

 <b>CAPILANO UNIVERSITY</b>		<b>PROCEDURE</b>	
Procedure No.		Officer Responsible	
<b>B.310.1</b>		<b>Vice President People, Culture and Diversity Vice-President, Finance and Administration</b>	
Procedure Name			
<b>Public Interest Disclosure Procedure</b>			
Policy This Procedure is Under		Category	Next Review
<b>B.310 Public Interest Disclosure Policy</b>		<b>People, Culture and Diversity</b>	<b>April 2030</b>
Date Issued	Date Revised	Date in effect	Related Policies
<b>February 16, 2016</b>	<b>April 29, 2025</b>	<b>April 29, 2025</b>	<b>B.5101 Discrimination, Bullying and Harassment Policy B.217 Fraud Prevention and Investigation Policy B.506 Standards of Conduct Policy</b>

## 1. PURPOSE

- 1.1 The processes described in this document support B.310 Public Interest Disclosure Policy (the “Policy”), which sets out how Capilano University (the “University”) complies with the *Public Interest Disclosure Act* (PIDA).

## 2. DEFINITIONS

- 2.1 The defined terms that appear in these procedures have the same meaning as the terms defined in the Policy.

## 3. REQUESTS FOR ADVICE

- 3.1 Supervisors and Designated Officers who receive requests for advice from an Employee about making a Disclosure must:
- acknowledge receipt of the request for advice within 2 working days, or as soon as otherwise practicable, and if there is ambiguity obtain clarification that the advice is being requested under the Policy;
  - respond to the request for advice, in writing and within 20 business days providing:
    - advice about how to make a Disclosure; and
    - information about the protection of the Employees identity and the prohibition on Reprisal (including the role of the Ombudsperson to investigate Reprisal).

- 3.2 The request for Advice and the response provided should be documented and must be managed confidentially with records kept secure from unauthorized access.

#### **4. DISCLOSING WRONGDOING**

- 4.1 Disclosures should be made in writing to the Disclosers Supervisor, the appropriate Designated Officer or the Ombudsperson. Supervisors who receive Disclosures must immediately forward them to the appropriate Designated Officer.
- 4.2 As of the date of this Procedure, the Designated Officers are:
- a) the Vice President, People, Culture & Diversity; or
  - b) if the request for advice or Disclosure relates to alleged financial Wrongdoing, the Vice President Finance and Administration.
- 4.3 In the event that the Employee has reasonable grounds to believe that a Designated Officer is engaged in Wrongdoing, the Disclosure can be made to the alternate Designated Officer. If the allegation of Wrongdoing is against the President or any Board member other than the Chair, the Disclosure may be made to the Board Chair who will then act as the Designated Officer. Employees also have the option to make Disclosures to the Ombudsperson.
- 4.4 Disclosures may be made:
- a) using the University's dedicated Public Interest Disclosure form;
  - b) by email - contact details for Designated Officers are available through the Campus Directory;
  - c) by mail in a sealed envelope marked Confidential and labelled *for the attention of the Designated Officer only* c/o the Presidents Office Arbutus Building, 2055 Purcell Way, North Vancouver, B.C. V7J 3H5. If the alleged Wrongdoing is about one of the Designated Officers the envelope should be addressed to the alternate Designated Officer. If the alleged Wrongdoing is about the President or any Board member other than the Chair (as per 4.3) the envelope should be labelled *for the attention of the Chair of the Board*;
  - d) through the BC Ombudsperson's office dedicated form: <https://forms.gov.bc.ca/careers-myhr/public-interest-disclosure-form/>
- 4.5 A Disclosure should provide as much of the following information as possible, if known:
- a) a description of the specific activity thought to be a Wrongdoing;
  - b) the dates, (or expected date) if known, on which the Wrongdoing occurred;
  - c) the name(s) of the person(s) alleged to have committed the Wrongdoing;
  - d) if the Wrongdoing relates to a violation of provincial and federal law, identification of the applicable law;
  - e) details as to whether the specific activity thought to be Wrongdoing has already been Disclosed and if so whether a response has been received; and
  - f) any other information that would be useful to an investigation of the allegation(s).

- 4.6 Disclosures may be made anonymously; however Disclosers should be aware that investigations may be limited if:
- a) insufficient detail is provided by the Discloser or
  - b) the information cannot be independently substantiated by a credible source.
- 4.7 The University expects that all Disclosures will be made in Good Faith and be based on the Discloser's best understanding of the situation.
- 4.8 Upon receiving a Disclosure, the Supervisor or Designated Officer must record or date-stamp reports (if received on paper). Supervisors must then promptly forward the Disclosure-and any supporting documents provided to the appropriate Designated Officer.
- 4.9 All Disclosures will be managed in confidence and retained securely, in accordance with the Policy.

## **5. DISCLOSURE REVIEW AND ASSESSMENT**

- 5.1 The Designated Officer is responsible for conducting a review of the Disclosure, which may include requests for more information and/or discussions with the Discloser if appropriate and possible.
- 5.2 The Designated Officer must assess all Disclosures received for the risk of Reprisal against the Discloser (regardless of whether the Disclosure will be investigated)
- 5.3 The Designated Officer may seek advice or assistance from external legal counsel, the University external auditor in the case of Financial Wrongdoing, another appropriate expert, or the Ombudsperson.
- 5.4 After reviewing the Disclosure, the Designated Officer will determine whether there are reasonable grounds to warrant an investigation and, if so, the form of the investigation.
- 5.5 If the Designated Officer reasonably believes there is an urgent risk arising from the information provided in a Disclosure, they may report the matter to the relevant authority as per PIDA Section 16(1): the provincial health officer, Emergency Management BC, or the police.
- 5.6 Should the Designated Officer have reason to believe that the urgent risk involves a threat to the safety of a member of the university community OP.418.1 At-Risk Behaviour and Violence Response and Prevention Procedure should be followed and an immediate report made to the Duty of Care Committee through one of the following offices:
- a) University Security
  - b) Student Affairs
  - c) People, Culture and Diversity
  - d) Safety & Emergency Services or
  - e) Registrar's Office

### **Where An Investigation is not Warranted**

- 5.7 The Designated Officer must not proceed with an investigation under this procedure if

- a) the Disclosure was not made by an Employee
  - b) the allegations, even if proven, would not constitute Wrongdoing or relate to the University; or
  - c) PIDA otherwise requires the University to stop or suspend the investigation.
- 5.8 Investigations are also prohibited where the Disclosure relates primarily to:
- a) a dispute between the employee and the University about their employment;
  - b) a law enforcement matter being addressed by the police;
  - c) a matter relating to the prosecution of an offence; or
  - d) the exercise of an adjudicative function of a court, tribunal or other statutory decisionmaker, including a decision or the processes and deliberations that have led or may lead to a decision.
- 5.9 The Designated Officer may use their discretion to refuse to investigate if:
- a) the Disclosure relates to an alleged Wrongdoing that occurred so long ago that it would serve no useful purpose to investigate or an investigation cannot reasonably be conducted;
  - b) the allegation of Wrongdoing does not have a real and substantial connection to the University;
  - c) the Disclosure does not provide sufficient information to proceed;
  - d) the Disclosure relates solely to a public policy decision;
  - e) The Disclosure is already being or has been appropriately investigated by the Ombudsperson, the University or another appropriate authority; or
  - f) it is determined that the Disclosure was not made in Good Faith.
- 5.10 The Designated Officer must, within fifteen (15) working days of their decision, notify the Discloser of the decision not to investigate a disclosure or cease an investigation and give reasons for that decision.
- 5.11 If the Designated Officer determines that the Disclosure does not warrant investigation under this Policy but involves a matter which may be appropriately addressed through another University policy, procedure or other process (including the grievance process), the Designated Officer will advise the Discloser to redirect the matter to the appropriate officer or body for that policy, procedure or process.

### **Where An Investigation is Warranted**

- 5.12 If the Designated Officer determines an investigation in accordance with this Procedure is warranted, the Discloser and the President (or the Chair of the Board if the President is implicated) will be notified of the decision and the scope of the investigation. Investigations will be initiated no more than twenty (20) working days after the Disclosure is received.

## **6. INVESTIGATIONS OF WRONGDOING UNDER THIS PROCEDURE**

- 6.1 All investigations will be completed as quickly as possible, normally within four (4) calendar months of receipt of the Disclosure. The Designated Officer may extend this time period if necessary due to

the nature and complexity of the allegations or other relevant procedural factors with the agreement of the President.

- 6.2 Investigations will be conducted in accordance with the principles of procedural fairness, and the requirements of any applicable legislation, collective agreement term, or other agreements in effect at the time of the investigation. The Designated Officer may engage legal counsel, the University's external auditors in the case of alleged financial Wrongdoing, or other appropriate specialists deemed necessary for the purpose of assisting in the conduct of an investigation. The Designated Officer may also refer investigation of the Disclosure in part or total to the Ombudsperson. If further instances of Wrongdoing are uncovered during the investigation, the investigation timeline may be extended or a new investigation initiated if required.
- 6.3 All investigators will have access to all relevant University premises and records. Investigators are entitled to request a confidential meeting with any individual who may have knowledge of the matter. The University will take all reasonable steps to facilitate access to, and cooperation by, relevant individuals. Individuals identified by the investigator will provide full cooperation with the investigators subject only to their legal rights, including those under relevant collective or other agreements in effect at the time of the investigation.
- 6.4 Any Respondent will be informed of the allegations, provided that the identity of the Discloser and the integrity of the investigation is protected, and given a full opportunity to respond the allegations, meet with the investigators, and provide evidence relevant to the investigation.
- 6.5 Information collected during the course of an investigation of a Disclosure will be kept confidential in compliance with PIDA, the Freedom of Information and Protection of Privacy Act, and B.700 Privacy and Access to Information Policy.
- 6.6 Any person who knowingly impedes the investigation of a Disclosure may be subject to disciplinary action up to and including termination of employment or expulsion from the University as appropriate.

## **7. REPORTING THE RESULTS OF AN INVESTIGATION OF WRONGDOING**

- 7.1 At the conclusion of an investigation, the Designated Officer shall prepare a written report of the outcome of their investigation which will including their findings regarding Wrongdoing, if any, the reasons to support those findings, and recommendations for corrective action to the President, or to the Chair of the Audit and Risk Committee if the investigation involves the President. The Designated Officer will prepare this report as soon as reasonably possible after the investigation concludes.
- 7.2 The Designated Officer will provide a summary report to the Discloser (if known) and the respondent(s) within 20 business days of the investigation being completed.
- 7.3 If, on the basis of the investigation report, it is determined that disciplinary action is justified, the Vice President, People, Culture and Diversity shall ensure proceedings are instituted in accordance with the relevant regulations, policies or collective agreements and in accordance with the principles of Procedural Fairness. Relevant information will be turned over to law enforcement authorities in circumstances where that action is deemed appropriate. Detailed results of an investigation will not be disclosed or discussed with anyone other than authorized individuals who

have a legitimate need to know. The identity of the Discloser and any individuals who provide evidence during the investigation will be protected in accordance with the Policy.

## **8. REPORTING REPRISAL**

- 8.1 Any Employee who experiences Reprisal or threats of Reprisal as a consequence of seeking advice on making a Disclosure, making a Disclosure, or participating in an investigation of a Disclosure can ask the Ombudsperson's office to investigate. Under PIDA only the Ombudsperson can investigate reprisal complaints.

## **9. DESIGNATED OFFICER**

- 9.1 The Vice President, People, Culture and Diversity and the Vice President Finance and Administration will have oversight of the development, subsequent revisions to and operationalization of this procedure with the support of the Strategic Director People, Culture and Diversity and the Director, Risk Management.

## **10. RELATED POLICIES AND GUIDANCE**

B.217 Fraud Prevention and Investigation Policy

B.401 Sexual Violence Policy

B.511 Discrimination, Bullying and Harassment Policy

B.512 Human Rights, Diversity, Inclusion, and Equity Policy

B.506 Standards of Conduct Policy

B.517 Conflict of Interest Policy

B.604 Acceptable Use and Security of Electronic Information and Technology Policy

OP.420 Safety and Emergency Services Policy

B.700 Privacy and Access to Information Policy

## **11. REFERENCES**

Public Interest Disclosures Act

PIDA Resources. BC Ombudsperson

Fairness by Design: An Administrative Fairness Assessment Guide. Canadian Council of Parliamentary Ombudsman (2022).