



# Title IX

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Audit Report No. R2601 | *September 5, 2025*



## Executive Summary

### Audit Objective

To determine if an effective compliance program is in place to ensure compliance with Title IX regulations.

### Primary Risk Type

Risk Management and Compliance

### Date of Last Audit

July 18, 2017

### Controls and Strengths

- 99.9 % of employees completed Title IX training in FY25.
- Staff responsible for Title IX compliance attended training and informational meetings related to Title IX.

### Overall Conclusion

UT Dallas has processes in place to ensure monitoring is performed to mitigate the risks of noncompliance with Title IX; however, processes can be improved that will enhance the effectiveness of the compliance program.

### Observations by Risk Level

Management has reviewed the observations and has provided responses and expected implementation dates. Detailed information is included in the attached report.

Observation	Risk Level	Management's Implementation Date
Title IX Compliance Program	Medium	October 1, 2025

*For details about the audit procedures, explanation of risk levels, and report distribution, please see Appendices A, B, and C, respectively, in the attached report.*



## Detailed Audit Results

The following are reportable observations noting opportunities to enhance controls within the Title IX compliance program. See Appendix B on page 8 for definitions of observation risk rankings.

### *Title IX Compliance Program*

The Office of Institutional Compliance (OIC) promotes the development of compliant policies, processes, procedures, and practices as well as monitoring compliance activities for the University of Texas at Dallas<sup>1</sup>. Among its oversight areas is Title IX, which has been designated as a high-risk compliance area due to its regulatory complexity and potential institutional impact.

**Medium Risk:** An ineffective Title IX compliance program exposes the university to significant legal, financial, reputational, and operational risks.

Chapter Eight, §B2.1 of the Federal Sentencing Guidelines<sup>2</sup> outlines requirements for effective compliance programs which can help reduce penalties for organizations if found guilty of an offense. In accordance with these guidelines, the Title IX compliance program has established standards and procedures in place, program oversight, knowledgeable and trained personnel, employee compliance training, monitoring, auditing, reporting, and prompt corrective action, and ongoing evaluation and improvement.

The Title IX Coordinator manages the Title IX compliance program and reports directly to the Chief Compliance Officer/Associate Vice President for Research and Innovation. The Vice President for Administration and Chief of Staff serves as the designated responsible vice president for Title IX compliance.

To mitigate risks associated with noncompliance, the university utilizes Risk Management Plans (RMPs). These plans outline the monitoring, training, and reporting procedures for each high-risk compliance area and are based on periodic risk assessments. RMPs are prepared by the responsible compliance party and submitted to the OIC for review and oversight.

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<sup>1</sup> <https://institutional-compliance.utdallas.edu/>

<sup>2</sup> <https://www.ussc.gov/guidelines/2024-guidelines-manual-annotated>



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The RMP for Title IX identifies four high-risk areas (refer to page 5 of this report), detailing the potential consequences of noncompliance and the corresponding controls and procedures designed to mitigate those risks. These include internal controls, supervisory oversight, training initiatives, and reporting mechanisms.

Quarterly Compliance Reports (QCRs) are required by the OIC to document the implementation and effectiveness of the procedures outlined in the RMP. These reports assess the adequacy of supervisory controls, identify any failures in compliance mechanisms, analyze root causes, and describe corrective actions taken. They also include documentation of training and reporting activities related to Title IX compliance.

While RMPs and QCRs are in place for the Title IX program, the following opportunities for enhancement were identified:

- **Alignment and Measurability of Controls:** The RMP includes internal controls, supervisory controls, oversight controls, training, and reporting; however, these are not consistently aligned with the QCRs. Some controls, training activities, and reporting mechanisms lack measurable criteria, and documentation supporting oversight controls is not always available. Additionally, certain reports, such as those submitted to the President and those required under Chief Executive Officer Reporting Requirements<sup>3</sup>, are not referenced in the RMP.
- **Oversight and Approval:** The Vice President for Administration and Chief of Staff does not currently receive or formally review or approve the RMPs or QCRs. Given that the Title IX Coordinator reports to the Chief Compliance Officer/Associate Vice President for Research and Innovation, incorporating formal review and approval by the responsible vice president would strengthen oversight and accountability and ensure that instances of noncompliance and areas of concern noted on the QCRs are formally communicated.
- **Updating the RMP:** A review of the RMP and QCRs revealed references to outdated policies. Regular updates to ensure alignment with current regulations, UT System, and University policies is recommended.

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<sup>3</sup> <https://bpb-us-e2.wpmucdn.com/sites.utdallas.edu/dist/1/1509/files/2024/10/2024.10.1-Chief-Executive-Officer-Reporting-Requirements-Under-Tex.-Educ.-Code-%C2%A7-51.253c70.pdf>



**Management's Action Plan:**

While the Vice President for Administration and Chief of Staff (VPCOS) is not currently part of a formal approval process for the Risk Management Plan (RMP) and Quarterly Compliance Reports (QCRs), the Chief Compliance Officer (CCO) does regularly keep the VPCOS apprised of any issues of noncompliance in real time, consistent with our established practice.

To enhance oversight and accountability, we will formalize this process by instituting a scheduled review meeting between the CCO and the VPCOS. During this meeting, the QCRs and any updates to the RMP will be reviewed, and the VPCOS will provide documented approval. This formal step will ensure that all findings, corrective actions, and areas of concern are appropriately communicated and acknowledged at the executive level.

Additionally, we will revise the RMP to include measurable criteria for controls, training, and reporting mechanisms. We will also ensure that all relevant reports are referenced, including those submitted to the President and those required under the Texas Education Code, Section 51.253(c)—commonly referred to as the CEO Report. While the CEO Report is not a federal Title IX requirement, it is a state-mandated reporting obligation that aligns with broader institutional compliance efforts and will be appropriately integrated into our documentation. The RMP will also be updated to reflect current University and UT System policies, with a regular review cycle established to maintain accuracy.

**Responsible Party Name and Title:**

Heather Dragoo, Senior Director, Institutional Compliance

**Estimated Date of Implementation:**

October 1, 2025

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**Overall Conclusion**

UT Dallas has processes in place to ensure monitoring is performed to mitigate the risks of noncompliance with Title IX; however, processes can be improved that will enhance the effectiveness of the compliance program.

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## Appendix A: Information Related to the Audit

### Background

Title IX of the Education Amendments of 1972<sup>4</sup> is a federal law prohibiting discrimination based on sex for any educational institution or activity receiving federal funds. The law prohibits discrimination, sexual assault as defined by the Clery Act<sup>5</sup> and sex-based harassment and dating violence, domestic violence, or stalking per the Violence Against Women Reauthorization Act (2013)<sup>6</sup>. Title IX provides legal protection against sex-based discrimination for both students and employees and covers many aspects of educational programs and activities that receive federal funds. Some areas include admissions, access to programs and courses, counseling and guidance, housing, financial assistance, employment, and athletics.

The Title IX Coordinator is responsible for ensuring compliance with Title IX regulations. The Coordinator reports to the Chief Compliance Officer/Associate VP for Research and Innovation who reports to the Vice President for Administration and Chief of Staff. Title IX<sup>7</sup> has been designated as a high-risk compliance area, and a risk management plan was developed by the Title IX Coordinator and responsible parties within Institutional Compliance to ensure controls were in place to mitigate the following risks:

1. *“Failure to conduct an investigation of a complaint alleging violation(s) of the Sexual Misconduct Policy in compliance with Department of Education rules and guidelines.*
2. *Officials administering the adjudicative processes for sanctioning individuals for violations of the sexual misconduct policy fail to act in accordance with Title IX and constitutional due process requirements.*
3. *Students, Faculty and Staff are not knowledgeable regarding their rights and responsibilities under Title IX.*
4. *Inadequate Action is taken to ensure the safety of a party, to stop misconduct from reoccurring, and/or to redress its effects.”*

At the time of the audit, the Maxient system was being used to manage Title IX investigations.

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<sup>4</sup> [US Code, Title IX, 1972](#)

<sup>5</sup> [Jeanne Clery Act](#)

<sup>6</sup> [Violence Against Women Reauthorization Act, 2013](#)

<sup>7</sup> [UT Dallas Title IX Compliance Website](#)



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## Objective

To determine if an effective compliance program is in place to ensure compliance with Title IX regulations.

## Scope

The scope of the audit was FY24-25. Fieldwork was conducted from March to July 2025, and the audit concluded on July 2, 2025.

## Methodology

The audit was conducted in conformance with the Institute of Internal Auditors' *Global Internal Audit Standards*. Additionally, we conducted the audit in conformance with generally accepted government auditing standards (GAGAS). Both standards are required by the Texas Internal Auditing Act, and they require that we plan and perform the audit to obtain sufficient, proper evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. The Office of Audit and Advisory Services is independent in based on both standards for internal auditors.

Our audit procedures included interviews, observations of processes, reviews of documentation, and testing. The following table outlines our audit procedures and overall controls assessment for each of the audit area objectives performed.

Audit Area	Procedures	Observations Related to the Audit Area
Gaining an Understanding	Gained an understanding of operations by interviewing key responsible parties and reviewing policies, procedures, and other related documentation, as necessary.	None
Risk Management Plan	Reviewed the Risk Management Plan to assess its effectiveness and interviewed responsible staff to determine how risks were assessed and monitored.	Observation #1
Quarterly Compliance Reports	Reviewed the quarterly compliance reports to ensure the monitoring, training, and reporting processes	Observation #1



Audit Area	Procedures	Observations Related to the Audit Area
	were being performed and accurately reported by the responsible party to the responsible vice president.	
System Access	Tested access to the Maxient system to ensure it was limited to the minimum access necessary for job function and that access was removed when employees transfer or terminate.	None

## Follow-up Procedures

Though management is responsible for implementing the course of action outlined in the response, we will follow up on the status of implementation after the expected implementation dates. Requests for extension to the implementation dates may require approval from the UT Dallas Audit Committee. This process will help enhance accountability and ensure that prompt action is taken to address the observations.





## Appendix B: Observation Risk Rankings

Audit observations are ranked according to the following definitions, consistent with UT System Audit Office guidance.

Risk Level	Definition
<b>Priority</b>	If not addressed immediately, a priority observation has a significant probability to directly affect the achievement of a strategic or important operational objective of UT Dallas or the UT System as a whole. These observations are reported to and tracked by the UT System Audit, Compliance, and Risk Management Committee (ACRMC).
<b>High</b>	High-risk observations are substantially undesirable and pose a high probability of adverse effects to UT Dallas either as a whole or to a division/school/department level.
<b>Medium</b>	Medium-risk observations are considered to have a moderate probability of adverse effects to UT Dallas either as a whole or to a division/school/department level.
<b>Low</b>	Low-risk observations are considered to have a low probability of adverse effects to UT Dallas either as a whole or to a division/school/department level.
<b>Minimal</b>	Some recommendations made during an audit are considered of minimal risk, and the observations are verbally shared with management during the audit or at the concluding meeting.



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## Appendix C: Report Submission and Distribution

We thank the Office of Institutional Compliance management and staff for their support, courtesy, and cooperation provided throughout this audit.

Respectfully Submitted,

DocuSigned by:  
  
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Toni Stephens, CPA, CIA, CRMA, Chief Audit Executive

### Distribution List

*Members and ex-officio members of the UT Dallas Institutional Audit Committee*

#### *Responsible Vice President*

Dr. Rafael Martin, Vice President of Administration and Chief of Staff

#### *Persons Responsible for Implementing Recommendations:*

Heather Dragoo, Senior Director, Institutional Compliance

#### *Other Interested Parties*

Ms. Sanaz Okhovat, Chief Compliance Officer/Associate Vice President for Research and Innovation

Mr. Marco Mendoza, Chief Human Resources Officer

Jennifer Del Rosario, Compliance Manager, Institutional Compliance

#### *External Parties*

- The University of Texas System Audit Office
- Legislative Budget Board
- Governor's Office
- State Auditor's Office

#### *Engagement Team*

Project Leader: Ms. Heather Mariani, CPA, CIA, CISA, former Audit Manager