist KU Medical Center members in developing physically and emotionally healthy lifestyles.

**Laws**

The University provides the following information about University policy and applicable laws relating to the possession, use, and sale of alcoholic beverages and illegal drugs to members of the University community annually.

**Alcohol**

*Unified Government of Wyandotte County Ordinance:*
It is illegal for anyone to furnish, drink, consume and/or possess an open container of alcoholic liquor, beer, or cereal malt beverage in public places, except in areas and at events specifically exempted by state law. Maximum Penalty: 6 months in jail and/or up to $200 fine.

It is illegal for any person to provide alcoholic liquor or cereal malt beverage to a minor, defined to be any person under the age of 21 years, except as provided in the ordinance. It is illegal for anyone to operate or attempt to operate any vehicle under the influence of alcohol or drugs, which occurs when a person’s alcohol concentration is 0.08 or more.

- **First conviction (misdemeanor):** Maximum penalty: Six months in jail or 100 hours of public service and $1,000 fine.
- **Second conviction (misdemeanor):** Maximum penalty: One year in jail and $1,750 fine.
- **Third conviction (misdemeanor):** Maximum penalty: One year in jail and $2,500 fine.

*City of Salina Ordinance:*
No person under the legal age for consumption of cereal malt beverage shall represent that he or she is of said age for the purpose of asking for, purchasing, or obtaining by any means any cereal malt beverage from any person. It is unlawful for anyone to drink or consume cereal malt beverages upon public streets, alleys, roadways, or highways, or inside any vehicle on public streets, alleys, roads, or highways.

It is illegal to furnish alcohol, directly or indirectly, to any minor, except as authorized by law. Minimum penalty: $200 fine.
**Kansas Law**

It is illegal for anyone of any age to consume alcoholic liquor on state or University of Kansas property, except where specific exemptions are provided by law. **Penalty:** up to 6 months in jail and/or a $50 to $200 fine. (K.S.A. 41-719)

It is illegal for anyone under 21 years of age to possess, purchase, attempt to purchase or consume cereal malt beverage or alcoholic liquor except where specific exemptions are provided by law. **Penalty:** $200 minimum fine (18-21 years of age), $200 to $500 fine (under 18 years of age); 30-day suspension of driving privileges on a first offense; and a court may order 40 hours of public service and/or attendance at an alcohol education program. (K.S.A. 41-727)

It is illegal for anyone to furnish cereal malt beverage or alcoholic liquor to another person under 21 years of age. **Penalty:** up to 6 months in jail; $200 minimum fine. (K.S.A. 21-5607)

It is illegal for anyone to host a person under 21 in such a manner that permits the minor to consume alcoholic liquor or cereal malt beverages. **Penalty:** up to 1 year in jail; $1,000 minimum fine; and possible performance of community service. (K.S.A. 21-5608)

In Kansas it is illegal for anyone to operate a vehicle under the influence of alcohol, drugs, or both alcohol and drugs, with a breath or blood alcohol content of .08 or more (or to the degree it renders the person incapable of safely driving a vehicle). (K.S.A. 8-1567) For anyone under 21, it is illegal to do so with a breath or blood alcohol content of .02 or greater. (K.S.A. 8-1567a) If convicted, you are subject to the following penalties:

### First Conviction (Misdemeanor)

**Penalty:** 48 consecutive hours to 6 months in jail, or in the court’s discretion 100 hours of public service; $750 to $1,000 fine; required completion of an alcohol education program; suspended driver’s license for 30 days, then use of ignition interlock device for 180 days (1 year suspension and subsequent 1 year ignition interlock device if alcohol concentration is .15 or greater)

### Second Conviction (Misdemeanor)

**Penalty:** 90 days to 1 year in jail; $1,250 to $1,750 fine; completion of alcohol treatment program; suspended driver’s license for 1 year; then use of ignition interlock device for 1 year (2 years if alcohol concentration is .15 or greater)

### Third Conviction (Misdemeanor; Felony if prior conviction within preceding 10 years)

**Penalty:** 90 days to 1 year in jail; $1,750 to $2,500 fine; completion of alcohol treatment program; suspended driver’s license for 1 year; use of ignition interlock device for 2 years (3 years if alcohol concentration is .15 or greater), with costs.

### Fourth Conviction (Felony)

**Penalty:** 90 days to 1 year in jail; $2,500 fine; participation in alcohol abuse program; required mental health evaluation; suspended driver’s license for 1 year; use of ignition interlock device for 3 years (4 years if alcohol concentration is .15 or greater), with costs.

### Fifth & Subsequent Convictions (Felony)

**Penalty:** 90 days to 1 year in jail; $2,500 fine; participation in alcohol abuse program; required mental health evaluation; suspended driver’s license for 1 year; use of ignition interlock device for 3 years (4 years if alcohol concentration is .15 or greater), with costs.
health evaluation; suspended driver’s license for 1 year; and use of ignition interlock device for 10 years.

**Refusal to Submit to Alcohol or Drug Testing** (K.S.A. 8-1014)

**Penalty:**
- 1st time - suspended driver’s license for 1 year; driving is restricted by ignition interlock device for two years.
- 2nd time - suspended driver’s license for 1 year; driving is restricted by ignition interlock device for three years,
- 3rd time - suspended driver’s license for 1 year; driving is restricted by ignition interlock device for four years,
- 4th time - suspended driver’s license for 1 year; driving is restricted by ignition interlock device for five years,
- 5th time - suspended driver’s license for 1 year; driving is restricted by ignition interlock device for ten years.

**Drug**

**Kansas Law**

The illegal possession, use, or sale of drugs may subject individuals to criminal prosecution. The University will refer violations of proscribed conduct to appropriate authorities for prosecution. Kansas law also mandates for certain offenders a non-prison sanction of placement in drug abuse treatment programs. Certain other offenders, including habitual drug users and those convicted of unrelated felonies, remain subject to punishment of imprisonment.

The manufacture of a controlled substance is a drug severity level 2 felony, except under certain circumstances. **Penalty:** 99 months to 110 months presumptive imprisonment, and up to a $500,000 fine. (K.S.A. 21-5703; K.S.A. 21-6611; and K.S.A. 21-6805)

Illegal possession of opiates, narcotic drugs, or other specific stimulants is a drug severity level 5 felony. **Penalty:** 14 to 16 months imprisonment with presumptive probation, and up to a $100,000 fine. (K.S.A. 21-5706; K.S.A. 21-6611; and K.S.A. 21-6805)

Unlawful possession of specific depressants, stimulants, hallucinogenic drugs, or anabolic steroids starts as a Class A non-person misdemeanor. **Penalty:** up to 1 year imprisonment, and up to a $2,500 fine. However, unlawful possession of marijuana is usually a Class B nonperson misdemeanor. **Penalty:** up to 6 months in jail, and up to a $1,000 fine. (K.S.A. 21-5706; K.S.A. 21-6611; and K.S.A. 21-6602)

Subject to certain exclusions, the sale or distribution of these drugs starts as a drug severity level 4 felony and may escalate in severity. **Penalty:** 20 to 23 months possible imprisonment, and up to a $300,000 fine. (K.S.A. 21-5705; K.S.A. 21-6611; and K.S.A. 21-6805)

**Federal Law**

The Federal Controlled Substances Act establishes federal U.S. drug policy under which the manufacture, importation, possession, use, and distribution of certain substances is regulated. The Act provides penalties for, among other things, the intentional unlawful distribution or possession with intent to distribute controlled substances, unlawful possession of a controlled substance, and unlawful
distribution of a controlled substance, manufacturing, or employing or persuading a person under 18 to unlawfully distribute a controlled substance on or within 1,000 feet of a school. 21 U.S.C. Section 801 et seq.

Disciplinary Sanctions

The University is committed to the prevention of the illegal use of drugs and alcohol by students and employees. Any student or employee found to be using, possessing, manufacturing, or distributing controlled substances or alcohol, or whose behavior evidences being under the influence of alcohol or controlled substances, in violation of the law on University property or at University events, shall be subject to disciplinary action in accordance with policies of the State of Kansas, the Board of Regents, and KU Medical Center. For employees, the University will take appropriate personnel action for alcohol or drug violations up to and including termination. Students who violate this policy will be subject to sanctions which include completion of an approved drug or alcohol rehabilitation program, disciplinary warning, probation, suspension, or possibly expulsion from the University.

Alcohol and Drug Education Programs

Drug Use and Alcohol Abuse Assistance Program

Drug use and alcoholism can lead to serious or chronic health problems such as heart problems, infections, lung or liver damage, convulsions, and death. KU Medical Center recognizes that individuals can face personal problems related to alcohol abuse or drug use. Therefore, the University provides information to employees and students regarding both on-campus and off-campus professional assistance programs related to the control of alcohol abuse and drug use in the KUMC policy on Employee and Student Drug Use and Alcohol Abuse Assistance Program.

Drug Free Schools and Communities Act

In compliance with the Drug Free Schools and Communities Act, KU Medical Center publishes information regarding the University’s prevention programs related to drug and alcohol abuse prevention which include standards of conduct that prohibit the unlawful possession, use, and distribution of alcohol and illegal drugs on campus and at institution-associated activities; sanctions for violations of federal, state, and local laws and University policy; a description of health risks associated with alcohol and other drug use and abuse; and a description of available counseling, treatment, rehabilitation and/or re-entry programs for KU Medical Center students and employees. A complete description of these topics, as provided in the University’s annual notification to students and employees, is available online at: https://www.kumc.edu/academic-and-student-affairs/departments/student-financial-aid/financial-aid/consumer-information.html
Timely Warning Notice Policies

The University issues timely warnings as set forth below, to notify members of the campus community about Clery-reportable criminal incidents reported within the KU Clery Geography (On Campus, Public Property and Non-campus property), when it is determined by the KU Medical Center Public Safety Office Chief of Police, Director, or their designee, that the incident represents a serious or continuing threat to community members.

Timely Warnings are typically issued for the following Uniform Crime Reporting (UCR)/National Incident Based Reporting System (NIBRS) crime classifications:

- Murder/Non-Negligent Manslaughter
- A string of Burglaries or Motor Vehicle Thefts that occur in reasonably close proximity to one another;
- Aggravated Assault (cases involving assaults among known parties, such as two roommates fighting which results in an aggravated injury, will be evaluated on a case-by-case basis to determine if the individual is believed to be an ongoing threat to the larger KU community)
- Robbery involving force or violence (cases including pick pocketing and purse snatching will typically not result in the issuance of a Timely Warning Notice, but will be assessed on a case-by-case basis)
- Sexual Assault (considered on a case-by-case basis depending on the facts of the case, when and where the incident occurred, when it was reported, and the amount information known by the KUPSO Chief of Police or their designee). In cases involving sexual assault, they are often reported long after the incident occurred, thus there is no ability to distribute a “timely” warning notice to the community. All cases of sexual assault, including stranger and non-stranger/acquaintance cases, will be assessed for potential issuance of a Timely Warning Notice.
- Major incidents of Arson
- Other Clery crimes as determined necessary by the KUPSO Chief of Police or their designee in their absence.

The University issues timely warnings as Crime Alerts. Crime Alerts may also be used to aid in the prevention of similar crimes, to alert the University community to crimes, and/or to seek information to aid in the investigation of a crime. Timely Warning Notices will be distributed as soon as pertinent information is available, in a manner that withholds the names of victims as confidential, and with the goal of aiding in the prevention of similar occurrences.

Kansas City Campus
Crime Alerts are produced or written by the Chief of Police, or their designee as soon as pertinent information is available, and a need is determined. The Chief of Police or their designee, with the coordination of the Communications Office, distributes Crime Alerts by e-mail.
Salina Campus
Crime Alerts are produced or written by the Business Operations Manager, or their designee as soon as pertinent information is available, and a need is determined. The Dean in Salina or their designee, with the coordination of the Communications Office, distributes Crime Alerts by e-mail.

Wichita Campus
Crime Alerts are produced or written by the Campus Safety and Emergency Management Manager, or their designee as soon as pertinent information is available, and a need is determined. The Campus Safety and Emergency Management Manager, or their designee distributes Crime Alerts by e-mail.

Additional Crime Alerts may be produced to provide updated information or to announce the arrest or identification of a suspect or the resolution of the incident.

The University is not required to issue a Timely Warning with respect to crimes reported to a pastoral or professional counselor.

Anyone with information warranting a Timely Warning should immediately report the circumstances to their local police by calling 911. The University has communicated with local law enforcement asking them to notify the University if it receives reports or information warranting a Timely Warning.

Emergency Response and Notification Procedures

Emergency Operations Plan
The Office of Emergency Management is responsible for assisting and coordinating the University’s overall incident management planning and preparations. This includes developing, maintaining, and facilitating implementation of the Emergency Operations Plan (EOP); developing, scheduling, and conducting annual announced or unannounced exercises to test plans (including tabletops, drills, full scale, and functional) that contain follow-through activities in the form of after action reporting; facilitating incident communication within the KU Medical Center community; conducting outreach education on University preparedness for students, faculty, and staff; and engaging external partners to improve overall University preparedness. This departmental resource is located on the Kansas City campus; however, it supports the Salina campus’s emergency management program. Emergencies occurring on either campus should be reported to KU Medical Center Police Department at 911 or 913-588-5030, pdispatch@kumc.edu. Emergencies occurring on Wichita campus should be reported to KUSM-W Security at 316-293-2662.

Response to Emergencies
In the event of an emergency, the police should be contacted immediately by calling 911. KU Medical Center Police and Security Officers, as well as other first responders on each respective campus, have received training in Incident Command and responding to critical incidents on campus. When a serious incident occurs that poses an immediate threat to the campus, the first responders to the scene are usually KU Medical Center PD (at the Kansas City Campus); or campus administration or Salina Police (at the Salina Campus); or Safety and Security Officer or Wichita Police (at the Wichita Campus). If various entities respond, for example, Kansas City Kansas Fire and KU Medical Center PD, they work together in a unified command to manage the incident. Depending on the nature of the event, other KU Medical
Center departments (e.g. facilities, environment health and safety, research, etc.) and local and federal agencies could also be involved in responding to the incident and will be incorporated into the campuses’ unified command as necessary.

The first responder will access available sources of information from campus administrative staff and local authorities to confirm the existence of the danger and will be responsible for initiating the University’s response and for marshaling the appropriate local emergency response authorities for assistance. Depending on the nature of the emergency, other University departments may be involved in the confirmation process.

Once the emergency has been confirmed and based on its nature, the first responder will consult with other appropriate University officials to determine the appropriate segment or segments of the University community to be notified.

Emergency Telephones

**Kansas City** – Emergency phones are located in areas of high pedestrian traffic throughout the campus. Once activated, a large blue strobe light flashes from the top of the phone tower and the KU Medical Center Police dispatcher is notified immediately. If you need or someone else needs assistance or if you see something suspicious, activate a blue phone immediately. Even if unable to speak, the dispatchers will receive the location where the blue phone was activated and dispatch an officer to respond.

The **Salina** and **Wichita** campuses do not have emergency phones.

**Emergency Notification System**

Emergency notifications are immediately sent when there is confirmation of significant emergency or dangerous situation occurring on campus that involves an immediate threat to the health or safety of the campus community and in situations requiring immediate action. The first responder assuming Incident Command, is responsible for evaluating all known information about an emergency situation on campus and determining the need for emergency notification and immediate actions, such as building evacuation. The first responder will consult with KU administrators to compose and disseminate messages if time allows. No approval is needed nor should be sought from department or university administration prior to activating the real-time notification of events involving immediate threats to life, providing updated information, or providing notice that the situation is under control.

If there is an immediate threat to the health or safety of students or employees occurring on campus, the University must follow its emergency notification procedures. An institution that follows its emergency notification procedures is not required to issue a timely warning based on the same circumstances; however, the University must provide adequate follow-up information to the community as needed. Depending on the segments of the campus the notification will target, the content of the notification may differ. When appropriate, the content of the notification will be determined in consultation with local authorities. Also as appropriate, the notification will give guidance as to whether its recipients should shelter in place or evacuate their location.

**Methods of Emergency Notification**

The University utilizes a range of tools to keep students, faculty, staff, and visitors informed in the event of an emergency that could affect their health and safety. These tools comprise the University’s
Emergency Notification System. Any combination of these notification tools may be used in a given emergency situation. If any of these systems fail or the University deems it appropriate, in person communication may be used to communicate an emergency.

**RAVE Text messaging:** Text message alerts are sent when there is an immediate threat to life or safety, when immediate action is required, or to announce class cancellation and campus closure. All enrollees in RAVE are encouraged to update their text contact information if or when it changes.

- **Students** are opted in automatically at each respective campus.
- **Kansas City** and **Salina** Campuses: Faculty and staff must register their cell phone numbers by following the instructions listed on this site: [http://www.kumc.edu/emergency-management/campus-emergency-communications.html](http://www.kumc.edu/emergency-management/campus-emergency-communications.html). **Wichita** Campus: All employees are automatically enrolled.

**Rave Guardian Phone Application:** RAVE Guardian is a voluntary phone application (app) that campus members can download on their phone selecting their respective campus. The Guardian app has numerous safety features and receives push notifications when emergency messages are sent out on their campus. KU Medical Center campus personnel can find more information on RAVE Guardian here: [http://www.kumc.edu/emergency-management/campus-emergency-communications/rave-guardian.html](http://www.kumc.edu/emergency-management/campus-emergency-communications/rave-guardian.html).

**ALERTUS Emergency Broadcast System:** ALERTUS is another form of emergency notification that the Kansas City campus utilizes. This system is not currently available at the Salina and Wichita campuses. ALERTUS is sent simulcast through two forms: beacons and computer popups.

- **ALERTUS Beacons** are wall mounted devices located throughout Kansas City University buildings in public hallways and classrooms. In emergency situations the beacons will siren, light up, and display an emergency message on the screen.
- **ALERTUS Popups** will take over all Kansas City campus network connected computer screens warning the computer user of the emergency. This includes laptops owned by the University.

**Overhead Announcement System:** Public announcement systems are available on the Salina and Wichita campus. This overhead announcement allows all personnel on the campus to receive up-to-date, accurate information. Overhead announcement is not currently available on the Kansas City campus.

**Email:** All campuses have the ability to send emails in emergency situations as well. Critical Information Emails or RAVE Alert Emails may be used dependent on the situation and the official sending the message. Campus members are encouraged to check their emails in emergency situations, if able to do so, for up-to-date and follow-up information. Additional notifications may be simulcast to the University community via each campuses respective Facebook page, Twitter account, or through the media.

**MyEOP Phone Application:** All students, staff, and faculty are encouraged to download the MyEOP app from your phone app’s store. This app will allow you to see the most up-to-date response procedures at the touch of a button. **Kansas City** personnel can search for “KUMC University Main Campus”. The Salina campus Emergency Plan can also be downloaded through MyEOP by searching for “KU Health Education
Center-Salina, KS.” Wichita personnel can follow the instructions on the app or email somwemergencysafety@kumc.edu for assistance.

Other Media: The University of Kansas utilizes local and regional media outlets, including radio, television, and newspapers for press releases and information updates.

Follow-up information will be distributed using some or all of the identified communication systems (except fire alarm and outdoor warning siren) if there is an immediate threat to the health or safety of students or employees occurring on campus.

Evacuation and Relocation Procedures

The University normally does not close facilities because of brief interruptions in normal services (e.g., short-term water outages or heating/cooling). Occasionally, however, an unplanned incident may render one or more facilities unsuitable for normal habitation or use. In such a case, it may be necessary to evacuate the facility.

An evacuation may be necessary if there is a power failure, lack of water, hazardous material release, structural damage, bomb threat or other terrorist act, flood, or any other situation that makes the facility unsafe or uninhabitable. An evacuation may be initiated by the building fire alarm, by notice from a police or fire official, or by administrative decision. If the fire alarm sounds, or if a Public Safety Officer or fire official gives an evacuation notice, everyone must leave the building.

Testing Emergency Response

In conjunction with other emergency agencies, the University conducts emergency response drills and exercises each year, such as tabletop exercises, field exercises, and tests of the emergency notification systems on campus. These tests, which may be announced or unannounced, are designed to assess and evaluate the emergency plans and capabilities of the institution. Each test is documented and includes a description of the exercise, the date and time of the exercise, and whether it was announced or unannounced. The campus publicizes a summary of the emergency response and evacuation procedures via MyKUMC news or email at least once each year in conjunction with a test (exercise and drill) that meets all of the requirements of the Higher Education Opportunity Act.

General Evacuation Procedures

At the sound of a fire alarm or if you are instructed to evacuate, leave your work area immediately and proceed to the nearest exit, and leave the building. If you are the first to recognize a fire situation, activate the alarm, evacuate to a safe location using the nearest exit, and notify KUPSO Emergency or dial 911.

1. Remain Calm
2. Do NOT use elevators, Use the stairs.
3. Assist the physically impaired. If he/she is unable to exit without using an elevator, secure a safe location near a stairwell, and immediately inform KUPSO or the responding Fire Department of the individual’s location.
4. Proceed to a clear area at least 150 feet from the building. Keep all walkways clear for emergency vehicles.
5. Make sure all personnel are out of the building.
6. Do not re-enter the building.
Shelter in Place
During certain emergency conditions, it may be safer to seek protection inside the building instead of leaving. Examples of such occasions include severe weather, tornados, hazardous materials releases, or active threats.

General Shelter in Place Procedures:
1. Immediately obey warning messages or orders to take shelter.
2. If possible, move to the lowest level of the building to an interior room.
3. Move away from doors and windows.
4. **Active threat emergencies**: lock and barricade the door. Turn off lights and silence phones or other noise making devices.
5. **Severe weather emergencies**: put as many walls between you and the outdoors as possible. Use a blanket or furniture to provide extra protection against debris.
6. **Hazardous materials emergencies**: seal all doors, windows, and vents with tape, plastic, or rags. Turn off ventilation systems.

Evacuation/Rescue Plan for Persons with Disabilities
The University prohibits discrimination in its programs and activities, in accordance with Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act, 1990. University procedures require everyone, including people with disabilities or other conditions, to evacuate the facility when the fire alarm is activated or when otherwise instructed to do so. The University is committed to assisting with the development of personal action plans and training its employees to identify and assist people who may need assistance in an emergency. The University also recognizes that not everyone with a disability needs assistance.

People needing assistance in an emergency, including those with disabilities, should develop a personal action plan. The plan will include identification of their evacuation methods, identification of at least two individuals who are willing to serve as evacuation assistants in the event of an evacuation, if necessary, and any additional steps to assist with evacuation. KU students with disabilities can receive assistance in completing their personal action plan with their assigned Access Specialist at the Student Access Center.

It is recognized that people with disabilities or other conditions may require assistance with evacuating in the event of an emergency. Therefore, people needing assistance in an emergency are encouraged to voluntarily self-identify to the University as an individual with a temporary or permanent disability or other condition and make a request for assistance in advance of an emergency. The information provided in the personal action plan will be kept confidential and accessible only by individuals who have responsibilities designated under the Emergency Management Plan, including first responders, Building Emergency Liaisons and supervisors, the Emergency Management Coordinator and the ADA Resource Center for Equity & Accessibility.

Notwithstanding submission of this plan to the University, individuals remain responsible for their own evacuation. In addition, if an individual needs assistance evacuating, it is the individual’s responsibility to identify evacuation assistants and request the assistance, in advance if possible, of those individuals.
The Department of Student Housing will assist students with disabilities and other conditions in developing a plan for evacuating their housing residence. University employees with disabilities and other conditions should work with their supervisor and the relevant Building Emergency Liaison(s) in developing personal action plans. The ADA Resource Center for Equity and Accessibility will serve as a resource for University students and employees, including supervisors and the Building Emergency Liaison(s) in the development of personal action plans.

Crime Statistics

Crime statistics are a specific list of offenses identified by the Clery Act known as Clery Act Crimes which were reported to have occurred within certain geography the University of Kansas owns or controls.

Note: Statistics are based on reports of alleged criminal offenses and are counted regardless of whether or not the crime has been investigated, or whether a finding of guilt or responsibility has been made. Statistics are based on the date the Clery Act Crime was reported, not the date it allegedly occurred.

Clery Act Crimes are grouped into four categories:

Criminal Offenses: Murder/Non-Negligent Manslaughter, Manslaughter by Negligence, Rape, Fondling, Statutory Rape, Incest, Robbery, Aggravated Assault, Burglary, Motor Vehicle Theft, and Arson.

Hate Crimes: Includes any of the Criminal Offenses and any incidents of Larceny-Theft, Simple Assault, Intimidation, or Destruction/Damage/Vandalism of Property that were motivated by bias

VAWA Offenses: Offenses in this category were added to the Clery reportable crimes list from another federal act titled the Violence Against Women Act (VAWA). Those offenses include: Domestic Violence, Dating Violence, and Stalking. Sexual Assault is also a VAWA Offense but is already included in the Criminal Offenses category.

Arrests and Referrals for Disciplinary Action: Includes arrests and referrals for Weapon, Drug, and Alcohol Law violations.
Geography locations:

On-Campus Property: Any building or property owned or controlled by an institution within the same reasonably contiguous geographic area and used by the institution in direct support of, or in a manner related to, the institution’s educational purposes, including residence halls; and any building or property that is within or reasonably contiguous to the area identified in paragraph (1) of this definition, that is owned by the institution but controlled by another person, is frequently used by students, and supports institutional purposes (such as food or other retail vendor).

On-Campus Residential Housing: A subset of On-Campus Property location. Any student housing facility that is owned or controlled by the institution, or is located on property that is owned or controlled by the institution, and is within the reasonably contiguous geographic area that makes up the campus is considered an on-campus student housing facility.

Non-Campus Property: Any building or property owned or controlled by a student organization that is officially recognized by the institution; or any building or property owned or controlled by an institution that is used in direct support of, or in relation to, the institution’s educational purposes, is frequently used by students, and is not within the same reasonably contiguous geographic area of the institution.

Public Property: All public property, including thoroughfares, streets, sidewalks, and parking facilities, that is within the campus, or immediately adjacent to and accessible from the ca
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### Kansas City – VAWA Offenses

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### Kansas City – Arrests and Referrals for Disciplinary Action

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Kansas City – Hate Crimes
There were no reported hate crimes for 2020, 2021, and 2022.

Kansas City – Unfounded Crimes
There were no crimes to be unfounded in 2020. There were 2 unfounded crimes in 2021 and 3 unfounded crimes in 2022.

Note: The Kansas City campus is contiguous with an independent Hospital frequented by residents for programmatic purposes. Due to this reason, KU Medical Center includes counts from the Hospital areas, which raises the rate of occurrence; however, it leads to a well-informed student body for areas they traverse and may conduct clinical learning. Therefore, certain counts (e.g. Drug, Liquor, Weapon arrests) present higher than expected for the Kansas City Campus
## Salina – Criminal Offenses

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Note: There were no reported hate crimes for 2020, 2021, and 2022.

Note: There were no crimes determined to be unfounded in 2020, 2021, and 2022.
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### Salina – Arrests and Referrals for Disciplinary Action

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*Note: There were no reported hate crimes for 2020, 2021, and 2022.*

*Note: There were no crimes determined to be unfounded in 2020, 2021, and 2022.*
### Wichita – VAWA Offenses

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### Wichita – Arrests and Referrals for Disciplinary Action

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This report complies with the "Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act." Institutions with “on-campus student housing facilities” must annually publish a Fire Safety Report, and the report must be published by October 1 each year. The Fire Safety Report must include certain statements regarding policies, procedures, and programming related to the housing facilities and statistics for fires that occurred in those facilities.

This report is for the Kansas City campus. The Salina and Wichita campus does not have on-campus student housing facilities.

Policy Information
The following are prohibited items (e.g., sources of open flames, such as candles; non-surge protected extension cords; halogen lamps; portable cooking appliances in non-kitchen areas; etc.) or prohibited activities (e.g., smoking in the room; tampering with life safety equipment; possession of pets; etc.). Computers, stereos, televisions, radios, non-commercial hairdryers, and other similar appliances are permitted unless specifically prohibited by the Office of International Program staff. All electrical appliances must be used responsibly and be in good working order, free of wiring defect, and approved for use by the Office of International Program staff. All cords and plugs must be grounded and free of frays. Do not overload circuits or extension cords. It is the resident’s responsibility to maintain a clean and non-hazardous living space.

Fire Safety Education and Training
Fire safety education programs for all students living in the International House and all employees that have any association with this housing location are held at the beginning of each semester. These programs are designed to: familiarize everyone with the fire safety system in each housing facility, train everyone on the procedures to be followed in case there is a fire and distribute information on the University’s fire safety policies. Everyone is also made familiar with evacuation routes and fire alarm equipment locations. During these programs, trainers emphasize that participating in fire drills is mandatory. Students with disabilities are given the option to have a “buddy” assigned to them. Fire safety education and training programs are taught by local fire authorities.
Procedures Students and Employees Should Follow in Case of a Fire

In the event of a fire, KU Medical Center expects that all campus community members will evacuate by the nearest exit, closing doors and activating the fire alarm system (if one is present) as they leave. Once safely outside a building, it is appropriate to contact 911 and the KU Medical Center PD. Students and/or staff are informed where to relocate to by staff if circumstance warrants at the time of the alarm. In the event fire alarms sound, University policy is that all occupants must evacuate from the building, closing doors as they leave. No training is provided to students or employees in firefighting or suppression activity as this is inherently dangerous and each community member’s only duty is to exit safely and quickly, shutting doors along the exit path as they go to contain the spread of flames and smoke, and to activate the alarm as they exit. At no time should the closing of doors or the activation of the alarm delay the exit from the building.

• If you hear the fire alarm immediately evacuate the building using the nearest available exit. **Do not attempt to fight a fire unless you have been trained to do so.**
• Awaken any sleeping roommate or suitemates. Prepare to evacuate by putting on shoes and coat if necessary. Feel the doorknob and the door. If they are hot, do not open the door. If they are cool, open slowly, if heat or heavy smoke rushes in, close the door immediately and remain inside.
• When leaving your room, be sure to take your key in case it is necessary to return to the room should conditions in the corridor deteriorate. Make sure to close the door tightly when evacuating.
• When the alarm sounds shout (Example: there is an emergency in the building leave by the nearest exit) and knock on doors as they make their way to the nearest exit and out the building.
• When exiting in smoky conditions keep your hand on the wall and crawl to the nearest exit. Always know more than one path out of your location and the number of doors between your room and the exit.
• **DO NOT USE ELEVATORS.** Elevator shafts may fill with smoke or the power may fail, leaving you trapped. Elevators have features that recall and deactivate the elevator during an alarm. Standing and waiting for an elevator wastes valuable time.
• Each resident should report to their assigned assembly area. Resident life staff should report to their assigned assembly area and make sure that students have cleared the building. Conduct a head count and do not allow re-entry into the building until directed to do so by emergency personnel.

Reporting a Fire
Per federal law, University of Kansas Medical Center is required to annually disclose statistical data on all
fires that occur in on-campus student housing facilities. Therefore, if you encounter a live fire in one of these facilities, you should immediately get to a safe place, then dial 911. Once the emergency has passed, you should notify KU Medical Center PD at 913-588-5030 to investigate and document the incident for disclosure in the University’s annual fire statistics.

Fire Log
A fire log is available for review at the KU Medical Center PD, from 8 a.m.—5 p.m. Monday through Friday, excluding holidays. The information in the fire log includes information about fires that occur in residential facilities, including the nature, date, time, and general location. A version of the Fire Log is also available online at: https://www.kumc.edu/public-safety/clery-information/annual-security-report.html

Plans for Improvement to Fire Safety
The University does not have any planned improvements in fire safety at this time.

### Fire Safety Systems

<table>
<thead>
<tr>
<th>Building Name and Address</th>
<th>Smoke Detectors</th>
<th>Heat Detectors</th>
<th>Sprinklers</th>
<th>Strobes</th>
<th>Audible Alarm Speakers</th>
<th>Number of Fire Drills Each Calendar Year</th>
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</thead>
<tbody>
<tr>
<td>International House 4104 Francis St.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

### Fire Statistics 2022

<table>
<thead>
<tr>
<th>Residential Facility</th>
<th>Total Fires in Each Facility</th>
<th>Fire #</th>
<th>Cause &amp; Category of Fire</th>
<th>Number of Injuries That Required Treatment at a Medical Facility</th>
<th>Number of Deaths Related to a Fire</th>
<th>Value of Property Damage Caused by Fire</th>
</tr>
</thead>
<tbody>
<tr>
<td>International House 4104 Francis St.</td>
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<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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</tbody>
</table>

### Fire Statistics 2021

<table>
<thead>
<tr>
<th>Residential Facility</th>
<th>Total Fires in Each Facility</th>
<th>Fire #</th>
<th>Cause &amp; Category of Fire</th>
<th>Number of Injuries That Required Treatment at a Medical Facility</th>
<th>Number of Deaths Related to a Fire</th>
<th>Value of Property Damage Caused by Fire</th>
</tr>
</thead>
<tbody>
<tr>
<td>International House 4104 Francis St.</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

The Kansas City campus did not have a residential facility in 2020.