

Allegation Management Policy & Procedure (AMPP)

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Applies to: All Staff
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PURPOSE

The purpose of this document is to set management standards related to *Allegations*, defined here as any reported violation of CRS' conduct and ethical standards implicating Fraud or Safeguarding (Ethical Misconduct) as specified in the [CRS Code of Conduct and Ethics](#) and which is reported in accordance with the [CRS Whistleblower Policy](#).

SCOPE

This policy and its associated procedure apply to any CRS staff involved in the allegation management process, including those who receive, assess, investigate, report, or resolve Allegations (Covered Parties).

POLICY

CRS attends to all *Allegations* and addresses them through the allegation management procedure established herein and in compliance with applicable internal and external requirements.

PROCEDURE

The **Allegation Management Procedure (AMP)** is a Step-by-step process for managing Allegations. The process aims to protect the rights and interests of all parties involved, and to ensure a fair and thorough investigation of Allegations. Allegations are processed through the following phases: (A) Intake and Assessment, (B) Investigation, (C) Reporting and (D) Post-Investigation.

A. INTAKE AND ASSESSMENT

In this first phase of the AMP, the Ethics Case Manager (ECM) acknowledges, catalogs, and assesses a reported *Allegation* (Case) to determine its scope and credibility. Based on the assessment, Ethics Case Manager (ECM) may: 1) proceed with the Case by making any appropriate notifications and advancing it to the Investigation phase of the AMP, 2) determine that the Case is not credible and, document and close the Case, or 3) determine that the Case is "out of scope", refer it to the appropriate department/authority, and close the Case. Throughout this phase, the Ethics Case Manager (ECM) is also empowered and responsible for mitigating further harm to the organization or the parties involved by coordinating any actions required to provide timely support and protection of Survivors, any relevant stakeholders, and the organization; see Step 3.

STEP 1: ALLEGATION RECEIPT AND ACKNOWLEDGMENT

Description: | An Allegation is received through one of the channels described in [CRS Whistleblower and Non-Retaliation Policy](#).

1.1 Acknowledgement

Acknowledgment is the act of informing¹ the Reporter of an Allegation that their report has been received by the appropriate authority.

Duration: Completed within 1 calendar day of receiving the Allegation.

Responsible: The Whistleblower and the Receiver of the Allegation

Accountable: Relevant Director (Safeguarding or Fraud)

Consulted: Ethics Case Manager (ECM)

Informed: Relevant Director (Safeguarding or Fraud)

STEP 2: REGISTRATION AND CASE NOTIFICATION

Description:

2.1 Case Registration

An Ethics Case Manager (ECM) registers/processes² the *Allegation* on EthicsPoint³ and the Case is assigned a Number.

2.2 Scope Determination

If the *alleged misconduct falls outside the scope of Fraud or Safeguarding*, the ECM shall refer the Case to the appropriate department and close the Case in EthicsPoint. Any Allegation that is not related to Fraud or Safeguarding, e.g., allegations of performance issues, is out-of-scope (OOS) for purposes of this policy and procedure. OOS Cases will be closed in EthicsPoint and referred to the appropriate department/authority.

2.3 Case Triage

ECM uses the appropriate Triage Risk Framework⁴ to establish the Allegation's Tier.

a) Fraud Case Analysis

FRAUD ONLY: ECM completes the Analysis Form (No POL-ODD-008-A6)⁵.

2.4 Response Team Formation

The Response Team will be constituted on a case-by-case basis; based on Case Tier and unique circumstances related to the case.

2.5 Response Team Case Notification

ECM provides notification of the new Case to the Response Team via a Case Notification email with the subject line "New Allegation - Case #FAM/SAM-YYYY-N", where FAM/SAM-YYYY-N is the case number assigned by EthicsPoint.

1. The email should include a brief summary of the allegation and any relevant attachments or links.

¹ As detailed in Section 1 of the Guidance on Whistleblower Feedback/Communication (No POL-ODD-008-A5).

² All cases received from other reporting channels (asides from EthicsPoint) are registered in EthicsPoint and a case number is assigned. Upon receiving a report, Ethics Case Manager will evaluate the *Allegation(s)* to determine whether on its face or per a pre-determined standard, it supports a reasonable inference of Ethical Misconduct by the SOC.

³ EthicsPoint is CRS' hotline to report concerns, suspicion, or violation of CRS' code of conduct and ethics or general workplace policy.

⁴ Fraud cases use POL-ODD-008-A7, Safeguarding cases use POL-ODD-008-A8.

⁵ The ECM should consult the CP/Region as needed to provide missing details.

2. The email should also request the Response Team to acknowledge receipt of the email within 1 business day and confirm if they would like to have a case start-up call. If a start-up call is requested, the ECM will send a calendar invite to suit participants' availability.⁶

2.6 EthicsPoint Case Management – New Case Notification

The ECM attaches the Case Notification email to the EthicsPoint case file.

Duration:	Completed within 3 calendar days of processing the <i>Allegation</i> on EthicsPoint. Performed in parallel with Step 3.
Responsible:	ECM
Accountable:	Relevant Director (Safeguarding or Fraud)
Consulted:	Relevant Director (Safeguarding or Fraud)
Informed:	Response Team

STEP 3: PRECAUTIONARY/SAFETY & SECURITY MEASURES

Description:	<p>ECM in consultation with the Response Team and, where necessary, the Health, Safety and Security Team and/or local legal counsel, assesses the Case and initiates immediate administrative⁷, precautionary, safety security measures to ensure the safety of relevant stakeholders and to mitigate further harm to staff and the organization (collectively “measures”).⁸ The CR is accountable for ensuring the timely implementation of measures as determined by the ECM. Measures may include but are not limited to:</p> <ol style="list-style-type: none">1. SAFEGUARDING ONLY: For <i>Survivors</i>, assessing their safety and security, and putting mitigation measures in place. This includes but is not limited to, facilitating access to assistance via internal or external referrals with their explicit and informed consent. Assistance may include psycho-social, medical, and/or legal counsel⁹.2. For <i>Subjects of Complaint (SOC)</i>, Reporters and others, facilitating access to internal or external assistance (psycho-social), and as appropriate, assessing and initiating administrative and/or safety and security measures with regards to the SOC.
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⁶ It is recommended start-up calls be held within 2 business days of case notification to facilitate efficient case start-up.

⁷ Administrative actions for fraud target to prevent further financial loss, document tampering and intimidation of reporter and or witnesses.

⁸ The Response Team, safeguarding or fraud, consulting on this step should make the determination on what measures to apply according to their internal procedures.

⁹ Ascertaining the Survivor's preference in relation to seeking legal counsel and/or reporting the Allegation to the authorities includes determining the appropriate role for CRS in facilitating the Survivor's preference which in most instances, to avoid a conflict of interests, involves referring the Survivor to a third-party case management agency that is best situated to facilitate access to their access to legal services and other resources.

	<p>3. Determining and assessing any legal requirements pertaining to CRS in connection with the <i>Allegation</i>. Any decision to not comply with local legal requirements must be documented, including an explanation/justification of the decision, and added to the relevant EthicsPoint case file.</p>
Duration:	Iterative/Continuous Performed in parallel with Step 2 and/or 4.
Responsible:	ECM
Accountable:	CR
Consulted:	Response Team, where necessary: Health, Safeguarding and Security Team, local legal counsel
Informed:	Response Team

STEP 4: ASSESSMENT

Description:	<p>Assessment includes an analysis of the Allegation to evaluate its credibility. Only complaints that meet the criteria of credibility can be investigated further.¹⁰</p> <p>4.1 Credibility Evaluation The ECM, in consultation with the Reporter¹¹ and/or Response Team, evaluates the credibility of a Case based on the available information and/or evidence.¹²</p> <p>a) Criteria for Evaluating Credibility A Case is credible when:</p> <ul style="list-style-type: none">i. It clearly identifies the SOC,ii. The alleged conduct represents a potential breach of CRS policy; andiii. The information provided supports a reasonable belief that the event(s) described have occurred.¹³ <p>b) Reporter Communications The ECM may engage¹⁴ the Reporter during assessment to clarify the Allegation and gather additional information relevant to the assessment. Adequate measures should be taken not to reveal the identity of the Reporter during this communication.¹⁵</p>
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¹⁰ This is to ensure fairness and transparency for all parties involved.

¹¹ As detailed in Section 2 of the Guidance on Whistleblower Feedback/Communication (№ POL-OOD-008-A5).

¹² The objective of this step is to decide whether to proceed with the case or not, and to provide a clear and rational justification for the decision. The assessment step helps to avoid wasting resources and time on cases that have no merit or are impossible to pursue.

¹³ A reasonable belief is a belief that is based on facts or evidence that support the allegation. One of the factors that can contribute to a reasonable belief is the SOC having access and opportunity to commit the misconduct.

¹⁴ As detailed in Section 2 of the Guidance on Whistleblower Feedback/Communication (№ POL-OOD-008-A5).

¹⁵ Confidentiality will be honored to the extent possible and within legitimate needs of the assessment.

4.2 Case Credibility & Risk Level

A decision about how to proceed with a case is based on information collected during the assessment.

a) Credible Case

A Case that is deemed to be credible may proceed to Step 5.

c) Case Not Credible

If there is either insufficient information to establish the credibility of the Allegation or other factors that preclude an investigation from proceeding, the Case should be closed.¹⁶

- i. **SAFEGUARDING:** Decisions for cases that will not proceed to full investigation are documented in the Credibility Assessment Report (No POL-OOD-008-A2). **FRAUD:** The Credibility Assessment for Fraud Cases must always be carried out.
- ii. The ECM will notify the Reporter and Response Team of the closure.

Duration:	Completed within 5 calendar days of Registration (Step 2).
Responsible:	ECM
Accountable:	Relevant Director (Safeguarding or Fraud)
Consulted:	Reporter (Whistleblower), and Response Team
Informed:	Response Team

STEP 5: DONOR NOTIFICATION

Description: **5.1: Review Notification Requirements**

The ECM reviews award stipulations, and in consultation with Response Team and/or the respective IDEA officer, determines whether Donor notification is necessary. The ECM should be mindful of the following special considerations:

a) AAPD No. 24-01 Reporting

FRAUD ONLY: In instances where the alternate provision from [AAPD 24-01](#) is included in the award stipulations, the ECM must evaluate applicability and submit the BHA Incident Report Form.

b) USDA Conflict of Interest Reporting

Under [2 CFR § 400.2 - \(b\)\(3\)](#), recipients are responsible for notifying the respective USDA awarding agency in writing of any conflicts of interest that may arise during

¹⁶ If new information emerges that can enhance the credibility of a case, it may be reopened at any time.

the period of performance of an award, including those reported by subrecipients, **no later than 5 calendar days following discovery.**

5.2 Draft Notification Letter

The ECM uses the Donor Notification Template (Form No. POL-OOD-008-A4) to draft the donor notification letter with input from the Response Team to determine the appropriate language.¹⁷

5.3: Donor Notification Approval

The Donor Notification Letter must be approved by the appropriate approvers from the table below prior to moving to the next phase of this process. The ECM is responsible for securing approval in accordance with the following:

Allegation Tier	Approver(s)	
	Fraud Cases	Safeguarding Cases
Tier 1 & 2	Director Anti- Fraud	SA Safeguarding Investigations
Tier 3	Sr Director, GRC & ERM ¹⁸	Safeguarding Director

5.4: Notify Donor

The ECM, in coordination/consultation with the relevant members of the Response Team, submits¹⁹ the approved donor notification letter to the donor (or passthrough/prime in accordance with the award requirements. Where applicable, the ECM keeps the relevant members of the Response Team in the CC, including but not limited to IDEA officers and the CRs, and (re)assigns specific follow-up questions/comments related to the award to respective members of the Response Team. In some instances, where the relationship with the donor requires so, the Response Team members may request the ECM to provide exceptions to “notification responsibility”; in the event of a disagreement the relevant Director (Safeguarding or Fraud) must decide.

- Duration:** Completed within 5 calendar days of Assessment (Step 4)
- Responsible:** ECM
- Accountable** Relevant Director (Safeguarding or Fraud)
- Consulted:** Response Team
- Informed:** Donor representatives, including donor OIG

¹⁷ The identity of the survivor and SOC will not be disclosed. If the donor requires disclosure of the SOC, this information will be sent to the donor’s central office after consultation with local legal counsel and/or OGC.

¹⁸ after review of Director, Anti-Fraud.

¹⁹ For some donors, such as USAID/OIG, self-disclosure of Fraud allegations and investigation results is mandatory and must be done through their online portal (to USAID/OIG) and via email/letter to the AO/AOR. For USAID/OIG reporting, or donors with similar requirements, the ECM must submit the notification letter as per the terms & conditions of the award, i.e., in these situations OIG will receive the report using both the portal as well as the email to avoid misreporting due to portal malfunction and lack of evidence of submission due to the portal limitation of acknowledgement.

B. INVESTIGATION

Investigation is the second phase of the AMP. This phase is carried out by the Investigation Team, which is responsible for conducting a thorough and impartial investigation of the Allegation according to an approved Scope of Work. The Investigation Team prepares a report of any findings and recommendations resulting from their investigation.

STEP 6: SCOPE OF WORK (SOW)

Description:	<p>6.1: Draft SoW The ECM and/or Lead Investigator^{20 21}(with support from the ECM²²) develops the SoW²³, which outlines the investigation plan and timeline.²⁴</p> <p>6.2: SoW Review The draft SoW is reviewed by the Relevant Director (Safeguarding or Fraud) and revised accordingly by the Lead Investigator.</p> <p>6.3: SoW Approval The SoW must be approved by the appropriate authority prior to moving to the next phase of this process. The ECM is responsible for securing SoW approval in accordance with the following:</p> <table border="1" data-bbox="451 884 1458 1035"> <thead> <tr> <th rowspan="2">Allegation Tier</th> <th colspan="2">Approver(s)</th> </tr> <tr> <th>Fraud Cases</th> <th>Safeguarding Cases</th> </tr> </thead> <tbody> <tr> <td>Tier 1 & 2</td> <td>Director, Anti- Fraud</td> <td>SA Safeguarding Investigations</td> </tr> <tr> <td>Tier 3</td> <td>Sr. Director, GRC & ERM²⁵</td> <td>Safeguarding Director</td> </tr> </tbody> </table>	Allegation Tier	Approver(s)		Fraud Cases	Safeguarding Cases	Tier 1 & 2	Director, Anti- Fraud	SA Safeguarding Investigations	Tier 3	Sr. Director, GRC & ERM ²⁵	Safeguarding Director
Allegation Tier	Approver(s)											
	Fraud Cases	Safeguarding Cases										
Tier 1 & 2	Director, Anti- Fraud	SA Safeguarding Investigations										
Tier 3	Sr. Director, GRC & ERM ²⁵	Safeguarding Director										
Duration:	7 calendar days											
Responsible:	Lead Investigator											
Accountable:	ECM											
Consulted:	Response Team, applicable functional SMEs, i.e., SCM, Finance etc.											
Informed:	Response Team, Management at the discretion of the relevant Director (Safeguarding or Fraud)											

STEP 7: INVESTIGATION

Description: | **7.1: Process & Purpose**

²⁰ While the aim is to identify and build the capacity of investigators in CPs and partners, in some cases, the investigation team lead may be ECM, i.e., where CP does not have capacity or bandwidth or where lead external to CP or region is deemed important for the independence and integrity of the investigation.

²¹ Safeguarding Only: All non-safeguarding specialists tasked with co- investigating a case will sign the Investigator Terms of Reference.

²² For cases involving partners, EtU will calibrate the level of support provided to the partner based on their investigative capacity.

²³ ECM shall use the approved SoW template (№ POL-OOD-008-A3) to draft, or guide assigned investigation staff in developing a detailed SoW.

²⁴ ECM, in consultation with the Response Team determines whether the investigation is internal or external considering factors such as triage risk level, availability and appropriateness of staff to investigate, issues of independence or integrity of investigation. Risks related to safety/security, program/operations, local law, and reputation are identified and considered in the investigative approach and interim steps determined for the SOC and/or project.

²⁵ after review by Director, Anti-Fraud.

Investigation Team conducts fact-finding administrative investigation of the alleged Fraud/Safeguarding policy violation(s) in accordance with the approved SoW and in compliance with applicable laws. The investigation's purpose is to gather evidence and establish the facts to determine whether, on the balance of probabilities, it is more likely than not that a policy violation has occurred.

7.2 Investigation Methodology

Investigations should be conducted in a fair, impartial, and objective manner, respecting the rights and dignity of all parties involved. The investigation methodology may vary depending on the nature²⁶, scope, and complexity of the case, but it may generally include the following considerations:

a) Reporter Communications

The Investigation Team may engage²⁷ the Reporter during the investigation to clarify the Allegation and gather additional information relevant to the investigation. Adequate measures should be taken not to reveal the identity of the Reporter during this communication.²⁸ When necessary, ECM will ensure (directly or through the Response Team) that periodic updates on the progress of investigations (verbal or written) are shared with the Reporter.²⁹ The ECM will update the EthicsPoint case file with a Case Note or attachment noting when an update was provided to the Reporter.

b) High-Risk Cases

For high-risk Cases³⁰, check-ins³¹ will be established among the Response Team and relevant Director (Safeguarding or Fraud) as appropriate.

c) Emergent Information

New facts and circumstances may require the Investigator, the ECM, the Response Team and/or the relevant directors (Fraud or Safeguarding) to inquire into matters not included in the original SoW. In such a case, the Investigator should advise the ECM and request scope change by modifying the SoW. Other investigative challenges not envisioned in the SoW should be escalated to the ECM as soon as possible.

d) Sources of Evidence

i. Documentary Evidence

Documentary evidence has the most weight in supporting the credibility and reliability of an Allegation and should be prioritized.

²⁶ Investigation procedures vary depending on whether the nature of a case is Fraud or Safeguarding. Therefore, the ECM should follow the internal investigation procedures appropriate to the nature of a case to ensure that the evidence is collected and documented in a proper and ethical manner. **Inset Fraud Investigation Manual**

²⁷ As detailed in Section 2 of the Guidance on Whistleblower Feedback/Communication (№ POL-OOD-008-A5).

²⁸ Confidentiality will be honored to the extent possible and within legitimate needs of the investigation.

²⁹ Refer to Guidance on Whistleblower Feedback/Communication (№ POL-OOD-008-A5), Annex 2- Update to Reporter.

³⁰ High-risk cases are assigned to the tier 3 category, which means they have the highest priority and urgency for action. These cases are identified as described in step 2.3 Case Triage.

³¹ Check-in meetings are an important part of ensuring compliance and accountability in high-risk cases. However, these meetings may not always follow a fixed schedule or frequency. Depending on the nature and severity of the case, the Lead Investigator may decide to conduct ad-hoc meetings as needed to address any issues or concerns that arise. This allows for more flexibility and responsiveness in dealing with complex and dynamic situations.

Documentary evidence refers to any written or recorded material that can be used to support or verify a statement, such as:

- official documents
- photographs and videos
- correspondence
- meeting minutes
- Business Records
- certified copies of public records

ii. **Interviews – Testimonial Evidence**

Interviewing is usually the most important part of any investigation and involves gathering information needed to draw a conclusion from first-hand sources. The following practices are required of the Investigation Team when conducting interviews:

- All interviews must be conducted, objectively and without bias,
- where possible, interviews should be conducted by two investigators, where one investigator takes notes and/or draft interviewee’s statement,
- investigators should explain the investigation process and interviewee’s role in it,
- advise interviewees to keep details of interview confidential and where possible, obtain a signed declaration of confidentiality,
- notify the SOC in writing prior to the interview. Where situation allows, SOC role and nature of allegation may be disclosed, and communicate with SOC and/or survivor about status of investigation (ongoing or completed, and if completed, management or HR would communicate outcome).
- The investigation team must be objective, impartial, and fair throughout the investigative process-free from improper influence and fear of retaliation.

Duration:	30 calendar days ³²
Responsible:	Investigator
Accountable:	ECM ³³ and relevant Director (Safeguarding or Fraud)
Consulted:	Response Team, applicable functional SMEs, i.e., SCM, Finance etc.

³² Each investigation is unique in some way and may have some degree of complexity and time requirements. The allocated time of 30 calendar days is a benchmark, however, investigations need to be done promptly.

³³ The Case Manager provides ongoing technical support to the investigation team (guidance on ethics, professionalism of investigators; investigation management including tips or checklist for interviews, templates for notifying and recording interviews with persons of interest, request-to-respond templates, amongst others).

Informed: Response Team, Management and/or Donor/Donor OIG at the discretion of the Relevant Director (Safeguarding or Fraud)

STEP 8: INVESTIGATION REPORT

Description: **8.1 Draft Investigation Report (IR)**
 At the completion of an investigation, the information gathered is assessed by the Investigation Team and an investigation report is drafted with support from the ECM.

a) IR Requirements

The following practices are required of the Investigation Team when preparing an IR:

- i) Use the appropriate Investigation Report template³⁴,
- ii) be factual and bound by the scope of the SoW,
- iii) indicate any CRS policies and procedures that are relevant to the investigation,
- iv) include direct quotations from interviewees, where possible,
- v) include considerations for specific corrective (including disciplinary) actions that are proportionate to the substantiated policy violation,
- vi) include entity or individual(s) that may need to be added to Internal Excluded Parties List,
- vii) Include considerations for appropriate controls and mitigation measures,
- viii) be accompanied with supporting documentation, e.g., interview notes, interview recordings (if appropriate), workpapers; and
- ix) ensure that copies of relevant documents have structured taxonomy/naming convention, and preferably hyperlinked (FAM/SAM OneDrive) otherwise supplied with the report.

8.2 IR Review

The ECM leads the review of the IR draft. Any irregularities or shortcomings in the IR shall be brought to the attention of the Lead Investigator for clarification and further action as necessary.

8.3 IR Approval

The IR must be approved by the appropriate authority per the table below prior to moving to the next step of this process. The ECM is responsible for securing IR approval in accordance with the following:

Allegation Tier	Approver(s)	
	Fraud Cases	Safeguarding Cases
Tier 1 & 2	Director, Anti-Fraud	Safeguarding Director
Tier 3	Sr Director, GRC & ERM ³⁵	Safeguarding Director

³⁴ Fraud IR Template (No POL-ODD-008-A13), Safeguarding IR Template (No POL-ODD-008-A14).

³⁵ After review by Director, Anti-Fraud.

Duration:	Within 10 calendar days of completing Investigation (Step 9)
Responsible:	Lead Investigator
Accountable:	ECM
Consulted:	Response Team, applicable functional SMEs, i.e., SCM, Finance etc.
Informed:	Response Team, Management and/or Donor/Donor OIG at the discretion of the relevant Director (Safeguarding or Fraud)

C. REPORTING

The Reporting phase of the AMP describes the steps to be taken after the completion of the Investigation. During this AMP phase, the ECM is responsible for submitting results of the Investigation to the relevant authority, e.g., GPR (or designated RPO), coordinating notification to the donor of the Investigation's outcome; and closing the case with notice to the relevant stakeholders. Following case closure, the ECM will ask for updates on the implementation of any remedial measures until all such measures have been successfully implemented.

STEP 9: INTERNAL COMMUNICATIONS

Description:	<p>9.1 Communicate to Relevant Parties</p> <p>Communication of an Investigation's outcome depends on the nature of the Allegation's SOC. The ECM should proceed as follows based on whether the SOC is CRS Team Member or CRS Associate.</p> <p>a) Cases with a CRS Team Member SOC</p> <p>When the SOC is <i>a CRS staff member</i>:</p> <ul style="list-style-type: none">i) ECM will share the redacted executive summary of the IR with the Response Team³⁶,ii) ECM will set up a debriefing call with the Response Team and GPR, as needed, for the Response Team to ask clarifying questions to the ECM³⁷ about the Investigation and for GPR to lead the discussion on any appropriate disciplinary action,iii) GPR (or delegate) will inform the SOC of the Investigation's outcome; andiv) ECM will inform the Reporter³⁸ and Survivor of Case closure and inform the Survivor of the Investigation's outcome. Other witnesses may be informed of Case closure, as appropriate. <p>b) Cases with a CRS Associate SOC</p> <p>When the SOC is <i>not a CRS staff member</i>, the ECM will:</p> <ul style="list-style-type: none">i) share the executive summary of the IR with the Response Team³⁹,
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³⁶ Anonymize the names of persons of interest (SOC, survivor, reporter, witnesses) using an appropriate descriptor.

³⁷ All approved investigation reports are final, however, where disagreement occur with response team over any finding, EtU will refer matter to senior management and/or OGC.

³⁸ Refer to Guidance on Whistleblower Feedback/Communication (№ POL-OOD-008-A5), Annex 3-Close out with the Reporter.

³⁹ Anonymize the names of persons of interest (SOC, survivor, reporter, witnesses) using an appropriate descriptor.

- ii) debrief with the Response Team, as needed, to confirm what actions the Response Team intends to take,
- iii) confirm with the SoC's employer that the SoC was informed of the outcome and what actions the employer intends to take. These should be documented in the case file; and
- iv) confirm that the investigators inform the Reporter and Survivor of case closure and inform the Survivor of the investigation's outcome. Other witnesses may be informed of Case closure, as appropriate.

Duration: 10 calendar days

Responsible: ECM

Accountable: Relevant Director (Safeguarding or Fraud)

Consulted: Response Team

Informed: Response Team, Reporter, Survivor and other Witnesses as appropriate.

STEP 10: DONOR REPORT

Description: **10.1 Draft Donor Report**
 ECM reviews donor requirements⁴⁰, and works in consultation with the Lead Investigator, CR (as relevant to the case) and/or the respective IDEA officer to draft the final letter⁴¹ to the donor or prime (where CRS is sub-recipient).

10.2: Donor Report Approval
 The Donor Report must be approved by the appropriate approves from the table below prior to moving to the next phase of this process. The ECM is responsible for securing approval in accordance with the following:

Allegation Tier	Approver(s)	
	Fraud Cases	Safeguarding Cases
Tier 1 & 2	Director, Anti-Fraud	SA Safeguarding Investigations
Tier 3	Sr Director, GRC & ERM ⁴²	Safeguarding Director

10.3: Report to Donor
 The ECM, in coordination/consultation with the relevant members of the Response Team, submits⁴³ the approved Donor Report to the donor (or passthrough/prime in

⁴⁰ The identity of the survivor and subject of complaint will not be disclosed. If the donor requires disclosure of the subject of complaint, this information will be sent to the donor's central office after consultation with local legal counsel.

⁴¹ Final donor report/letter must indicate to the donor that CRS will assume that no follow up from donor in next 30 days will constitute initiation of case closure. If the donor does not agree with the decision to close the case, the ECM should consult the Exceptions section of this document.

⁴² After review of Director, Anti Fraud.

⁴³ For some donors, such as USAID/OIG, self-disclosure of Fraud allegations and investigation results is mandatory and must be done through their online portal (to USAID/OIG) and via email/letter to the AO/AOR. For USAID/OIG reporting, or donors with similar requirements, the ECM must submit the notification letter as per the terms & conditions of the award, i.e., in these situations OIG will receive the report using both the portal as well as the email to avoid misreporting due to portal malfunction and lack of evidence of submission due to the portal limitation of acknowledgement.

accordance with the award requirements. Where applicable, the ECM keeps the relevant members of the Response Team in the CC, including but not limited to IDEA officers and the CRs, and (re)assigns specific follow-up questions/comments related to the award to respective members of the Response Team. In some instances, where the relationship with the donor requires so, the Response Team members may request the ECM to provide exceptions to “notification responsibility”; in an event of a disagreement the relevant Director (Safeguarding or Fraud) must decide.

Duration:	5 calendar days
Responsible:	ECM
Accountable:	CR/Project Support Unit (PSU)
Consulted:	CR/lead investigator/IDEA
Informed:	Relevant Director (Safeguarding or Fraud)

STEP 11: CASE CLOSURE

Description:	<p>11.1 Close Case⁴⁴ The ECM shall, using the appropriate checklist⁴⁵, ensures key documentation and information are included in EthicsPoint case folder⁴⁶ prior to closing case and sending case closure notification to the relevant Response Team.</p> <p>a) Requirements for Closure Case closure shall be subject to:</p> <ul style="list-style-type: none">i) submission of donor letter/report to donor, andii) Donor Report indicates to donor that CRS will assume that no follow up from donor in next 30 days will constitute initiation of case closure. <p>Once the above requirements have been verified, the ECM may proceed to close the case pending implementation of any associated Correction Action Plan.</p> <p>11.2 Closure Notification The ECM must notify⁴⁷ the Response Team, the Survivor, and the Reporter⁴⁸ (if different from the Survivor) of case closure. The notification should be shared separately to each party and should include the case number, the date of closure, and a brief summary of the resolution.</p> <p>11.3 Inclusion on Internal Excluded Parties List⁴⁹ Confirmed perpetrators and/or parties with unfavorable (to CRS, donors, partners, program participants) business and ethics conduct must be reported (using</p>
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⁴⁴ Closed cases can be reopened if new information comes to light or as required by donor.

⁴⁵ Fraud Case Manager Checklist (№ POL-OOD-008-A11), Safeguarding Case Manager Checklist (№ POL-OOD-008-A12)

⁴⁶ EtU is responsible for retaining all relevant documents and evidence pertaining to investigated cases in the EthicsPoint case file.

⁴⁷ Notification may be Verbal or Written. Where Verbal notification is provided, the ECM should make a note of it in the case file along with the date and information shared.

⁴⁸ As detailed in Section 3 of the Guidance on Whistleblower Feedback/Communication (№ POL-OOD-008-A5).

⁴⁹ In accordance with (in-progress revisions to Bridger policy).

	Exclusion Report Form, No. POL-OOD-005-A6) to GRC for exclusion of conducting future business with CRS.
Duration:	3 Calendar Days
Responsible:	ECM
Accountable:	Relevant Director (Safeguarding or Fraud)
Consulted:	GRC
Informed:	Response Team, Survivor, Reporter

D. Post-Investigation

This final phase of the AMPP involves implementing any remedial measures detailed in the IR and monitoring their outcomes to ensure that they are effective and sustainable.

STEP 12: IMPLEMENT REMEDIAL MEASURES

Description:	12.1 Implementation of Corrective Action Plans Corrective Action Plan ⁵⁰ (CAPs) outline the steps to be taken (remediation) to address incidents of Fraud or Safeguarding violations. Remediation includes any necessary changes to CRS' operational processes procedures and/or internal controls, to prevent or reduce the risk of similar incidents happening again. It also involves recovering any losses from the perpetrators and reimbursing the donors who were affected by the violations. ⁵¹ Additionally, it involves taking disciplinary measures against the staff members who were involved in or responsible for the violations. It is the responsibility of management (CP/Region and department heads as applicable) to implement the agreed upon Corrective Action Plan (CAPs) post investigation.
Duration:	Subject to GPR or CP timeline
Responsible:	Response Team Assigned in the CAPs schedule.
Accountable:	Management (CP/Region and department heads as applicable)
Consulted:	Varies
Informed:	Varies

STEP 13: IMPLEMENT & TRACK REMEDIAL MEASURES

⁵⁰ A Corrective Action Plan (CAP) is created as part of the Investigation Report Process (Step8).

⁵¹ as per Guidance Note -How to resolve Questioned Costs (QCs) & determine post investigation losses (No POL-OOD-008-A10).

Description:	13.1 Action Plan Tracking The Ethics Unit (EtU) through the ECM ⁵² will track and monitor CAP implementation for reporting purposes and as such develop appropriate tracking and reporting tools. Follow-up will be on three categories: a) Internal Control measures to prevent recurrence of irregularities and or fraud, b) Restitution to the donors, and c) Disciplinary Actions.
Duration:	Subject to GPR or CP timeline
Responsible:	ECM
Accountable:	Relevant Director (Safeguarding or Fraud)
Consulted:	Varies
Informed:	Relevant Director (Safeguarding or Fraud)

Exceptions:

The AMP outlines the general steps and standards for managing Allegations of Ethical Misconduct. However, the procedure cannot address every possible scenario or situation that may arise during the allegation management process. For example, a donor may disagree with the resolution offered in the final donor report, or a witness may retract their statement after the investigation is completed. In such cases, the relevant Director (Safeguarding or Fraud) has the authority and discretion to decide on the best course of action, considering the nature and severity of the Allegation, the evidence available, the interests of CRS and the stakeholders involved, and the principles of fairness and accountability. The relevant Director (Safeguarding or Fraud) must document any deviations from the AMP and provide a rationale for their decision.

Adherence:

This policy and procedure is aligned with the [CRS Whistleblower Policy](#), which establishes a zero-tolerance approach to any form of ethical misconduct and establishes "that all allegations are assessed, investigated as needed, and appropriate action is taken." This policy and procedure are therefore designed to ensure that Allegations are managed fairly, promptly and consistently.

Adherence Expectations for Covered Parties

Covered Parties are expected to adhere to this policy and procedure, which includes protecting the integrity of the investigation process by providing their full and timely cooperation. A Willful Violation is a type of serious misconduct that occurs when a Covered Party knowingly behaves in a manner that deliberately violates this policy and procedure.⁵³ Willful violation of this policy and procedure, such as manufacturing evidence, interfering with an investigation, or retaliating against a Reporter, will result in disciplinary action, up to and including termination of employment.

⁵² Completion of recommendations/corrective action plan are outside the scope of EtU allegation management. However, ECM will track the completion of disciplinary actions and restitution of disallowed costs.

⁵³ See CRS Policy on General Workplace Conduct (p.1-2), detailing expected values-based behavior of CRS Staff, including prohibiting "any deliberate act considered detrimental to CRS' interest or the interests of its partners or employees" and requiring staff to "cooperate with investigations" that may arise.

Willful violations of the policy and procedure are serious offenses that undermine the integrity and credibility of CRS. Examples of willful violations include, but are not limited to:

- Circumventing process steps, such as bypassing the donor reporting requirements, disclosing the identity of a Survivor to unauthorized parties, or destroying or tampering with evidence.
- Interfering with the investigation process, such as influencing or intimidating witnesses, providing false or misleading information, or obstructing/not cooperating in a timely manner with investigators.
- Retaliating against a witness, Reporter, Survivor, SOC, or investigator, i.e., harassing, threatening, discriminating, or taking adverse actions against them.

Willful violations of this policy and procedure will be investigated and addressed promptly and appropriately. Depending on the nature and severity of the violation, the consequences can range from a verbal warning to dismissal from the organization and legal action.

Cooperation with Law Enforcement

CRS may report the Allegation and the outcome of its investigation to local law enforcement authorities, depending on the type of Allegation, the context, and applicable local laws.

Interpretation and Questions:

This policy and procedure are intended to provide clear and consistent guidance for managing Allegations of Ethical Misconduct within CRS. If you have any questions about the interpretation of this policy and procedure, or any other questions related to how the AMPP is implemented, you can contact Global Risk and Compliance (GRC). GRC is responsible for overseeing the allegation management process and ensuring compliance with CRS standards and donor requirements.

This contents of this Policy & Procedure are subject to the content and Disclaimer included in the CRS Policy on Policy Development, Review & Approval.

Definitions:

Allegation	A reported violation of CRS' conduct and ethical standards implicating Fraud or Safeguarding (Ethical Misconduct) as specified in the CRS Code of Conduct and Ethics and which is reported in accordance with the CRS Whistleblower Policy .
Case	This is the record of an Allegation in EthicsPoint.
Case Manager (ECM)	Ethics (Safeguarding or Fraud) staff that provides oversight of ethics allegations. The ECM oversees the case from start to finish, coordinates the investigation, communicates with the stakeholders, and manages decision processes.
Covered Activities	CRS operations, defined as all activities that CRS engages in or finances, either directly or indirectly, in whole or in part.
Covered Parties	Any CRS staff involved in the allegation management process, including those who receive, assess, investigate, report, or resolve Allegations.

DFFO	Director of Field Fraud Operations.
DSG	Director of Safeguarding.
EAC	Executive Advisory Committee.
ELT	Executive Leadership Team.
Ethical Misconduct	A violation of CRS' conduct and ethical standards as defined in the CRS Code of Conduct and Ethics implicating Fraud or Safeguarding.
EthicsPoint	CRS' Whistleblower hotline hosted by third party vendor, Navex. Reporters can file reports related to alleged fraud, safeguarding, and employee relations matters.
EtU	Ethics Unit
EVP/GPR	Executive Vice-President, Global Peoples Resources.
Fraud	<p>An act or course of dishonesty, an intentional concealment, omission, or perversion of truth, to (1) gain unlawful or unfair advantage, (2) induce another to part with some valuable item or surrender a legal right, or (3) inflict injury in some manner.</p> <p>Examples of fraud include bribery, kickbacks and gratuities, collusive behavior between vendors and staff, false claims, embezzlement, and the types of theft that are the direct or indirect result of fraudulent actions.</p>
IA	Internal Audit.
Internal Excluded Parties List	Bridger List that will highlight entities added as Excluded.
Lead Investigator	A person who is in responsible for leading investigation of an Allegation. This person must be a CP staff member who has the authority and training to conduct investigations of Allegations. If no CP staff member is qualified or available, the ECM may act as Lead Investigator.
OOLT	Overseas Operations Leadership Team.
PSU	Project Support Unit.
Response Team	The Response Team supports the ECM by providing relevant information, expertise, and resources, and by implementing the actions required by the ECM.
SOC	Subject of a Complaint. The individual(s) against whom an Allegation has been made.


Survivor

A Survivor is a person who has experienced or has been exposed to a safeguarding concern. “Survivor” is preferred in the psychosocial support sector – in contrast to the term victim – because it implies resilience. See [CRS Policy on Safeguarding](#), “Other Definitions” section.

NOTES

RELATED RESOURCES

AMPP Simplified: Presentation of key procedural steps (№ PRO-OOD-RSK-A1)
Credibility Assessment Report (№ POL-OOD-008-A2)
Scope of Work Template (№ POL-OOD-008-A3)
Donor Notification Template (№ POL-OOD-008-A4)
Guidance on Whistleblower Feedback/Communication (№ POL-OOD-008-A5)
Fraud Case Analysis Form (№ POL-OOD-008-A6)
Fraud Triage Risk Framework (№ POL-OOD-008-A7)
Safeguarding Triage Risk Framework (№ POL-OOD-008-A8)
Guidance Note: How to Resolve Questioned Costs (№ POL-OOD-008-A10)
Case Manager Check-List for Fraud Cases (№ POL-OOD-008-A11)
Case Manager Checklist for Safeguarding Cases (№ POL-OOD-008-A12)
Investigation Report Template for Fraud Cases (№ POL-OOD-008-A13)
Investigation Report Template for Safeguarding Cases (№ POL-OOD-008-A14)
[Whistleblower and Non-Retaliation Policy](#)
USAID link to OIG Guidance: http://pdf.usaid.gov/pdf_docs/Pdacr319.pdf
USAID OIG website: <http://oig.usaid.gov>
Department of State OIG website: <https://www.stateoig.gov>
USDA OIG website: <http://www.usda.gov/oig>
HHS OIG website: <https://oig.hhs.gov>
Global Fund OIG website: <http://www.theglobalfund.org/en/oig>

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