

C-7. Auburn University Policy on Research Misconduct

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I. Policy Statement

Auburn University supports an environment of research integrity committed to honesty, transparency, and the highest ethical standards in all research endeavors. All members of the University engaged in research must adhere to these standards and follow these policies and procedures to protect the accuracy and reliability of the research record and published research results.

With this policy the University confirms its culture of accountability, honesty, and trust to ensure researchers work toward rigorous research that promotes scientific advancements for the greater good of society and maintains trust in research.

This policy provides a framework to resolve allegations of research misconduct as timely as possible while protecting the rights and integrity of all individuals involved. The policy is governed by federal, state, and local laws and regulations, which provide the regulatory authority for this policy. As a recipient of federal research funds, the University considers prevention and detection of research misconduct a priority and must have policies and procedures compliant with federal regulations that address allegations of research misconduct. See section II. B. 1. and section V. for the definition of Research Misconduct.

II. Policy Principles

A. Allegations

1. All members of the University community have a responsibility to report observed, suspected or apparent research misconduct.
2. Allegations of research misconduct may be filed by anyone internal or external to the University.
3. Allegations of research misconduct must be filed with the appropriate University officials and should be directed to the Research Integrity Officer. Any member of the University who receives an allegation of research misconduct must promptly notify the Research Integrity Officer. If unsure whether an incident(s) is or may be research misconduct, the Research Integrity Officer should be consulted.
4. Allegations of research misconduct are preferred to be filed in writing, however, may be filed verbally. Allegations of research misconduct may be reported on the University's secure anonymous electronic reporting system.
5. Anonymous allegations of research misconduct may be made, however must include sufficient details and evidence to determine whether an inquiry should be made into the allegation.
6. Allegations of research misconduct should be based on facts and provide credible, specific evidence including the name of the Respondent(s), details of the allegation(s) and any evidence.
7. Should allegations be made against more than one individual, these will be considered as separate allegations and separate decisions will be reached regarding each person.
8. Allegations of research misconduct are serious charges and are expected to be made in good faith. Allegations not made in good faith may result in disciplinary action under other University policies.

B. Scope

1. This policy only applies to research misconduct, not other forms of misconduct. Research misconduct is fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or reporting research results. Research misconduct does not include honest error or differences of opinion.
2. This policy applies to all research conducted under the auspices of the University by faculty, visiting faculty and scientists, post-doctoral candidates, graduate and undergraduate students, and staff. See section X. Exclusions.
3. This policy applies regardless of funding source including unfunded research.
4. The University shall diligently pursue all significant issues related to the allegations throughout all phases of the research misconduct proceedings.
5. Should additional related allegations arise during any portion of the research misconduct proceedings the scope may be broadened beyond the initial allegation. Appropriate parties will be notified of the additional allegations according to procedures.

C. Duty to Cooperate

1. All members of the University community, including Complainants, Respondents and Witnesses, shall cooperate in all phases of research misconduct proceedings.
2. All members of the University community, including Complainants, Respondents and Witnesses, shall promptly provide all requested materials related to all research misconduct proceedings.
3. Research records resulting from research awarded and/or conducted at the University are the property of the University and employees cannot interfere with the University's right to access these records.

D. Safeguards

1. Confidentiality

- a. To the extent possible as allowed by law and to conduct thorough and fair proceedings, the identity of Complainant(s), Respondent(s) and Witnesses shall be limited to those persons who need to know. The University may disclose the identity of the Respondent and Complainant to federal agencies as required by regulations.
- b. Written materials, evidence and information regarding all research misconduct proceedings shall be kept confidential to the extent allowed by law and necessary to conduct thorough and fair proceedings.
- c. All members of the University community, including Complainant, Respondent, Witnesses, and committee members shall maintain strict confidentiality of all research misconduct proceedings.
- d. The University may be required to release information about the alleged research misconduct and will release such information according to applicable laws and after consultation with General Counsel.
- e. The University may communicate information about the alleged research misconduct to individuals outside the University to conduct a thorough investigation and secure experts in the field to assist in the research misconduct proceedings. Outside experts obtained by the University will be held to the same confidentiality standards as members of the University community regarding the alleged research misconduct.

- f. The University is not prohibited from disclosing information regarding the alleged research misconduct on a need-to-know basis to those individuals responsible for oversight of Respondent's research or to other University officials such as supervisors, department chairs and deans. The Research Integrity Officer may determine when the release of information regarding the alleged research misconduct is necessary or appropriate.
 - g. If confidentiality is breached by the University, the University shall take such reasonable steps as are requested to minimize the damage to reputations that may result from unsupported allegations.
2. Conflicts of Interest
- a. All individuals involved in research misconduct proceedings must disclose to the Research Integrity Officer any potential, actual or perceived conflicts of interest that exist or arise at any point in the proceedings.
 - b. A conflict of interest exists in a research misconduct proceeding when an individual involved in the proceedings or resolution of the allegation has a potential, actual or perceived financial, personal, or professional interest.
 - i. Examples of conflicts of interest may include but are not limited to family members including children, stepchildren, parents, siblings, aunts, uncles, nieces, nephews first cousins; spouses or partner relationships to the fourth degree of affinity or consanguinity, meaning by marriage or by blood. Other examples of conflicts of interest may include but are not limited to other close personal relationships; supervisors or subordinates; co-authorships; collaborators; intellectual property interests; and other financial interests.
 - ii. The dean or department chair of a Respondent or Complainant does not in and of itself constitute a conflict of interest under this policy.
 - c. The Research Integrity Officer in consultation with the Office of Research Compliance evaluates all potential, actual or perceived conflicts of interest in research misconduct proceedings and designates a replacement if needed.
3. Retaliation
- a. The University does not tolerate any form of retaliation against any individual participating in a research misconduct proceeding.
 - b. The University makes every reasonable and practical effort to protect the reputations and positions of Complainants who submit good faith allegations, Witnesses, committee members, Respondents, others involved in processing allegations from any retaliation by other members of the University community.
 - c. The University will take reasonable and practical steps to protect or restore the position and reputation of any Complainants, Witnesses, committee members, or others involved in processing allegations upon finding of retaliation by Respondent or other members of the University community.
 - d. Retaliation by members of the University community will be referred for appropriate disciplinary action.

E. Corrective Actions and Sanctions

1. Corrective actions may be implemented by the University at any stage of the research misconduct proceedings. Corrective actions may include but are not limited to counseling, training, oversight of research and data monitoring.
 2. The University may take appropriate action at any stage of the research misconduct proceedings to protect the health or safety of humans, welfare of animals, integrity of the research, research funding, equipment, the environment, or to mitigate other real or potential adverse effects, as necessary.
 3. The University may impose sanctions upon a finding of research misconduct. Sanctions may include, but are not limited to verbal reprimands, written reprimands, monitoring of work, removal from a project or projects, reassignment of duties or privileges, suspension, and termination of University employment. Disciplinary action will be implemented in accordance with the University policies and procedures applicable to the Respondent's position.
 4. At the conclusion of the University investigation process, Respondent(s) may appeal a finding of research misconduct to the Research Integrity Officer (RIO). See Auburn University Research Misconduct Policy Procedures.
 5. Funding agencies may impose administrative actions and or sanctions apart from the University's actions and or sanctions at any point in the research misconduct proceedings.
- F. Correction of the Research Record
1. It is the University's responsibility to determine whether correction or retraction of submitted or published work is required to maintain the integrity of the research.
 2. The Respondent will cooperate with University officials, publishers, and sponsors to withdraw, correct or retract submitted or published works that are found to be falsified, fabricated, or plagiarized.
 3. The University may request withdrawal, correction, or retraction of submitted or published work at any time during the research misconduct proceedings where there is clear evidence of falsification, fabrication, or plagiarism.
 4. If there are no research records found or made available to the University to support the submitted or published research, the correction or retraction may occur before a final finding of research misconduct against the respondent has been determined.
- G. Restoring Reputation
1. In publicizing the findings of no misconduct, the University shall be guided by whether public announcements shall be harmful or beneficial in restoring any reputation(s) that may have been damaged. Usually, such decision shall be made in conjunction with the person(s) who was innocently accused.
- H. Termination of Affiliation with the University
1. In the event a Respondent terminates affiliation with the University before the research misconduct is resolved, the research misconduct proceedings will continue according to this policy to the extent possible until a final decision is reached.
- I. Research Misconduct Records
1. All records relating to research misconduct proceedings shall be maintained securely under the supervision of the Research Integrity Officer for a minimum of seven (7) years from the final completion of the research misconduct proceedings by the University or federal agency

or longer as required under the applicable University data and record retention policies or other relevant policies or federal or state regulations.

J. Notification to Funding Agencies

1. The Research Integrity Officer shall at any time during research misconduct proceedings notify the appropriate funding agency immediately if there is reason to believe any of the following:
 - a. Health or safety of the public is at risk including the need to protect human or animal subjects;
 - b. A reasonable indication of possible violation of civil or criminal law exists;
 - c. Funding agency resources or interest are threatened;
 - d. Funding agency action may be necessary to safeguard evidence and protect the rights of those involved; or
 - e. The research community or public should be informed.
2. The Research Integrity Officer shall:
 - a. notify the applicable funding agency(ies) if inquiry determines an investigation is warranted;
 - b. when an investigation is complete, forward to the agency a copy of the evidentiary record, the investigative report, recommendations made to the institution's adjudicating official, and the subject's written response to the recommendations (if any); and
 - c. when the adjudication phase is complete, forward the adjudicating official's decision and notify the agency of any corrective actions taken or planned.

K. Reopening Allegations

1. An allegation of research misconduct that closed with a finding of no research misconduct may be reopened if potential significant evidence or information of research misconduct not previously presented is presented.

L. External Research Misconduct Proceedings

1. Should the University receive a report of an external inquiry or investigation that was conducted by another institution or agency, the Research Integrity Officer will assess the report and may adopt the findings in whole or in part or initiate the University's own research misconduct proceedings.

M. Time Limitations

1. This policy applies to research misconduct occurring within six (6) years of the date the University or agency receives an allegation of research misconduct.
2. The time limit does not apply if:
 - a. The Respondent continues or renews any incident of alleged research misconduct that occurred before the six-year limitation through citation, republication, or other use for the potential benefit of the respondent of the research record that is alleged to have been fabricated, falsified, or plagiarized; or
 - b. The alleged research misconduct would possibly have a substantial adverse effect on the health or safety of the public.

III. Effective Date: April 14, 2023

IV. Applicability

All members of the Auburn University community conducting and involved with any form of research activities including research proposals are required to comply with this policy. This policy and the associated procedures are intended to provide the framework for reporting and conducting research misconduct proceedings. It is not intended to substitute for compliance with the Alabama code of ethics for public officials and employees (Code of Alabama 1975 Title 36, Chapter 25). Further, this policy supports Auburn University's compliance with state and federal regulations including but not limited to those from the Public Health Service, National Science Foundation and United States Department of Agriculture.

V. Policy Management

Responsible Office: Office of the Vice President for Research and Economic Development

Responsible Officer: Research Integrity Officer

Responsible Executive: Senior Vice President for Research and Economic Development

VI. Definitions

Allegation: A disclosure of possible research misconduct through any means of communication.

Complainant: A person who in good faith makes an allegation of research misconduct.

Conflict of Interest: A divergence between a University member's interests and professional obligations to Auburn University, such that an independent observer might reasonably question whether the University member's professional actions or decisions are determined by considerations other than the best interests of the University.

Evidence: Any document, tangible item or testimony offered or obtained during a research misconduct proceeding.

Fabrication: Making up data or results and recording or reporting them.

Falsification: Manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.

Good Faith Allegation: Allegations of research misconduct that a Complainant or Witness believes to be true and that a reasonable person in that position would believe to be true based on the information known at the time.

Inquiry: Preliminary information gathering and preliminary fact finding that meets the criteria of this policy and the procedures of the University's Office of the Vice President for Research.

Intentionally: To act with a specific purpose in mind. Intentionally is synonymous with purposefully or willfully.

Investigation: The formal development of a factual record and the examination of that record leading to a decision not to make a finding of research misconduct or to a recommendation for a finding of research misconduct which may include a recommendation for other appropriate actions, including administrative actions.

Knowingly: To act with an awareness of actions. Knowingly is essentially synonymous with consciously.

Plagiarism: The appropriation of another person's ideas, processes, results, or words without giving appropriate credit.

Preliminary Assessment: An initial review to determine if each allegation fits within the definition of research misconduct and if each allegation is credible and specific so that potential evidence of research misconduct may be identified.

Preponderance of the Evidence: Proof by information that, compared with that opposing it, leads to the conclusion that the fact at issue is more probably true than not.

Recklessly: To use materials with a lack of proper caution and/or show indifference to the risk that the materials may be false, fabricated, or plagiarized. Taking a risk with materials without thinking or caring about the consequences of the action, even if the risk is not fully realized.

Research: A systematic experiment, study, evaluation, demonstration or survey designed to develop or contribute to general knowledge (basic research) or specific knowledge (applied research) relating broadly to public health by establishing, discovering, developing, elucidating or confirming information about, or the underlying mechanism relating to, biological causes, functions or effects, diseases, treatments, or related matters to be studied.

Research Integrity Officer (RIO): The responsible official at the University with the primary responsibility for implementing the research misconduct policy and assuring to federal agencies that the research misconduct policies and procedures of the University comply with federal regulations. The Senior Vice President for Research and Economic Development serves as the Research Integrity Officer, or the individual as otherwise designated by the Senior Vice President for Research and Economic Development to serve as Research Integrity Officer.

Research Misconduct: means fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. A finding of research misconduct requires that (1) there be a significant departure from accepted practices of the relevant research community; (2) the misconduct be committed intentionally, knowingly, or recklessly; and (3) the allegation be proven by a preponderance of the evidence. Research misconduct does not include honest error or differences of opinion.

Research Misconduct Proceeding: Any actions related to alleged research misconduct taken under this policy and associated procedures, including but not limited to, allegation assessments, inquiries, and investigations.

Research Record: The record of data or results in any media or format that embody the facts resulting from scientific inquiry, including but not limited to, research grant or contract proposals or applications whether funded or unfunded; laboratory records, both physical and electronic; progress reports;

abstracts; theses; oral presentations; internal reports; notes; correspondence; manuscripts, publications and journal articles; videos; photographs; slides; biological materials; computer files; human and animal subject protocols; consent forms; and any documents and materials provided by a Respondent or other individual in the course of the research misconduct proceedings.

Respondent: The person against whom an allegation of research misconduct is directed or who is the subject of a research misconduct proceeding.

Retaliation: An adverse action taken against any individual because of participation in a research misconduct proceeding.

University Community: All faculty, staff, postdoctoral fellows, graduate, and undergraduate students, visiting faculty and scientists and volunteers.

University Officials: The University President, Vice Presidents, Provost, Deans, Associate Deans, Department Chairs/Heads, Directors, Supervisors and Research Integrity Officer.

Witness: An individual who personally sees or perceives research misconduct or has relevant information related to the research misconduct proceedings and is called to testify to what has been seen, heard, or otherwise observed.

VII. Policy Procedures

Auburn University Office of the Vice President for Research develops and manages procedures for handling research misconduct allegations and the process. These procedures include but are not limited to the following: Preliminary Assessment of Allegations; Sequestration; Notification of Respondent; Inquiry Procedures; Investigation Procedures; Admissions; Appeals; Sanctions; Reports to Funding Agencies; and False Accusations. See Auburn University Research Misconduct Policy Procedures.

VIII. Appeals

At the conclusion of the investigation process, Respondent(s) may appeal a finding of research misconduct to the Research Integrity Officer (RIO). See Auburn University Research Misconduct Policy Procedures.

IX. Sanctions

Following a finding of research misconduct the University may impose sanctions on the Respondent. Temporary measures, such as suspension of specific research activities, may be taken by the University during an investigation if warranted. Sanctions will be commensurate with the severity of the research misconduct. Sanctions may include but are not limited to verbal or written reprimand, reassignment of duties or privileges, or termination of affiliation with the University. Disciplinary action will be implemented in accordance with the University policies and procedures applicable to the Respondent's position.

X. Exclusions

This policy does not cover honest error, differences of opinion or authorship disputes unless they involve plagiarism. This policy does not apply to research undertaken in fulfillment of course requirements unless there is an expectation of publication or dissemination outside the University of such results.

XI. Interpretation

The authorized institutional representative is, for the purposes of this policy, the Senior Vice President for Research and Economic Development.

XII. Regulatory Authority

42 CFR Part 93; 45 CFR Part 689; 2 CFR Part 422; 2 CFR 910.132; 14 CFR Part 1275; 65 FR 76260

Office of the Vice President for Research
Research Misconduct Policy Procedures

Procedures Statement: With the approval of the President, these procedures are the processes established by the Office of the Vice President for Research pursuant to Auburn University's Research Misconduct Policy. It is the policy of Auburn University to inquire into and, if necessary, investigate and resolve promptly and fairly all instances of alleged research misconduct.

Purpose: As a recipient of federal research funds, Auburn University must have institutional policies and procedures in place to address allegations of research misconduct.

Approval: The President and the Senior Vice President for Research

Applies To: Faculty, visiting faculty and scientists, post-doctoral candidates, graduate and undergraduate students, staff, and all other members of Auburn University's research community.

Contact: Office of Research Compliance

Date:

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Office of the Vice Research for Research

Procedure

Preliminary Assessment of Allegations

The Office of the Vice President Research follows these steps in making an initial assessment of research misconduct allegations. The Office of Research Compliance in consultation with the Research Integrity Officer may change or modify these procedures as necessary within regulatory requirements to preserve the integrity of the research and/or conduct the research misconduct proceedings efficiently.

1. When an allegation(s) of research misconduct is brought to the Research Integrity Officer, the Research Integrity Officer may consult with the Office of Research Compliance and others if warranted and shall conduct a preliminary assessment to determine if the allegation(s):
 - a. Fits within the definition of research misconduct under the University Policy on Research Misconduct;
 - b. Is sufficiently credible and specific so that potential evidence of research misconduct may be identified;
 - c. Involves federal, non-federal or no external funds and
 - d. Is within the six-year time limit as described in the University Policy on Research Misconduct. Any allegation that is outside the six-year time limit and does not meet an exception to the six-year time limit will be dismissed.
2. If the Research Integrity Officer determines at the conclusion of the preliminary assessment the allegation(s) does not fit within the definition of research misconduct or is not sufficiently credible or specific so that potential evidence of research misconduct may be identified, and no inquiry is warranted the Research Integrity Officer shall:
 - a. Prepare a written summary of the preliminary assessment findings to be maintained by the Office of Research Compliance;
 - b. Notify the Complainant, if known, of the decision;
 - c. Notify Respondent of the decision only if Respondent was aware of the allegation; and
 - d. Notify other University officials as appropriate.
3. If the Research Integrity Officer determines the allegation(s) is appropriate for consideration through the research misconduct proceedings the Research Integrity Officer shall:
 - a. Determine whether emergency, interim, or other appropriate institutional notifications or actions need to be taken;
 - b. Direct the Office of Research Compliance to immediately sequester all research records, documents and evidence related to the allegation(s); (See Office of Vice President for Research Sequestration Procedures)
 - c. Notify the Respondent in writing of the allegation(s) and initiation of the inquiry at the time of sequestration or as soon following as possible to preserve evidence;
 - d. Appoint members to serve on the inquiry committee who have sufficient expertise in the subject matter and do not have personal, professional, or financial conflicts of interest involving the allegation(s); and
 - e. Notify the University President, General Counsel, and other University officials as appropriate of the decision to initiate an inquiry.

4. If the allegation does not name a specific respondent, the Research Integrity Officer will determine, in consultation with the appropriate University officials, to the extent possible, the roles and responsibilities of the individuals involved in the questioned research in order to name one or more Respondents.
5. Every effort will be made to complete the preliminary assessment in a timely manner as soon as practicable, depending on the complexity of the allegation.
6. The Research Integrity Officer shall make reasonable efforts to protect the privacy of those who in good faith report alleged misconduct, to afford confidential treatment to the accused and to avoid unwarranted publicity regarding unverified allegations.

Office of Vice President for Research

Procedure

Sequestration

The Research Integrity Officer delegates and directs sequestration of relevant research records to the Office of Research Compliance, which is granted sequestration authority in federal regulations (e.g., 42 CFR 93; 2 CFR 422). Research records resulting from research awarded to and/or conducted by the University are the property of the University and employees cannot interfere with the University's right to access these records.

The Office of Research Compliance follows these steps to obtain custody, inventory and secure all evidence related to allegations of research misconduct. The Office of Research Compliance in consultation with the Research Integrity Officer may change or modify these procedures as necessary within regulatory requirements to preserve the integrity of the research and/or conduct the research misconduct proceedings efficiently.

1. Sequestration of all relevant research records and evidence takes place on or before notification to the Respondent(s).
2. Prior to notification of Respondent(s) the Research Integrity Officer and/or Office of Research Compliance will:
 - a. Assess the specific electronic data to sequester, the format of the data and how it will be stored;
 - b. Contact the college department Information Technology to determine how many and what types of computers systems, servers, networked laboratory equipment, etc., Respondent(s) uses
3. The Office of Research Compliance consults with General Counsel, Information Technology, Division of Compliance and Privacy, and other University units, and, if warranted, may include confidential consults with Respondent's supervisor to determine the best method for obtaining the evidence and protecting integrity and confidentiality in a timely and efficient manner.
4. Prior to notification of Respondent(s), Information Technology remotely secures all electronic and computer evidence and secures all system backups and looks for any erased evidence.
5. For University email accounts of Respondent(s) and others with relevant information, the Office of Research Compliance as delegated by the Research Integrity Officer sends a notification to General Counsel requesting a litigation hold be placed on the email account(s) of Respondent(s) and others with relevant information prior to notification of Respondent(s). The request will state that the hold be done without notice to the Respondent(s) and others and will be done in the background with no impact on the individuals. The Office of Research Compliance is given access to the contents of sequestered emails and data stored in the Cloud.
6. The Office of Research Compliance determines what physical items need to be sequestered and assembles support materials needed for sequestration of physical evidence including, but not limited to evidence log sheets, chain of custody forms (IT may have separate chain of custody documents), boxes, labels, markers, pens, tape, rubber bands, folders, envelopes, paper, sticky notes, thumb drives, digital camera, and any other items that may be needed in the

- sequestration of physical items. Arrangements will be made for specialized items, for example refrigerators for storage of samples.
7. The Office of Research Compliance assembles a team of individuals, including Information Technology, to assist with the physical sequestration. At least two individuals should be present during sequestration of physical items. Instructions will be given to the team on the procedures to be followed including the confidentiality of the process, location, and a listing of the items to be sequestered. All potential evidence including collateral evidence in logs, order forms and notes should be collected.
 8. When notice of sequestration is given, the Office of Research Compliance will ask the Respondent(s) for cooperation in identifying evidence related to the allegation. It will be explained that evidence offered later in the research misconduct process may be given less weight and it is important that all relevant evidence be obtained and preserved initially.
 9. During the physical sequestration, Information Technology will make forensic images of any computer systems that could not be remotely imaged before the sequestration. This may include laptops, standalone equipment, phones, or other systems not connected to the University network. Information Technology will pull the hard drives for imaging, documenting the location, serial number, inventory number and take a photograph. Data will be captured from any machines where devices cannot be removed. Encryption status will be determined on all systems as decryption keys may be needed. If Information Technology is unable to make forensic copies the hard drive will be removed, and OACP will make a cloned image of each hard drive in addition to the Forensic Image for use by the Research Integrity Officer and Inquiry/Investigation committees.
 10. Employee personal devices that contain University data may be imaged without consent as the data is owned by the University. For obtaining data on personal devices of students, consult with General Counsel.
 11. Physical items should be labeled and documented on evidence log sheets with a brief description and location of the item. Photographs may be taken. The signature of the individual providing the items should be obtained on each sheet with the date and time. The individual collecting the items should counter sign each sheet with date and time. A copy of each sheet should be provided to the Respondent and the individual providing the items if different from Respondent. Chain of custody forms may also be used by Information Technology and should follow these procedures.
 12. After physical evidence is collected it is secured by the Office of Research Compliance in an area with access that is limited to specific Office of Research Compliance personnel. Access to the evidence is only under close supervision of the Office of Research Compliance and will be documented.
 13. If Respondent identifies evidence essential for the continued operation of the research, copies or samples may be provided.
 14. Working copies of the evidence may be provided to committee members, experts, witnesses, and Respondent as appropriate. All copies will be marked as such and who receives copies will be documented. All copies should be returned to Office of Research Compliance when no longer used. Copies may be destroyed by Office of Research Compliance when the research misconduct process is completed provided original copies are maintained.

15. Evidence will be maintained for a minimum of seven (7) years from the final completion of the research misconduct process, including the conclusion of all appeals and actions by funding agencies.

Office of the Vice Research for Research

Procedure

Notification of Respondent

The Office of the Vice President for Research follows these steps in notifying the Respondent of research misconduct allegations made against Respondent, research misconduct proceedings, and conclusions. The Office of Research Compliance in consultation with the Research Integrity Officer may change or modify these procedures within regulatory requirements as necessary to preserve the integrity of the research and/or conduct the research misconduct proceedings efficiently.

1. At the time of or before beginning an inquiry, the Research Integrity Officer shall provide written notice to Respondent(s) that an inquiry will be conducted. The notice should include details of the allegation(s).
2. To the extent the University has not already obtained all relevant research records and evidence, the written notice to Respondent(s) of the inquiry shall occur following the University obtaining these items. (See Sequestration Procedures)
3. At the completion of the inquiry the Research Integrity Officer must notify the Respondent in writing whether the inquiry found that an investigation is warranted. The notice must include a copy of the inquiry report and a copy of the University's policies and procedures on research misconduct.
4. The Office of Research Compliance may, at the discretion of the Research Integrity Officer, notify the Complainant whether the inquiry found that an investigation is warranted and may provide relevant portions of the inquiry report to Complainant.
5. The Research Integrity Officer shall notify the Respondent within a reasonable amount of time after determining that an investigation is warranted, but before the investigation begins. The notice must include all known allegations in the investigation.
6. The Research Integrity Officer must give Respondent written notice of any new allegations of research misconduct within a reasonable amount of time of deciding to pursue allegations not addressed during the inquiry or in the initial notice of investigation.

Office of the Vice President Research

Procedure

Inquiry

The Office of Research Compliance follows these steps when the Research Integrity Officer has completed a preliminary assessment of the research misconduct allegation and determined an inquiry should be conducted. The Office of Research Compliance in consultation with the Research Integrity Officer may change or modify these procedures within regulatory requirements as necessary to preserve the integrity of the research and/or conduct the research misconduct proceedings efficiently.

1. The purpose of the inquiry is to conduct an initial review of the evidence to determine if an allegation of research misconduct has substance to warrant an investigation. An inquiry does not require a full review of all evidence related to the allegation and does not determine whether research misconduct has occurred.
2. Appointment of Inquiry Committee Members
 - a. The Research Integrity Officer will appoint an inquiry committee consisting of two or more individuals together with such technical, administrative, or other staff as may be deemed appropriate. The Research Integrity Officer may designate a committee chair from the committee members. The Office of Research Compliance shall prepare letters of appointment to the Inquiry Committee members.
 - b. In selecting members of the Inquiry Committee, the Research Integrity Officer seeks to ensure the committee has the appropriate expertise in relevant disciplines and has an appropriate understanding of the process and procedures that must be followed.
 - c. Individuals selected to serve on the Inquiry Committee or to provide professional assistance to the Inquiry Committee will be expected to disclose to the Research Integrity Officer any factors, including but not limited to unresolved personal, professional, or financial conflicts of interest in accord with University policies, which would prevent them from serving fairly, objectively, and without bias, or which reasonably would give the appearance of a lack of fairness, lack of objectivity, or the presence of bias.
 - d. All persons who participate in the Inquiry as committee members, administrative or clerical staff, witnesses, or in any other capacity shall maintain the confidentiality of the Inquiry and of all information obtained during the Inquiry, except as may be necessary in conjunction with the conduct of the Inquiry, including subsequent related reports or proceedings, reports to officers of the University, and to the relevant oversight agency or funding entity, as required by law or contract.
 - e. The Research Integrity Officer, in consultation with the Inquiry Committee, may add or replace members of the Inquiry Committee as needed to ensure the timely completion of the Inquiry and the committee's competence to review the allegations.
 - f. The Research Integrity Officer will be responsible for making available to the Inquiry Committee appropriate administrative and clerical assistance to facilitate a prompt and thorough inquiry and the preparation of an appropriate report.

- g. The Research Integrity Officer shall notify the Respondent and Complainant, if known, in writing of the decision to conduct the inquiry according to the Office of the Vice President for Research procedures.
3. Inquiry Committee Charge
- a. The Research Integrity Officer will prepare a charge for the Inquiry Committee. The Inquiry Committee Charge includes the following information:
 - A description of the allegations and any related issues identified during the allegation assessment.
 - The purpose of the Inquiry, which is to conduct an initial review of the evidence to determine whether an Investigation is warranted, not to determine whether Research Misconduct occurred or who was responsible. The inquiry may include the testimony of the Respondent, Complainant, and key witnesses.
 - A statement that an investigation is warranted if the Inquiry Committee determines there is a reasonable basis for concluding that the allegation falls within the definition of Research Misconduct and the allegation may have substance, based on the committee's review of the evidence presented during the Inquiry.
 - Informs the Inquiry Committee of the responsibility to prepare a written report of the Inquiry that meets the requirements of the University Policy on Research Misconduct and any applicable federal regulations.
 - States the date for completion of the Inquiry, which is 60 calendar days from the initiation of the inquiry.
 - The Inquiry Committee members shall be provided with the University Policy on Research Misconduct, the Office of the Vice President for Research procedures relevant to research misconduct and relevant federal regulations.
 - b. If the Inquiry Committee determines that the scope of the Inquiry should be expanded beyond that covered by the initial charge, the Inquiry Committee will notify the Research Integrity Officer and, with the approval of the Research Integrity Officer, will give appropriate notice to the Respondent of the expansion of the Inquiry.
 - c. The Inquiry Committee may direct that additional research documents or materials be sequestered with the assistance of the Research Integrity Officer and/or the Office of Research Compliance.
 - d. A copy of the charge will be provided to the Respondent.
 - e. The Research Integrity Officer may meet with the committee at any time to review the progress of the Inquiry and to assist its focus.
4. Inquiry Process
- a. The Office of Research Compliance coordinates communication with the Inquiry Committee and schedules meetings and any interviews.
 - b. The Inquiry Committee shall keep minutes of its meetings and prepare written summaries of interviews and testimonies.
 - c. The Inquiry Committee will conduct an initial evaluation of the evidence, including relevant research records, research materials, and any interviews and testimony during the Inquiry to determine if the evidence has substance to warrant an investigation.
 - d. The Inquiry Committee may interview the Complainant, the Respondent, and key witnesses.
 - e. After consultation with the Research Integrity Officer, the committee members will decide whether an Investigation is warranted based on the criteria in the University policy and, if

appropriate, any applicable regulations. The scope of the Inquiry does not normally include deciding whether Research Misconduct occurred, nor does it require conducting exhaustive interviews and analyses.

- f. The inquiry, including preparation of the final inquiry report and the decision of the Research Integrity Officer on whether an Investigation is warranted, should generally be completed within sixty (60) calendar days of initiation of the Inquiry, unless the committee requests and the Research Integrity Officer approves a longer period. If the Research Integrity Officer approves an extension, the record of the Inquiry should include documentation of the reasons for exceeding the 60-day period.

5. Inquiry Report

- a. The Inquiry Committee will prepare a written report for submission to the Research Integrity Officer, that includes the following:
 - the name and position of the Respondent;
 - a description of the allegations of Research Misconduct;
 - the source of funding for the research, if applicable, including, for example, grant numbers, grant applications, contracts and publications listing such support;
 - a description of the general procedures under which the Inquiry was conducted, including reference to these procedures as well as any federal regulations governing the conduct of the Inquiry;
 - a statement of the relevant evidence assembled and preliminarily reviewed by the committee; and
 - a statement of the conclusion of the committee as to whether the allegation appears to have substance and the information supporting that conclusion.
- b. The draft inquiry report shall be provided to the Research Integrity Officer for review. The Research Integrity Officer may accept the report, request additional information, or require additional review by the Inquiry committee.
- c. The inquiry report should be written in a form which, if accepted, may serve as an appropriate institutional statement of reasons for further institutional action, including commencement of an Investigation or dismissal of the allegations.

6. Inquiry Decision and Notifications

- a. The Research Integrity Officer shall notify the Respondent whether the Inquiry Committee found an Investigation to be warranted and provide the Respondent with a copy of the draft inquiry report. The Respondent will be asked to provide any comments on the report to the Research Integrity Officer and Inquiry Committee Chair within seven (7) calendar days. The Research Integrity Officer will determine, on a case-by-case basis, whether the report or relevant portions thereof should also be provided to the Complainant for comment by Complainant within seven (7) calendar days. The Inquiry Committee will decide whether, in view of any comments received, any revisions to the report are warranted and will then provide the final inquiry report to the Research Integrity Officer.
- b. Upon receipt of the final inquiry report, the Research Integrity Officer will decide whether to accept, reject, or modify the Inquiry Report and determine in writing whether an Investigation is warranted. The Research Integrity Officer will provide written notification of the final decision to the Respondent.

- c. Within thirty (30) calendar days of the decision that an Investigation is warranted, the Research Integrity Officer will notify the appropriate funding agency or agencies, if applicable and where required, with the written decision and a copy of the Inquiry Report.
- d. If an investigation is not warranted, the Research Integrity Officer shall secure and maintain for seven (7) years after the termination of the Inquiry sufficiently detailed documentation of the Inquiry to permit a later assessment by the appropriate funding agency of the reasons why an Investigation was not conducted. These documents must be provided to a federal agency upon request.

Office of the Vice President for Research

Procedure

Investigation

The Office of the Vice President for Research follows these steps in an investigation of research misconduct allegations. The Office of Research Compliance in consultation with the Research Integrity Officer may change or modify these procedures within regulatory requirements as necessary to preserve the integrity of the research and/or conduct the research misconduct proceedings efficiently.

1. The purpose of the investigation is to determine whether each allegation constitutes research misconduct by a preponderance of the evidence standard and to recommend appropriate corrective actions and/or sanctions to be taken.
2. If the Research Integrity Officer determines that an Investigation should be conducted, the investigation should commence within thirty (30) calendar days after such determination.
3. The Research Integrity Officer will take all reasonable and practical steps to obtain custody of and sequester in a secure manner any research records and evidence needed to conduct the Investigation that were not previously sequestered during the inquiry.
4. The Research Integrity Officer will appoint an Investigation Committee in accord with the following procedures.
 - a. The Investigation Committee will consist of three or more voting members together with such technical, administrative, or other staff as may be deemed appropriate.
 - b. Faculty members, or other individuals who do not hold appointment or employment at the University, may be selected to serve as voting members on the investigation committee.
 - c. Individuals may be appointed to the Investigation Committee who previously served on the Inquiry Committee.
 - d. The Research Integrity Officer shall appoint a member of the Investigation Committee to serve as chair.
 - e. The Investigation Committee may include non-voting consultants from within or outside of the University with appropriate expertise to aid in evaluating the evidence.
 - f. The Office of Research Compliance shall prepare letters of appointment to the Investigation Committee members.
 - g. The Research Integrity Officer will inform the Respondent in writing of the members of the Investigation Committee and any consultants.
 - h. In selecting members of the Investigation Committee, the Research Integrity Officer ensures the committee has the appropriate expertise in relevant disciplines and has an appropriate understanding of the process and procedures that must be followed.
 - i. The Research Integrity Officer, in consultation with the Investigation Committee, may add or replace members of the committee as needed to ensure the timely completion of the Investigation and the committee's competence to review the allegations and evidence.
 - j. Individuals selected to serve on the Investigation Committee or to provide professional assistance to the Investigation Committee will be expected to disclose to the Research Integrity Officer any factors, including but not limited to unresolved personal, professional, or financial conflicts of interest in accord with University policies, which would prevent them

- from serving fairly, objectively, and without bias, or which reasonably would give the appearance of a lack of fairness, lack of objectivity, or the presence of bias.
- k. All persons who participate in the Investigation as committee members, administrative or clerical staff, witnesses, or in any other capacity shall maintain the confidentiality of the Investigation and of all information obtained during the Investigation, except as may be necessary in conjunction with the conduct of the Investigation, including subsequent related reports or proceedings, reports to officers of the University, and to the relevant oversight agency or funding entity, as required by law or contract.
 - l. The Research Integrity Officer will make available to the Investigation Committee appropriate administrative and clerical assistance to facilitate a prompt and thorough Investigation and the preparation of an appropriate report.
5. The Research Integrity Officer will define the subject matter of the Investigation in a written charge to the Investigation Committee that includes the following:
- a. A description of the allegation and related issues identified during the Inquiry and identifies the Respondent;
 - b. The definition of Research Misconduct;
 - c. The general procedures for conducting the investigation;
 - d. Informs the Investigation Committee that it must evaluate the evidence and testimony to determine whether, based on a preponderance of the evidence, Research Misconduct occurred and, if so, the type and extent of the Research Misconduct and who was responsible;
 - e. Inform the Investigation committee of the requirements needed to determine that the Respondent committed Research Misconduct, it must find that a preponderance of the evidence establishes that:
 - i. Research Misconduct, as defined in the University policy, occurred (Respondent has the burden of proving by a preponderance of the evidence any affirmative defenses raised, including honest error or a difference of opinion); and
 - ii. The Research Misconduct is a significant departure from accepted practices of the relevant research community; and
 - iii. The Respondent committed the Research Misconduct intentionally, knowingly, or recklessly.
 - f. Informs the Investigation Committee that it must prepare a written Investigation Report that meets the requirements of then University policy and any applicable federal regulations; and
 - g. Sets the time for completion of the Investigation including the final report.
 - h. A copy of the charge will be provided to the Respondent.
6. The investigation will include the following elements.
- a. The Investigation Committee will examine all the documentation and conduct formal interviews, when possible, of the respondent(s), the complainant(s), and others who may have relevant information concerning the complaint.
 - b. All Investigation Committee interviews will be recorded and transcribed. A copy of transcribed interviews may be provided to those interviewed to ensure accuracy and will be included in the investigation file along with any written responses from the individual interviewed. Persons interviewed by the Investigation Committee may be accompanied by counsel or a representative of their choosing, however such person may not participate in

- the interview and may only observe. For confidentiality, the Respondent may not attend interviews of others. The Respondent may be provided with a copy of the transcribed interview(s) however identifiers may be redacted to maintain confidentiality.
- c. The Investigation Committee will investigate all complaints of research misconduct. If there is more than one (1) respondent involved in a complaint, the Investigation Committee will make separate determinations as to whether research misconduct occurred for each respondent and make separate recommendations of corrective actions or sanctions for each respondent.
 - d. During the investigation, additional new allegations may arise that justify broadening the scope of the investigation beyond the initial complaint. The Research Integrity Officer will determine if a new allegation relates to an ongoing investigation and whether it will be reviewed in the ongoing investigation. The Research Integrity Officer will sequester additional evidence if necessary and notify Respondent and any additional respondents.
 - e. If the Research Integrity Officer determines that a new allegation relates to an ongoing investigation, but the allegation arises after the Investigation Committee has determined that research misconduct has occurred or arises after an investigation is concluded with research misconduct findings, the Research Integrity Office in consultation with the Investigation Committee chair, will review each new allegation for substance and determine the appropriate actions.
 - f. The Investigation Committee will determine by majority vote whether each allegation constitutes research misconduct by the preponderance of the evidence standard. A tie vote will indicate that the allegation fails to meet the preponderance of the evidence standard for a finding of research misconduct.
 - g. After the determination that research misconduct occurred or did not occur, the Investigation Committee will make a recommendation for the appropriate corrective actions or sanctions, including any correction of the research record, in its report.
7. When the Investigation Committee has reached a conclusion as to whether each allegation constitutes research misconduct, it shall prepare a draft investigation report that includes the following:
- a. A description of the specific allegations of research misconduct considered in the investigation including identification of Respondent(s);
 - b. A description of any federal or other funding support including grant numbers, grant applications, contracts and publications listing the support;
 - c. The names, titles, and positions of the Investigation Committee members and any non-voting consultants;
 - d. A list of the research record and evidence reviewed and identify any evidence taken into custody that was not reviewed, and interview transcripts;
 - e. A copy of the University research misconduct policy and procedures; and
 - f. A statement of the findings, the conclusions reached, and the recommended corrective actions and/or sanctions for each allegation of research misconduct that includes:
 - A statement that identifies whether fabrication, falsification or plagiarism was found and whether it was intentionally, knowingly, or recklessly;
 - A summary of the facts and analysis that support the conclusion and considers the merits of any reasonable explanation by the Respondent to establish by a

- preponderance of the evidence that he/she did not engage in research misconduct because of honest error or a difference of opinion;
- The specific federal support for each finding;
 - Whether any publications need correction or retraction;
 - The identity of the person(s) responsible for the misconduct; and
 - Any current federal support or known applications or proposals for federal support that Respondent has pending with federal agencies.
8. The draft investigation report and all relevant documentary evidence will be provided to the respondent(s) for comment. The respondent(s) will have ten (10) calendar days from receipt of the draft investigation report to provide written comments to the Investigation Committee. The Investigation Committee will review the comments and, if necessary, revise the draft investigation report.
 9. The Investigation Committee chair will forward a final investigation report to the Research Integrity Officer and the Respondent(s). Any written comments from the respondent(s) will be appended to the report.
 10. Within seven (7) calendar days of the date of the final report, the Respondent(s) may appeal the Investigation Committee decision that research misconduct occurred to the Research Integrity Officer. The appeal must be based on new information not already considered during the investigation, or evidence that a substantial procedural irregularity occurred during the investigation.
 11. The Research Integrity Officer will review the final investigation report and appeal, if any, and provide written notice of the decision regarding research misconduct to the University President, relevant Dean and to the Respondent(s).
 - a. If the Respondent(s) files an appeal, and the Research Integrity Officer denies that appeal, all research misconduct findings are final.
 - b. The Research Integrity Officer will forward the decision, the final investigation report, and the documentary evidence to the appropriate disciplinary body to administer corrective actions or sanctions.
 - c. The Research Integrity Officer will forward the notice of institutional determination and actions along with the final investigation report and documentary evidence to the relevant oversight agency or funding entity, as required by law or contract.
 - d. The Research Integrity Officer will notify the complainant(s), if known, of the final outcome of the investigation.

Office of the Vice President for Research

Procedure

Appeal of a Finding of Research Misconduct

The Office of the Vice President for Research follows these steps when a Respondent appeals a finding of research misconduct following the completion of a research misconduct investigation. The Office of Research Compliance in consultation with the Research Integrity Officer may change or modify these procedures within regulatory requirements as necessary to preserve the integrity of the research and/or conduct the research misconduct proceedings efficiently.

1. A Respondent may appeal a decision that research misconduct occurred to the Research Integrity Officer.
2. The appeal must be in writing and received within seven (7) calendar days of the date of the Final Research Misconduct Report.
3. The appeal must be based on new information not already considered during the investigation, or evidence that a substantial procedural irregularity occurred during the investigation. The appeal must include such evidence.
4. The Research Integrity Officer will review the appeal and the Final Research Misconduct Report and may consult with the Office of Research Compliance, members of the Investigation Committee, and any consultants and witnesses who participated in the investigation.
5. The Research Integrity Officer will provide a written decision regarding the research misconduct to the Respondent and the Office of Research Compliance.
6. If the Research Integrity Officer denies the appeal, all research misconduct findings are final.
7. The Research Integrity Officer will forward the decision accepting the Final Research Misconduct Report to the appropriate disciplinary body to administer corrective actions or sanctions.
8. If the Research Integrity Officer concurs with the Respondent's appeal in whole or in part, and/or does not concur with the Investigation Committee's determination(s) or with the recommended corrective action(s) or sanction(s) in whole or in part, the Research Integrity Officer will provide a written decision to the Respondent and the Office of Research Compliance, and forward the decision, the Final Research Misconduct Investigation Report and all evidence to the appropriate disciplinary body to administer corrective actions or sanctions, or take reasonable and practical steps as appropriate to protect or restore the reputation of Respondent(s) if needed.
9. The Research Integrity Officer will forward the decision and actions along with the Final Research Misconduct Investigation Report and evidence to the relevant oversight agency or funding entity, as required by law or contract.
10. The Research Integrity Officer will notify the complainant(s), if known, of the final outcome of the investigation.

Office of the Vice President for Research

Procedure

Agency Notification

The Office of the Vice President for Research follows these steps in notifying agencies when initiating an investigation into allegations of research misconduct or reporting findings of research misconduct. The Office of Research Compliance in consultation with the Research Integrity Officer may change or modify these procedures within regulatory requirements as necessary to preserve the integrity of the research and/or conduct the research misconduct proceedings efficiently

1. When an inquiry results in proceeding to an investigation, the Research Integrity Officer shall notify the relevant funding agency within thirty (30) calendar days of the decision to conduct an investigation. The following shall be provided to the funding agency:
 - The name and position of the Respondent;
 - A description of the allegation of research misconduct;
 - Any support including grant numbers, applications, contracts and publications listing the support;
 - The basis for recommending the allegations warrant an investigation; and
 - Any comments on the inquiry report provided by the complainant or respondent.
2. At the completion of a Research Misconduct Investigation, the Research Integrity Officer shall notify the relevant oversight agencies and/or funding agencies of the University's research misconduct findings. The following shall be provided to the relevant oversight agencies and/or funding agencies:
 - A copy of the Final Investigation Report with all attachments and any appeal;
 - A statement of whether the University accepts the findings of the Final Investigation Report and the outcome of the appeal, if any;
 - A statement of whether the University found research misconduct, and if so who committed the misconduct; and
 - A description of any pending or completed administrative actions against the Respondent.
3. The Research Integrity Officer shall complete the notifications as soon as possible following the completion of the research misconduct investigation process.
4. Faculty and staff, other than those delegated responsibilities by the Research Integrity Officer (RIO), are not authorized to contact oversight agencies or funding agencies about administrative matters.

Office of the Vice President for Research

Procedures

False Allegations

The Office of the Vice President for Research follows these steps in the event false or suspected false allegations of research misconduct have been received. The Office of Research Compliance in consultation with the Research Integrity Officer may change or modify these procedures within regulatory requirements as necessary to preserve the integrity of the research and/or conduct the research misconduct proceedings efficiently.

1. Allegations of research misconduct should be brought in good faith, having a belief in the truth of the allegations.
2. False allegations are an abuse of the University Policy and Procedures on Research Misconduct and may result in disciplinary action under other University policies or rules.
3. The Research Integrity Officer will determine whether the allegation(s) of research misconduct were made in good faith. If the Research Integrity Officer determines there was not good faith, the Research Integrity Officer will consult with the appropriate University official(s) to determine the appropriate actions to be taken.
4. The Research Integrity Officer will work with the appropriate University official(s) to restore the reputation and correct any records of those harmed by such false accusations.