

POLICY AND PROCEDURES GOVERNING ANTI-BRIBERY AND ANTI-CORRUPTION

1. Purpose

This policy establishes Fujairah University's zero-tolerance framework for preventing, detecting, reporting, investigating, and addressing bribery, corruption, undue influence, improper advantage, and related misconduct. It protects the integrity of the University's academic, administrative, financial, research, procurement, partnership, and community-engagement activities.

The policy establishes clear responsibilities, controls, reporting safeguards, evidence requirements, and review mechanisms. It supports ethical leadership, fair decision-making, public confidence, sound stewardship of University resources, and compliance with applicable UAE laws, regulations, and institutional requirements.

2. Scope

This policy applies to all University-related activities, whether conducted on campus, online, off campus, or with external partners, and applies to the following persons and entities:

- Members of the Board of Trustees, University Council, committees, and advisory bodies;
- The President, Vice Presidents, Deans, directors, heads of units, faculty, staff, temporary employees, interns, and students acting on behalf of the University;
- Researchers, assessors, moderators, consultants, volunteers, and visiting faculty;
- Suppliers, contractors, service providers, agents, representatives, sponsors, donors, partners, and all third parties acting for or on behalf of the University.

Compliance is a condition of employment, appointment, enrolment where applicable, contractual engagement, partnership, procurement, sponsorship, and representation of the University.

3. Authority and Reference Framework

This policy shall be implemented in accordance with applicable UAE laws and regulations, relevant Ministry of Higher Education and Scientific Research and Commission for Academic Accreditation requirements, the University's approved governance instruments, financial controls, procurement procedures, employment arrangements, and data-governance requirements. International good-practice reference points may inform continuous improvement without displacing UAE obligations.

4. Definitions

TERM	MEANING
Bribery	Offering, promising, giving, requesting, agreeing to receive, accepting, or authorising anything of value to improperly influence an action, decision, duty, or outcome.
Corruption	The abuse of entrusted power, authority, position, information, or resources for private gain or an improper advantage.
Anything of value	Money, loans, gifts, vouchers, discounts, travel, accommodation, meals, entertainment, employment, internships, contracts, sponsorships, donations, favours, services, academic advantage, confidential information, or any tangible or intangible benefit.
Facilitation payment	An unofficial payment or benefit made to expedite or secure a routine administrative action. Such payments are prohibited.
Kickback	A payment, benefit, or return of value given to improperly reward, influence, or secure a contract, payment, approval, referral, or other advantage.
Conflict of interest	An actual, potential, or perceived conflict between a person's University responsibilities and personal, financial, family, professional, or external interests.

TERM	MEANING
Public official	Any government employee, regulator, accreditation representative, public authority employee, employee of a state-owned entity, or person acting in an official public capacity.

5. Acronyms and Abbreviations

ACRONYM	FULL TERM
CAA	Commission for Academic Accreditation
CRIE	Center for Research Innovation and Excellence
HR	Human Resources
MOHESR	Ministry of Higher Education and Scientific Research
QA-IEA	Quality Assurance and Institutional Effectiveness Affairs
QA-IEC	Quality Assurance and Institutional Effectiveness Council
UAE	United Arab Emirates

6. Policy Statement and Prohibited Conduct

Fujairah University prohibits, whether directly or indirectly, the offering, promising, giving, requesting, authorizing, or accepting of a bribe, improper advantage, kickback, facilitation payment, undue benefit, or any action intended to improperly influence a decision or secure an improper advantage. No person may justify prohibited conduct by reference to institutional custom, commercial pressure, seniority, personal relationship, urgency, financial benefit, or an instruction from another person.

- Offering or accepting money, gifts, hospitality, favors, employment opportunities, or any benefit to influence admissions, assessment, academic progression, recruitment, promotion, procurement, licensing, accreditation, inspection, research approval, or any University decision;
- Requesting or accepting commissions, kickbacks, referral fees, or personal benefits from suppliers, contractors, students, parents, partners, sponsors, donors, or service providers;
- Awarding, influencing, or facilitating a contract, purchase order, scholarship, internship, consultancy, research grant, employment opportunity, or academic benefit on the basis of a personal interest or undisclosed relationship;
- Making unofficial payments to accelerate an approval, service, inspection, customs process, or administrative action;
- Falsifying invoices, expense claims, procurement records, attendance records, assessment records, research records, financial documents, travel claims, or evidence submitted to external authorities;
- Diverting University funds, assets, intellectual property, research resources, confidential information, or facilities for personal, family, political, or third-party benefit;
- Using charitable donations, sponsorships, student support, research funding, or community-engagement activities to conceal an improper payment or influence;
- Improperly influencing or attempting to influence an external evaluator, accreditation body, regulator, auditor, public official, or decision-maker; and
- Retaliating against a person who raises a concern, makes a report in good faith, participates in an inquiry, or refuses to engage in prohibited conduct.

7. Gifts, Hospitality, Travel and Entertainment

Gifts, hospitality, meals, travel, accommodation, and entertainment must never be offered, accepted, requested, or provided where they may influence, or appear to influence, an official or academic decision; create an obligation or preferential treatment; occur during a procurement, recruitment, admission, assessment, accreditation, audit, licensing, or contract decision; or be excessive, frequent, secretive, or inconsistent with University values. Cash and cash-equivalent benefits, including vouchers, gift cards, loans, and personal discounts, are prohibited.

Modest and customary courtesy items may be accepted only where they are lawful, infrequent, transparent, of nominal value, and cannot reasonably be perceived as influencing a decision. Items above the threshold established in the Gifts, Hospitality, Travel and Entertainment Procedure must be declared promptly and recorded in the relevant register. Any arrangement involving public officials, regulators, accreditation representatives, auditors, or procurement-related parties requires prior written approval by the policy owner and consultation with Legal Affairs.

8. Conflicts of Interest

All covered persons shall disclose actual, potential, or perceived conflicts of interest promptly and before participating in a related decision, evaluation, procurement, recruitment, assessment, research, partnership, or approval process. A person with a declared conflict shall not participate in the related discussion, recommendation, evaluation, decision, approval, or oversight activity unless the competent authority approves a documented mitigation arrangement. The University shall maintain a controlled Conflict-of-Interest Register and require annual declarations from senior leaders, procurement personnel, committee members, assessors, researchers, and other designated roles.

9. Procurement Contracts and Third Parties

The University shall apply transparent, competitive, documented, and proportionate procurement and contracting controls. Decisions shall be based on approved requirements, objective criteria, delegated authority, value for money, quality, compliance, and institutional need.

- Third parties shall undergo risk-proportionate due diligence, which may include verification of ownership, reputation, qualifications, conflicts of interest, sanctions exposure, prior misconduct, and capacity to comply with applicable laws and University requirements.
- Relevant contracts shall include anti-bribery and anti-corruption obligations, audit rights where appropriate, record-retention requirements, reporting duties, and the University's right to suspend or terminate the relationship in the event of suspected or confirmed misconduct.
- No intermediary, agent, consultant, or representative may be used to make or receive an improper payment, benefit, or inducement on the University's behalf.

10. Donations, Sponsorships, Partnerships, and Research Funding

Donations, sponsorships, partnerships, grants, and research funding shall serve legitimate educational, research, community, or institutional purposes and be subject to documented review, approval, financial controls, and evidence of use. No arrangement may be accepted or provided where it is intended, or may reasonably be perceived, to influence admissions, academic outcomes, procurement, regulatory decisions, accreditation outcomes, employment, research conclusions, or other institutional decisions. Research integrity, academic freedom, independent evaluation, and transparent disclosure of funding sources shall be protected at all times.

11. Financial Controls and Records

All financial transactions shall be authorized, accurately recorded, supported by valid documentation, and retained in accordance with the University's financial-management, records-management, and document-control requirements. Off-book accounts, false descriptions, unrecorded transactions, altered invoices, duplicate payments, unsupported expense claims, and misleading documentation are prohibited. The University shall maintain appropriate segregation of duties, approval limits, reconciliation arrangements, procurement controls, payment controls, audit trails, and periodic internal reviews.

12. Reporting Concerns and Protection from Retaliation

Any person who suspects or becomes aware of actual, attempted, or potential bribery, corruption, undue influence, conflict of interest, or related misconduct shall report the matter promptly. Reports may be made confidentially to the President, the designated Ethics, Integrity, and Complaints Committee or Officer, Internal Audit, Legal Affairs, Human Resources, or through an approved confidential reporting channel.

A report should identify, where available, the persons involved, date, location, nature of the concern, relevant documents or evidence, and any immediate risk to the University. A reporter shall not conduct a personal investigation or confront a suspected person unless authorized to do so. The University prohibits retaliation against any person who, in good faith, raises a concern, refuses to participate in prohibited conduct, or provides information or cooperation during an inquiry or investigation. Retaliation includes intimidation, threats, harassment, discrimination, adverse academic treatment, reduced opportunities, reputational harm, or other detrimental action and shall be treated as serious misconduct.

13. Review Investigation and Corrective Action

All reports shall be assessed promptly, fairly, impartially, and confidentially to the extent permitted by law and due-process requirements. The competent authority may initiate an inquiry, appoint an investigation team, preserve evidence, restrict access to systems or records, suspend relevant approvals or transactions, refer matters to external authorities, and implement interim risk controls where necessary.

STAGE	REQUIREMENT AND TIMEFRAME
Acknowledgement	The receiving office acknowledges a report within five working days, where contact information is available, and assesses immediate risks, including evidence preservation, potential retaliation, and financial exposure.
Preliminary assessment	The authorized receiving function determines within 15 working days whether the matter may be resolved through a control correction, requires formal investigation, or must be referred under another policy, contractual, or legal process.
Formal investigation	An independent, competent investigation team reviews the matter subject to conflict-of-interest management, confidentiality, evidence integrity, and procedural fairness. It normally reports findings and recommended action within 30 working days. Complex matters may be extended with documented reasons.
Decision and action	The competent authority determines proportionate action on the investigation findings. Where senior personnel, material loss, or serious reputational or legal risk is involved, the matter shall be escalated to the President and relevant governing authority.
Records and lessons learned	Internal Audit or the designated integrity function maintains a confidential register of reports, actions, response times, themes, outcomes, control weaknesses, and improvement actions.

Where misconduct is substantiated, the University may take disciplinary action, recover funds or assets, terminate a contract, remove a person from a committee or role, revise procedures, increase oversight, require training, and refer matters to competent government or law-enforcement authorities where appropriate.

14. Governance Accountability and Responsibilities

ROLE OR BODY	ACCOUNTABILITY
Board of Trustees and University Council	Provide strategic oversight and ensure that the University maintains effective integrity, governance, and accountability arrangements.
University President	Approves this policy; provides institutional leadership; ensures appropriate escalation, resourcing, and enforcement.
Vice President for Administrative and Financial Affairs	Policy owner; ensures implementation, proportionate resourcing, risk management, and reporting through the appropriate governance route.

ROLE OR BODY	ACCOUNTABILITY
Legal Affairs	Advises on legal obligations, investigations, contractual safeguards, and referral to competent authorities where required.
Internal Audit	Evaluates the adequacy and effectiveness of anti-corruption controls and undertakes risk-based audits and investigations within its approved mandate.
Finance and Procurement	Maintains robust financial, procurement, payment, supplier-management, declaration, and record-keeping controls.
Human Resources	Integrates relevant requirements into induction, employment processes, disciplinary procedures, and staff development.
Vice Presidents, Deans, Directors, and Heads of Units	Ensure implementation within their areas, promote an ethical culture, manage risks, ensure awareness, and act promptly on reported concerns.
QA-IEA	Maintains document control and independently monitors policy governance, institutional evidence, risk and performance monitoring, and continuous-improvement arrangements. QA-IEA does not replace operational accountability of responsible units.
All members of the University community	Comply with this policy, declare conflicts of interest, protect University resources, complete required training, and report concerns promptly.

15. Training Communication and Awareness

The University shall provide periodic anti-bribery and anti-corruption awareness for employees, leaders, procurement personnel, finance staff, committee members, researchers, and other higher-risk roles. This policy shall be published in the controlled policy repository and communicated through induction, staff briefings, procurement documentation, contractual terms, and relevant student and partner communications.

16. Quality Assurance Monitoring and Evidence

The policy owner shall prepare an annual Integrity and Anti-Corruption Compliance Report for the President, relevant governance body, and QA-IEA. The report shall distinguish policy compliance, control effectiveness, risk exposure, reported concerns, investigation trends, improvement actions, and responsible owners. Aggregate reporting shall protect confidentiality and investigation integrity.

MONITORING AREA	MINIMUM TRACEABLE EVIDENCE	PRIMARY EVIDENCE OWNER
Conflict-of-interest control	Annual declarations, recusal records, mitigation decisions, and register quality checks.	Human Resources; Finance and Procurement; Legal Affairs
Gifts and hospitality control	Declarations, approvals, register, rejected or surrendered items, and periodic review.	Finance and Procurement; Heads of Units
Procurement and third-party due diligence	Tender and evaluation records, due-diligence assessments, contracts, declarations, approval trails, and exceptions.	Finance and Procurement; Legal Affairs
Training and awareness	Induction material, attendance or completion reports, risk-role coverage, and effectiveness feedback.	Human Resources; policy owner
Reporting and investigations	Confidential case register, acknowledgment and review times, investigation records, decisions, and remediation evidence.	Internal Audit; Legal Affairs; designated integrity function
Corrective action and assurance	Risk register, action plans, evidence of closure, risk-based assurance sampling, and governance reports.	Responsible units: QA-IEA

17. Records Management and Disclosure

The responsible implementing units shall maintain controlled registers for declarations, gifts and hospitality, procurement and due-diligence records, donations and sponsorships, reported concerns, investigations, corrective actions, and training. Records shall be retained in accordance with FU records-retention, information-security, data-protection, and document-control requirements. The current approved policy and relevant guidance shall be accessible through official controlled-document channels; case records and legally protected information shall be disclosed only as required by law or authorised process.

18. Non-Compliance

Non-compliance with this policy may constitute misconduct and may result in disciplinary action under University policies, contractual remedies, withdrawal of authority, termination of employment or engagement, recovery of losses, and referral to competent authorities where appropriate.

19. Policy Development Control Implementation and Review

This policy shall be developed, reviewed, approved, issued, implemented, monitored, revised, suspended, archived, and withdrawn in accordance with the FU Policy Development Governance Framework. The responsible implementing units shall maintain the concept and revision record, regulatory and governance crosswalk, risk and impact assessment, consultation record, operational-validation record, implementation plan, evidence index, and review report.

Before approval or material revision, the policy owner shall consult affected academic and administrative units, staff and students where relevant, and specialist support functions. The Vice President for Administrative and Financial Affairs shall confirm strategic alignment, feasibility, resources, risk controls, implementation readiness, performance measures, and review timing before recommending approval. QA-IEA shall verify document control, approval route, framework alignment, repository publication, and archival arrangements. The effective date shall not precede essential implementation actions, including communication, publication, role assignment, required tools, and training or briefing.

20. Monitoring Effectiveness and Continuous Improvement

The policy owner shall monitor declarations, registers, training completion, reported concerns, audit findings, risk assessments, investigation trends, corrective-action status, stakeholder feedback, and periodic management review. The annual review shall assess evidence trends, exceptions, complaints, audit findings, external requirement changes, risks, and corrective and preventive actions. Actions shall identify an owner, target date, evidence, and independent closure validation where required. QA-IEA shall conduct risk-based assurance sampling and report material findings through established governance. An earlier review shall be initiated where a legal, regulatory, material-risk, audit, investigation, or governance trigger arises.

21. Review Cycle

This policy shall be reviewed every three years, or earlier in response to changes in applicable law, regulatory requirements, institutional structure, risk exposure, audit findings, investigation lessons, a material pattern of concerns, or a decision of the University President or relevant governing authority.