Policy 7-001: Research Misconduct Policy

Revision 5. Effective date: January 01, 2026

I. Purpose and Scope

A. Purpose.

The University of Utah has a responsibility to ensure the rigor and integrity of university Research and comply with its assurances to federal funding agencies and other entities. University Employees and students are expected to conduct Research with rigor, accountability, and honesty.

The University of Utah is devoted to developing a culture of integrity that promotes the responsible and ethical conduct of Research and discourages Research Misconduct. Research Misconduct is contrary to the interests of the institution and erodes the support of sponsors, funders, and the public. Having a

thorough, objective, and fair process for addressing Allegations of Research Misconduct is crucial to complying with federal requirements, encouraging Good-Faith reports of potential concerns, administering consistent and equitable reviews, maintaining the integrity of the Research Record, restoring reputations when appropriate, preventing Retaliation, reducing the risk of Research Misconduct, upholding funder and public trust, and advancing Research at the University of Utah.

Therefore, the university establishes this policy to govern the standards and procedures for administering Research Misconduct Proceedings. This policy provides definitions, timelines, and procedures for reviewing and managing Research Misconduct activities once the university receives an Allegation of Research Misconduct.

B. Scope.

1. This policy applies to all instances of alleged or apparent Research Misconduct, as defined and limited to the timeframes described in this policy.
2. The policy applies to all university Employees, students, and other individuals participating in university Research.
3. Other Research misbehaviors and concerns (e.g., unprofessional behaviors in the Research context, certain detrimental and questionable Research practices, authorship disputes) are governed by other university regulations, procedures, and/or offices at the University of Utah.

II. Definitions

The following definitions apply for the limited purposes of this policy and associated regulations.

A. “Accepted Practices of the Relevant Research Community” means those practices established by applicable federal regulations, funding entities, and commonly accepted professional codes or norms within the overarching

community of researchers and institutions that apply for and receive funding from the funding entity.

B. “Allegation” means a disclosure of possible Research Misconduct and/or Retaliation through any means of communication and brought directly to the attention of the Research Integrity Officer.

C. “Assessment” means an evaluation of whether an Allegation of Research Misconduct (a) appears to fall within the definition of Research Misconduct, (b) is sufficiently credible and specific so that potential Evidence may be identified, and (c) falls within the timeframe for the applicability of this policy. The Assessment only involves the review of readily accessible information relevant to the Allegation.

D. “Complainant” means a Person who, in Good Faith, makes an Allegation of Research Misconduct.

E. “Conflict of Interest” means the real or apparent interference of one Person's personal, professional, or financial interests with those of another Person, such that potential bias may occur due to prior or existing relationships.

F. “Day” means a calendar Day. If a deadline falls on a Saturday, Sunday, or university holiday or closure, the deadline will extend to the next Day that is not a Saturday, Sunday, or university holiday or closure.

G. “Employee”, as defined under Policy 5-001: Employee Definitions, applies here, and includes administrative officers, faculty, staff, and non-faculty academic employees.

H. “Evidence” means anything offered or obtained during a Research Misconduct Proceeding that tends to prove or disprove the existence of an alleged fact. Evidence includes physical and electronic documents, information, tangible items, testimony, etc.

    1. “Evidence” includes the absence of Research Records documenting the questioned Research if the Respondent’s conduct constitutes a significant

departure from the Accepted Practices of the Relevant Research Community and either the Respondent claims to possess relevant Research Records but fails to provide them upon request or it is established by a Preponderance of the Evidence that the Respondent Intentionally, Knowingly, or Recklessly destroyed or failed to appropriately maintain the Research Records.

I. "Good Faith":

1. For a Complainant or witness: means having a reasonable belief in the truth of one's Allegation or testimony, based upon the information known to them at the time. An Allegation or cooperation with a Research Misconduct Proceeding is not in Good Faith if made with knowledge of or careless disregard for information that would negate the Allegation or testimony.

2. For a committee member: means engaging in the Research Misconduct Proceeding by performing assigned duties with honesty, impartiality, and fairness. A committee member does not act in Good Faith if their acts or omissions during the Research Misconduct Proceeding are dishonest or influenced by a Conflict of Interest.

J. "Inquiry" means preliminary information-gathering and fact-finding to determine whether an Allegation received under this policy meets the definition of Research Misconduct and may have substance to warrant an Investigation.

K. "Institutional Administrative Action" means the corrective, remedial, and/or institutional actions taken by the university in response to the findings of a Research Misconduct Proceeding, including Respondent sanctions.

L. "Institutional Deciding Official" or "IDO" means the university official responsible for making final determinations on Allegations of Research Misconduct and any Institutional Administrative Action. The Vice President for Research (VPR) is the Institutional Deciding Official for the University of Utah. If the VPR is conflicted, the cognizant Executive Vice President will fulfill this role.

M. “Institutional Record” means the collective records that were compiled or generated during a Research Misconduct Proceeding, except for records that were collected but not considered or relied upon. These records may include, but are not limited to:

1. Assessment documentation, including documentation evaluating Subsequent Use.
2. The final Inquiry report and all records considered or relied upon during the Inquiry, including written interview summaries (e.g., notes/transcripts), information provided by the Respondent, and any other significant document or record.
3. The final Investigation report and all records considered or relied upon during the Investigation, including written interview summaries (e.g., notes/transcripts), information provided by the Respondent, and any other significant document or record.
4. Decision(s) made by the IDO regarding findings of Research Misconduct and Institutional Administrative Action.
5. Institutional appeal record.
6. For federally funded Research:
    a. A single index listing all Research Records and Evidence compiled during the Research Misconduct Proceeding, except for records that were not considered or relied on.
    b. A general description of sequestered records that were not considered or relied on.

N. “Intentionally” means acting with the aim of carrying out an act.

O. "Investigation" means a formal development of a factual record and the examination of that record to determine if the alleged Research Misconduct occurred.

P. “Knowingly” means acting with an awareness of an act.

Q. “Notice” means a written or electronic communication provided either in-person or sent by mail (or its equivalent) to the last known physical address, facsimile number, or email address of the addressee.

R. “Person” means any individual, corporation, partnership, institution, association, government unit, or other legal entity, however organized.

S. “Preponderance of the Evidence” means proof by Evidence that, when compared with the Evidence opposing it, leads to the conclusion that the fact at issue is more likely true than not. In other words, based on the Evidence there is a greater than 50% chance that the issue is proven.

T. “Protected Action” means making an Allegation of Research Misconduct, providing witness testimony and/or Evidence, serving on an Inquiry or Investigation committee, providing subject matter expertise, or otherwise supporting or cooperating with a Research Misconduct Proceeding.

U. “Recklessly” means acting with disregard or indifference to a known risk for Falsification, Fabrication, or Plagiarism.

V. “Research” means a systematic investigation – including experiment, study, testing, evaluation, demonstration, or survey – designed to develop or contribute to general knowledge (basic Research) or specific knowledge (applied Research).

W. “Research Integrity Officer” or “RIO” means the institutional official responsible for administering this policy and its associated procedures to address Allegations of Research Misconduct. At the University of Utah, the RIO is appointed by the Associate Vice President for Research Integrity & Compliance (AVPRIC). If the appointed RIO is conflicted in a specific proceeding, the AVPRIC will fulfill the role of RIO.

X. “Research Misconduct” means Fabrication, Falsification, and/or Plagiarism in proposing, performing, or reviewing Research, or in reporting Research results.

Research Misconduct does not include honest error or honest difference of opinion.

1. “Fabrication” means making up data or results and recording or reporting them.
2. “Falsification” means 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.
3. “Plagiarism” means the appropriation of another Person's ideas, processes, results, or words without giving appropriate credit.
    a. Plagiarism includes the unattributed verbatim or nearly verbatim copying of sentences and paragraphs from another’s work that materially misleads the reader regarding the contributions of the author. It does not include the limited use of identical or nearly identical phrases that describe a commonly used methodology.
    b. Plagiarism does not include self-plagiarism, authorship, or credit disputes, including disputes among former collaborators who participated jointly in the development or conduct of a Research project. Self-plagiarism and authorship disputes do not meet the definition of Research Misconduct.

Y. “Research Misconduct Proceeding” or “Proceeding” means all actions and activities related to Alleged Research Misconduct, including Assessment, Inquiry, Investigation, Institutional Administrative Action, appeal, or any other component described within this policy.

Z. “Research Misconduct Standing Committee” means a group of faculty who possess sufficient Research experience, expertise, integrity, and professionalism to serve as a pool from which members of Inquiry and Investigation committees may be drawn. Upon request, the Standing Committee may also assist the RIO in performing the activities associated with Research Misconduct Proceedings. Examples include, but are not limited to, Allegation

Assessment, report review and recommendation, advising on case-specific committee compositions, and recommending Institutional Administrative Actions.

AA. “Research Record” means the record of physical and electronic data and results that embody the facts resulting from scientific inquiry, regardless of storage medium or location. Examples include, but are not limited to: Research proposals, progress and other reports, laboratory records and notebooks, notes, correspondence, online content, meeting records, study records, raw data, processed data, images and recordings, film, slides, biological materials, equipment use logs, animal facility records, clinical Research Records, human and animal subject protocols, consent forms, medical charts, patient Research files, theses and dissertations, posters, presentations, abstracts, journal articles, manuscripts, and publications.

BB. “Respondent” means an individual against whom an Allegation of Research Misconduct is directed and/or who is accused of Retaliation related to a Research Misconduct Proceeding.

CC. “Retaliation” means any adverse action taken against a Complainant, witness, or committee member by the university or one of its members for performing a Protected Action.

DD. “Subsequent Use” occurs when a Respondent cites, republishes, or otherwise uses for their potential benefit the portion(s) of the Research Record that are described in an Allegation. Subsequent Use includes, but is not limited to, submitted or published manuscripts, submitted grant or other funding applications, progress reports, posters, presentations, or other Research Records. Subsequent Use includes the citation to or use of any portion of the Research Record containing the alleged falsification, fabrication, or plagiarism but does not include general citation to the applicable publication, poster, presentation, etc.

III. Policy

A. Time Limitations for Applicability of this Policy

1. Six-Year Limitation: This policy applies only to Research Misconduct that occurred within the six years preceding the date that the university, federal office or funder, or sponsor receives an Allegation, with the exception of an Allegation described immediately below under Exceptions to Six-Year Limitation.
2. Exceptions to Six-Year Limitation: This policy applies to Research Misconduct that occurred more than six years before the university, federal office or funder, or sponsor receives an Allegation if any of the following exceptions apply:
    a. Subsequent Use Exception: A Respondent continues or renews an incident of alleged Research Misconduct that originally occurred before the six-year limitation by engaging in Subsequent Use of the Research within the six-year limitation period.
        i. For all circumstances in which the Subsequent Use Exception appears to apply, the RIO shall document whether the exemption applies and how the determination was made. The documentation shall be retained in the Institutional Record.
    b. Other Exceptions: At the RIO's discretion, the RIO may determine that the university should investigate an Allegation involving Research Misconduct that occurred outside of the six-year limitation period because:
        i. a federal agency refers the Allegation to the university;
        ii. the Research Misconduct described in the Allegation was not reasonably discoverable at an earlier time;
        iii. the alleged Research Misconduct may have a substantial and ongoing adverse effect on public health or safety;
        iv. the application of this policy to the Allegation is required by law or is otherwise in the best interest of the university; or

v. a contract for the Research, federal office or funder, or sponsor of the Research requires application of the policy to a period longer than six years.

B. Relationship to Other University Policies

1. This policy is the exclusive policy for handling all Research Misconduct Allegations and Proceedings, including receiving and adjudicating Allegations of Research Misconduct, making institutional findings, determining Institutional Administrative Actions (e.g., sanctions, corrective, and remedial actions), and resolving any Respondent appeal of the imposed Institutional Administrative Actions.

2. Proceedings involving Allegations that include complaints of discrimination will be managed in compliance with Rule R1-012A: Non-Discrimination Rule.

C. Responsibilities of the University Community

1. The Good Faith reporting of concerns and cooperation with Research Misconduct Proceedings are services to the university and will not jeopardize a Person's university position.

2. Reporting Research Misconduct

a. All university Employees and students must report observed, suspected, or apparent Research Misconduct to the RIO.

i. An individual in a position of authority who receives an Allegation must promptly report the Allegation to the RIO.

ii. Allegations from outside the university (e.g., federal offices, funding agencies, journals, other institutions) should be directed to the RIO.

b. If someone is unsure whether a suspected incident falls within the definition of Research Misconduct, they may contact the RIO to discuss the suspected Research Misconduct.

c. If the circumstances described in a report do not meet the definition of Research Misconduct, the RIO may dismiss the report or refer the matter or individual to the appropriate official(s) and/or office(s).

3. Cooperation with Research Misconduct Proceedings

   a. All university Employees and students shall cooperate with Research Misconduct Proceedings including, but not limited to, promptly providing information, Research Records, and other Evidence.

   b. All university Employees and students involved in a Research Misconduct Proceeding shall maintain the confidentiality of the Proceeding and associated information (e.g., Allegations, involved parties, Evidence and records).

   c. If an individual refuses to respond to or cooperate with a request from the RIO or a duly charged Inquiry or Investigation committee:

      i. the RIO may address this refusal through existing university disciplinary processes for Employees and students; and

      ii. the Research Misconduct Proceeding may proceed in the absence of the individual who refuses to respond to or participate in the Proceeding.

4. Act in Good Faith

   a. The university takes Research Misconduct seriously and is committed to investing the resources to diligently pursue each Allegation to completion.

   b. Recognizing the significant negative impacts that bad faith Allegations and/or bad faith participation in Research Misconduct Proceedings can have upon university resources, Research operations, and the reputation of individuals and the institution, the university requires that members of the university community act in Good Faith when making Allegations, participating in Proceedings, following final determinations, and implementing Institutional Administrative Actions.

c. If Allegations or participation in a Research Misconduct Proceeding are not in Good Faith, or there is Evidence indicating that a member of the university community has concealed or covered up suspected or apparent Research Misconduct, the RIO may address concerns through existing university disciplinary processes for Employees and students.

5. Act with Professionalism:

a. It is expected that all parties involved in a Research Misconduct Proceeding will act with honesty and professionalism throughout the Proceeding and will accept the finality of Research Misconduct findings made under this policy. The RIO may address matters of unprofessionalism through existing university disciplinary processes for Employees and students.

b. Despite diligently administering Research Misconduct Proceedings in accordance with this policy, instances in which individuals are dissatisfied with the outcomes of a Proceeding are anticipated. Nevertheless, the university expects that Research Misconduct determinations resulting from Proceedings performed under this policy are respected. Gossip, rumors, and disparaging comments about involved parties of previously reviewed Allegations may violate the confidentiality provisions of this policy, prolong conflict, lead to a hostile work environment, undermine efforts to restore integrity, weaken the Research enterprise, and significantly disrupt the operations of university programs and activities. Research Misconduct Proceedings are primarily intended to be corrective and remedial. Therefore, following the completion of Proceedings, reasonable and appropriate efforts shall be made by all parties to move forward in promoting ethical, safe, and respectful Research operations and relationships.

D. Protection of Involved Parties

1. Confidentiality. The confidentiality and privacy of all parties involved in a Research Misconduct Proceeding shall be protected insofar as it does not interfere with the university's obligation to investigate Allegations of Research Misconduct and to take corrective action.

    a. To the extent permitted by law and university regulations, the disclosure of the identities of Respondents, Complainants, witnesses, and committee members while conducting a Research Misconduct Proceeding shall be limited to those with a business need to know, as determined by the RIO, consistent with a thorough, competent, objective, and fair Research Misconduct Proceeding.

        i. Those with a business need to know may include cognizant university leadership, institutional offices (e.g., Institutional Review Board, Environmental Health and Safety), sponsors/funders, journals, editors, publishers, co-authors, and collaborating institutions.

        ii. The limitation on the disclosure of the identity of Respondents and Complainants by the institution is no longer required after a finding of Research Misconduct. However, disclosures must be made in consultation with the RIO and Office of General Counsel (OGC).

    b. To the extent permitted by law and university regulations, the Institutional Record for a Research Misconduct Proceeding, even following the final determination, shall be kept confidential and only shared with those with a business need to know, as determined by the RIO in counsel with the OGC.

    c. Human Subject Research Confidentiality: Except as prescribed by law, confidentiality must be maintained for any records or Evidence from which Research participants might be identified. Disclosure is strictly limited to those who need to know to carry out a Research Misconduct Proceeding.

    d. Publishing Entities: This section on confidentiality does not prohibit the management of published Research or acknowledging that data may be

unreliable or of concern, even if such action is taken prior to a final determination in a Research Misconduct Proceeding. However, such action should only occur following consultation with the RIO and only the minimum amount of information that is necessary to correct the Research Record should be shared.

e. External Institutions: This section on confidentiality does not prohibit the RIO and/or the Inquiry or Investigation committee from sharing information, Evidence, or documentation, and/or coordinating the Research Misconduct Proceeding with another institution involved in the Allegation(s).

f. Multiple Respondents

i. Multiple Respondents may be identified either in the initial Allegation or at an any point during the Proceeding.

ii. If there are multiple Respondents, each Respondent shall be given appropriate Notice, including only notification and information concerning the Allegation(s) that specifically relate to them, and the opportunity to respond.

iii. At the discretion of the RIO, the university may conduct either combined or separate Proceedings.

iv. If the Proceedings for multiple Respondents are combined, individual determinations and reports are required for each Respondent.

2. Conflicts of Interest. the RIO shall take precautions to ensure that any Person responsible for carrying out any part of a Research Misconduct Proceeding does not have an unresolved Conflict of Interest with a Complainant, Respondent, or witness.

3. Respondents of Unfound Allegations. When a Research Misconduct Proceeding finds by a Preponderance of the Evidence that Research Misconduct did not occur, the university shall undertake all reasonable and

practical efforts to protect the positions and restore the reputations of Persons alleged to have engaged in Research Misconduct.

4. Retaliation. see the “Retaliation Allegations and Adjudication” section later in this policy.

E. Burdens of Proof in Research Misconduct Proceedings

1. The university has the burden of proof for making a finding of Research Misconduct by a Preponderance of the Evidence.

    a. If applicable, the Investigation Committee shall give due consideration to admissible, credible Evidence of honest error or difference of opinion identified by the Respondent and/or witness.

2. The Respondent has the burden of proving all affirmative defenses by a Preponderance of the Evidence.

3. The Respondent has the burden of proving, by a Preponderance of the Evidence, any mitigating factors that are relevant to the university’s decision regarding corrective, remedial, and/or Institutional Administrative Action following a Research Misconduct Proceeding.

F. Completing Research Misconduct Proceedings

1. All Allegations of Research Misconduct shall be diligently pursued and Research Misconduct Proceedings carried through to completion.

    a. The departure, resignation, dismissal, or death of a Respondent before or after the initiation of the review will not preclude or dismiss a Research Misconduct Proceeding.

    b. If a Respondent, without admitting to the Research Misconduct, resigns after an Allegation has been made, but before the Inquiry or Investigation are complete, the university process will still proceed to completion.

    c. If a Respondent refuses to participate in the Research Misconduct Proceeding, a fair and honest effort shall be made to evaluate the

Allegation(s) without their cooperation. The Inquiry or Investigation report shall note the Respondent's failure to cooperate with the Proceeding and indicate the impact upon the review of the Allegation and Evidence.

d. The scope of a Research Misconduct Proceeding may be expanded to include additional instances of Research Misconduct, Research projects and records, and Respondents, as needed to ensure a comprehensive and complete Proceeding.

G. Process and Procedural Variations:

1. This policy establishes the standard processes and procedures for Research Misconduct Proceedings. However, unique circumstances (e.g., admission of guilt, discovery of Evidence that renders the Allegation outside the definition of Research Misconduct, determination of honest error) may require procedural variation, including termination of the Proceeding. The implementation of an alternate process or procedure in accordance with this section will be considered a complete Research Misconduct Proceeding under this policy.

2. Any change in process or procedure must ensure fair and considerate treatment of the Respondent.

3. Significant variations must be approved in advance and in writing by the proper authority (e.g., AVPRIC and/or federal entity with applicable oversight).

4. Admissions of Research Misconduct. To be accepted by the RIO, an admission of Research Misconduct must meet the following criteria:

a. The admission must be made in writing and signed by the Respondent;

b. for each separate Allegation and/or act of Research Misconduct, the admission must specify:

i. whether Falsification, Fabrication, and/or Plagiarism occurred;

ii. which Research Records are affected;

iii. whether the Research Misconduct was committed Intentionally, Knowingly, or Recklessly; and

iv. that the action constituted a significant departure from the Accepted Practices of the Relevant Research Community.

c. The RIO may also require that the admission include:

i. a description of how the Research Misconduct was performed;

ii. an indication of if other individuals assisted in committing the Research Misconduct; and

iii. a certification regarding whether any other acts of Research Misconduct occurred that have yet to be disclosed or identified.

d. Admissions should not include any suggestion of honest error, difference of opinion, or mitigating factors, such as lack of training, knowledge, supervision, or resource and instrumentation failures.

e. The RIO must document how it was determined that the scope of Research Misconduct was fully addressed by the admission and how the Respondent's culpability was confirmed.

i. The RIO may utilize a cognizant committee or subject matter expert to assist in this determination and documentation.

f. The RIO may provide guidance to assist a Respondent, but the Respondent must personally write the admission.

H. Cases Involving Multiple Institutions

1. When Allegations involve Research conducted at multiple institutions, a joint Research Misconduct Proceeding may be conducted. If a joint Research Misconduct Proceeding is conducted:

a. one institution may be designated as the lead institution, except for Proceedings involving Public Health Service (PHS) funding, in which case one institution must be designated as the lead institution;

b. the lead institution should obtain Research Records and other Evidence pertinent to the Proceeding from the other relevant institution(s), including witness testimony;

c. by mutual agreement, the joint Proceeding may include committee members from the other institution(s) involved; and

d. determination of whether further Inquiry and/or Investigation is warranted, whether Research Misconduct occurred, and any Institutional Administrative Action to be taken may be made by the institutions jointly or tasked to the lead institution.

I. Notifications

1. The RIO shall keep university leadership and involved Persons informed throughout the Research Misconduct Proceeding.

2. In addition to the notifications specified in this policy, spontaneous notifications may be required in the following circumstances.

a. Additional Allegations. Each Respondent shall be promptly notified, in writing, of any additional Allegations that arise against them during the Research Misconduct Proceeding.

b. Additional Respondents. Respondents identified during the Research Misconduct Proceeding must be notified, in writing, of the Allegation(s) against them (along with any Persons requiring notification as specified for the applicable stage of the Proceeding).

3. Respondents shall only be provided with notification concerning the Allegations that specifically relate to them.

4. Respondents must be given the opportunity to respond to the Allegation(s) against them.

J. Conducting Interviews

1. The Respondent must not be present during the interviews of other Persons.
2. Exhibits referenced during an interview must be numbered and referred to by number in the interview.
3. All interviews must be recorded and documented in a written summary (e.g., transcript, notes).
4. Interview written summaries must be provided to the relevant interviewee for correction and to confirm accuracy.
5. Interview recordings may be deleted after interviewee confirmation of the written summary.
6. Written interview summaries, with any corrections and numbered exhibits, must be included in the Institutional Record of the Investigation.
7. For Public Health Service (PHS) funded Research all interviews must be transcribed, and Respondents must be provided with all interview transcripts.
    a. To protect against Retaliation and address confidentiality concerns, the RIO and OGC will determine if any portions of a transcript need to be redacted before providing it to the Respondent. The rationale for any redactions must be appropriately documented by the RIO and included in the Institutional Record. Both the redacted and unredacted versions of the transcripts must be included in the Institutional Record.

K. Allegations of Research Misconduct

1. An individual who alleges or receives an Allegation of Research Misconduct shall refer the Allegation directly to the RIO.
    a. The Complainant may submit Allegations anonymously or non-anonymously.

b. The Complainant can report Allegations through any means. The RIO webpage includes information on how to report by e-mail, telephone, or through an online form (either anonymously or named). Allegations can also be reported in-person or be referred to the RIO by an external Person (e.g., federal agency or university administrator).

2. If known, the Complainant shall include the following information in the Allegation:

   a. name(s) of Respondent(s);

   b. names of any witnesses, if applicable;

   c. summary of the situation, including:

      i. a description of the alleged Falsification, Fabrication, and/or Plagiarism;

      ii. when the alleged Research Misconduct occurred;

      iii. what Research Records (e.g., published abstracts or articles, funding applications, posters, public presentations) are impacted by the alleged Research Misconduct; and

      iv. documentation and/or Evidence related to the Allegation.

3. The Complainant may also provide additional information, such as relevant grant numbers and funding sources (if known).

4. Allegations Involving Multiple Respondents. If an Allegation identifies more than one individual as a Respondent, or if additional Respondents and/or Allegations are identified during the Proceeding, the RIO shall determine if the Allegations and Respondents may be considered as either a single or combined case, consistent with the confidentiality provisions for multiple Respondents established in this policy.

L. Institutional Assessment

1. The purpose of an Assessment is to determine if an Allegation warrants an Inquiry based upon a review of the relevant, readily accessible information.
2. An Allegation warrants an Inquiry if:
    a. the Allegation describes actions that meet the definition of Research Misconduct;
    b. the Allegation is sufficiently credible and specific so that potential Evidence of Research Misconduct may be identified; and
    c. the alleged Research Misconduct occurred within the applicable timeframe described in this policy.
3. The Assessment stage begins when the RIO receives a report of Research Misconduct.
4. The RIO shall promptly evaluate all Allegations to determine if any Allegation warrants Inquiry.
5. If the Allegation involves multiple institutions, the RIO may use the Assessment phase to coordinate with other institutions before moving to sequestration and Respondent notification.
6. The RIO may use the Assessment to identify potential Evidence and consider logistics for sequestration once the decision to move to Inquiry is made.
7. The RIO is responsible for documenting the Assessment activity and outcome in sufficient detail to permit subsequent review, including the Allegation(s), involved parties and positions, funding sources, affected Research Records, Evidence, and rationale supporting the Assessment conclusion.
8. If the Assessment does not result in a determination that an Inquiry is warranted, the RIO shall close the case.

a. The RIO shall evaluate if any actions are needed, as described under the subsection “Protection of Involved Parties”.

b. If the RIO identifies any credible non-Research Misconduct concerns, the RIO shall refer them to the appropriate office for review.

c. The RIO shall notify the Complainant of the outcome of the Assessment.

9. If the Assessment results in a determination that an Inquiry is warranted, the RIO shall:

a. move the Proceeding forward to sequestration and Inquiry, and

b. notify the IDO, AVPRIC, and OGC.

M. Sequestration

1. If the RIO determines that an Inquiry into an Allegation of Research Misconduct is warranted, the RIO shall:

a. promptly take all reasonable and practical steps to securely obtain all Research Records and Evidence related to the Allegation and needed to conduct the Research Misconduct Proceeding;

b. inventory the Research Records and Evidence collected;

c. sequester the Research Records and Evidence in a secure manner; and

d. maintain a chain of custody throughout the Research Misconduct Proceeding.

2. Sequestered Research Records and Evidence may:

a. be in any format, including physical or electronic;

b. be from any source, including notebooks, computers, instruments, refrigerators and freezers, servers, e-mails, or other locations; and

c. include copies, insomuch as those copies are substantially equivalent in evidentiary value.

3. The RIO may work with the university forensic information technology team, applicable departmental and/or college information technology, and other university offices to determine how to best sequester Research Records and Evidence securely.

    a. All individuals and units assisting in sequestration shall take all reasonable steps to ensure confidentiality in the sequestration process.

4. Timing. To ensure that Research Data and Evidence related to an Allegation of Research Misconduct are appropriately secured, whenever possible sequestration must occur:

    a. before or at the time the Respondent is notified of the Allegation(s); and

    b. promptly whenever additional Research Records or Evidence become known or relevant to the Research Misconduct Proceeding.

5. The RIO shall attempt to sequester all relevant Research Records and Evidence regardless of whether the Respondent assists with the sequestration.

    a. To the degree that the Respondent is aware of sequestration activities, the Respondent shall assist the RIO in identifying and sequestering all relevant Research Records and other Evidence and provide information about the locations of any additional Research Records and Evidence.

6. Where appropriate, the Respondent shall be given copies of, or reasonable supervised access to, the sequestered Research Records and other Evidence.

7. Notifications of Respondent(s) and Cognizant Leadership. During or promptly following sequestration, but before beginning the Inquiry, the RIO shall:

    a. make a Good Faith effort to notify the Respondent, in writing, of the Allegation(s) and the initiation of the Inquiry process;

    b. provide the Respondent with a copy of or reference to this policy; and

c. notify in writing the IDO, AVPRIC, OGC, and Respondent's department chair (unless conflicted) of the Allegation and pending Inquiry.

N. Inquiry

1. Purpose. The purpose of the Inquiry is to perform an initial review of the Evidence and determine if an Allegation of Research Misconduct may have substance and therefore warrant an Investigation.

   a. The Inquiry does not determine if Misconduct occurred.

   b. The Inquiry does not require a full review of all related Evidence.

2. Standard for Moving to Investigation.

   An Investigation is warranted if the Inquiry determines that:

   a. the Allegation reasonably falls within the definition of Research Misconduct, and

   b. preliminary information-gathering and fact-finding indicate that the Allegation may have substance.

3. Inquiry Start. The Inquiry stage begins upon either the RIO seating and charging an Inquiry committee or a decision to have the RIO perform the Inquiry.

4. Inquiry Timeline:

   a. The Inquiry must be completed within a total of 90 Days from start, with sub-events completed according to the following timeframes:

      i. Up to 60 Days: The RIO or Inquiry committee shall perform their review and create a formal written Inquiry report documenting their analysis and determination regarding whether the Allegation warrants Investigation. If the Inquiry is performed by a committee, the committee shall deliver the report to the RIO.

ii. Up to 5 Days: If the Inquiry is performed by a committee, the RIO shall review the Inquiry report for completeness, accuracy, and compliance with this policy, and if necessary, request revisions.

iii. Up to 10 Days: The Respondent may review draft report and supporting documentation and provide optional comment. If appropriate, the Complainant(s) may be given the opportunity to review and comment on the draft report, as determined by RIO and OGC.

iv. Up to 10 Days: The RIO or Inquiry Committee shall review any official comment(s) and either acknowledge or respond to the comment(s) and/or revise the report.

v. Up to 5 Days: The RIO shall provide all necessary notifications regarding the completion and outcome of the Inquiry.

b. The timelines for activities are given to ensure that the entire Inquiry is completed within 90 Days. If one stage is completed in fewer Days than provisioned, unused Days may be used for other Inquiry activities.

c. If the Inquiry takes longer than 90 Days to complete the RIO shall request an extension from the AVPRIC, documenting the circumstances warranting the extension and receive written approval and the final Inquiry report must include documentation of the reasons for exceeding the 90-Day period.

5. The RIO may determine whether to conduct the Inquiry themself or to seat an Inquiry committee.

a. If the RIO conducts the Inquiry, unconflicted subject matter experts (SMEs) may be utilized to assist in the Inquiry review.

b. SMEs may be internal or external to the university.

c. The Respondent should be notified of any SMEs and given the opportunity to review for Conflicts of Interest, using the process described

below for providing “respondent notification of Inquiry committee composition”.

6. Inquiry Committee Formation:

    a. If the RIO decides to have a committee conduct the Inquiry, the RIO shall appoint an Inquiry committee of between one and five individuals.

    b. The Inquiry committee may be selected from the Research Misconduct Standing Committee, ad hoc from the university community, and/or from outside the university, as needed.

    c. The RIO shall appoint one member as a chair of the Inquiry committee.

    d. In appointing the Inquiry committee, the RIO shall ensure that:

        i. the committee has the necessary expertise to review the Allegation(s) and Evidence;

        ii. committee members have no unresolved Conflicts of Interest with a Complainant, Respondent, or witness; and

        iii. committee members are notified regarding the need for strict confidentiality.

7. Respondent Notification of Inquiry Committee Composition:

    a. The RIO shall provide the name and department affiliation of each member of an Inquiry committee to the Respondent in writing.

    b. The Respondent may request that the RIO replace any committee member that the Respondent believes has an unresolved Conflict of Interest with any Complainant, Respondent, or witnesses involved in the case.

        i. A Respondent’s request to replace a committee member must be submitted in writing to the RIO within five Days of notification of committee membership and describe the reason for replacement.

ii. The RIO shall determine whether a committee member identified by the Respondent has an unresolved Conflict of Interest with the Complainant, Respondent or witnesses, and if so, appoint an alternate committee member.

iii. The RIO shall communicate the name and department affiliation of the alternate member to the Respondent, who will again have five Days to review, and if needed, request a replacement for an alternate member.

8. Overview of Inquiry Activities:

a. The Inquiry review shall consist of an initial review of the preliminary information, facts, and documentation related to the Allegation to determine if there is any Evidence to warrant Investigation and does not include a full review of the Evidence related to the Allegation(s);

b. The Inquiry review may include interviews, if necessary. However, the number of interviews should be limited to maintain as much confidentiality as possible. The RIO shall help committees determine if interviews with specific individuals are appropriate during the Inquiry stage.

c. The Inquiry review shall, within 60 Days of commencement, produce a formal written Inquiry report (unless a longer period is approved).

9. Inquiry Report:

a. The Inquiry report shall include:

i. the names, professional aliases, and positions of the Respondent and Complainant;

ii. a description of the alleged Research Misconduct;

iii. a description of any external funding support for the Research under Inquiry, including, for example, grant numbers, grant applications, contracts, and publications listing external support;

iv. as applicable, the composition of the Inquiry committee and/or any subject matter experts, including name(s), position(s), and subject matter expertise;

v. an identification of the university policy and procedures under which the Inquiry was conducted;

vi. a description of how Sequestration was conducted;

vii. an inventory of sequestered Research Records and other Evidence;

viii. a description of Evidence reviewed and relied upon;

ix. a description and written summary (i.e., notes/transcripts) of any interviews conducted;

x. a timeline and procedural history;

xi. any scientific or forensic analyses conducted;

xii. any potential Evidence, analysis, and determination regarding honest error or difference of opinion, if applicable;

xiii. the basis for recommending that the Allegation(s) does or does not warrant an Investigation;

xiv. any actions taken by the institution in response to the Allegations, Assessment, and Inquiry, including communications with journals or funding agencies; and

xv. if applicable, reasons for exceeding the Inquiry timeframe.

b. If a committee conducted the Inquiry, the committee shall provide the report to the RIO, who shall review the report for accuracy, impartiality and fairness, and ensure that the content of the report complies with this policy. If necessary, the RIO may request that the Inquiry committee conduct further review and/or revise the report accordingly.

c. The RIO shall provide the Inquiry report to the Respondent, AVPRIC, and OGC.

   i. If necessary to protect against Retaliation and address confidentiality concerns, portions of the report may be redacted at the discretion of the RIO and OGC before providing it to the Respondent. The rationale for any redactions should be appropriately documented by the RIO and included in the Institutional Record.

   ii. At the discretion of the RIO and OGC, the RIO may provide the Inquiry report, relevant portion(s) of the report, or a summary of the Inquiry report findings to the Complainant.

d. The Respondent (and Complainant, if applicable) may, within 10 Days of the Inquiry report being sent, provide written comment on the report.

   i. The Inquiry committee (or RIO) shall consider any Respondent and/or Complainant comments and document their review within 10 Days of receiving the written comment.

   ii. All written comments and responses shall become part of the final Inquiry report.

   iii. The RIO shall provide the final Inquiry report and outcome to the Respondent, the IDO, the AVPRIC, OGC, and the Respondent's department chair.

   iv. At the discretion of the RIO and OGC, the RIO may provide the final Inquiry report, relevant portion(s) of the report, or a summary of the Inquiry report findings and determination to a Complainant. However, items that are provided to one Complainant in a case must be given to all Complainants in the case, as reasonably possible.

e. If the Inquiry does not result in a determination that an Investigation is warranted, the RIO shall close the case.

i. The RIO shall evaluate if any actions are needed, as described under the subsection “Protection of Involved Parties”.

ii. If the RIO identifies any credible non-Research Misconduct concerns, the RIO shall refer them to the appropriate office for review.

iii. The RIO shall notify the Complainant of the outcome of the Inquiry.

f. If the Inquiry results in a determination that an Investigation is warranted, the RIO shall also provide written notification to the cognizant senior leadership of Respondent (e.g., dean, Office for Faculty, HR, Dean of Students/Graduate School) and the Complainant.

O. Investigation

1. The purpose of the Investigation is to determine if the alleged Research Misconduct occurred, and if so, identify the Person(s) responsible and take necessary Institutional Administrative Action(s).

2. Standard for Making a Finding of Research Misconduct.

A determination of Research Misconduct requires that the alleged act:

a. meets the definition of Falsification, Fabrication, and/or Plagiarism (FFP);

b. is a significant departure from the Accepted Practices of the Relevant Research Community;

c. was committed Intentionally, Knowingly, or Recklessly; and

d. is established by a Preponderance of the Evidence.

2. Notifications.

a. If the Research is federally funded, before beginning the Investigation, the RIO shall notify any relevant federal funding entity that the Allegation warrants an Investigation. The notification must be in writing.

b. As necessary to protect people, animals, and the safety of Research environments, the RIO may notify and coordinate with Research

administration offices (e.g., Office of Environmental Health and Safety, Office of Comparative Medicine, Human Research Protection Program). In such cases, the sharing of information regarding the Investigation will be limited to a need to know, consistent with a thorough, competent, objective, and fair Research Misconduct Proceeding.

c. As necessary, the IDO may notify the cognizant executive vice president (EVP). The IDO and/or EVP may notify the President, if necessary.

3. Investigation Start.

   a. An Investigation must begin within 30 Days of the date on which the RIO sends the final Inquiry report to the Respondent.

   b. The Investigation stage begins when the RIO seats and charges the Investigation committee.

4. Investigation Timeline.

   a. The Investigation must be completed within a total of 180 Days from start, with activities completed according to the following timeframes.

      i. Up to 90 Days: The Investigation committee shall perform their review, create a written Investigation report that documents their analysis and recommended findings of Research Misconduct for each Allegation, and deliver the report to RIO.

      ii. Up to 10 Days: The RIO shall review the Investigation committee report for completeness, accuracy, and compliance with this policy, and if necessary, request revisions.

      iii. Up to 30 Days: The Respondent may review of draft report and supporting documentation and provide optional comment. Note: If appropriate, the Complainant(s) may be given the opportunity to review and comment on the draft report, as determined by RIO and OGC.

iv. Up to 20 Days: The Investigation Committee shall review any official comment(s) and either acknowledge or respond to the comment(s), and/or revise the report.

v. Up to 25 Days: The IDO shall review the Institutional Record and make final determinations regarding Research Misconduct and Institutional Administrative Action(s).

vi. Up to 5 Days: The RIO shall provide all necessary notifications regarding the completion and outcome of the Investigation.

b. The timelines for activities are given to ensure that the entire Investigation is completed within 180 Days. If one stage is completed in fewer Days than provisioned, unused Days may be used for other Investigation activities.

c. If the Investigation cannot be completed in 180 Days:

i. the RIO must request an extension from the relevant authority (e.g., AVPRIC for non-federally funded Research, applicable federal funding agency for federally funded Research).

ii. The request must be in writing and include the circumstances or issues warranting additional time.

iii. If the extension is granted, the Investigation report must include the reasons for exceeding the 180-Day period.

5. Investigation Committee Selection.

a. After notifying the Respondent of the Investigation, the RIO shall form an Investigation committee of either three or five individuals.

b. The Investigation committee shall have the expertise to review the Allegation(s) and Evidence.

c. The Investigation committee may be selected from the Research Misconduct Standing Committee, ad-hoc from the university community, and/or from outside the university, as needed.

d. The Investigation committee may include members of the Inquiry committee.

e. The RIO shall ensure that no committee member has an unresolved Conflict of Interest with the Complainant, Respondent, or witnesses.

f. The RIO shall appoint one of the Investigation committee members as the chair of the committee.

g. The members of the Investigation committee shall be notified of the need to maintain confidentiality throughout the Investigation.

6. Respondent Notification of Investigation Committee Composition

   a. The Respondent notification process and objection procedures established for Inquiry committees shall be incorporated and implemented here, without alternation, for Investigations.

7. Investigation Committee Activities

   a. The Investigation committee shall diligently pursue all significant issues and leads that are determined to be relevant to the Investigation, including any Evidence of additional instances of possible Research Misconduct and/or additional Respondents, and continue the Investigation to completion.

   b. The Investigation committee shall thoroughly examine all pertinent Research Records and Evidence related to each Allegation and formally develop a factual record.

      i. The Investigation committee must notify the RIO of additional Research Records and Evidence needed to conduct the Investigation, which the RIO must promptly sequester.

c. The Investigation committee shall conduct interviews with each Complainant, Respondent, witness, and other individuals who have been reasonably identified as having information regarding any relevant aspect of the Investigation, including those identified by the Respondent.

d. The Investigation committee may obtain expert consultation and secure any necessary Evidence, documentation, or data.

e. The Investigation committee shall provide the RIO with a formal written Investigation report (unless a longer period is approved) for each Respondent within 90 Days.

8. Investigation Report: Contents. The Investigation report shall include:

a. the composition of Investigation committee, including name(s), position(s), and subject matter expertise;

b. the identification of university policy and procedures under which the Investigation was conducted;

c. a description of the specific Allegation(s) of Research Misconduct considered in the Investigation;

d. the identification of all documents/records containing the allegedly Falsified, Fabricated, or Plagiarized material, including published papers, submitted but unpublished manuscripts (including online publication), funding applications, progress reports, presentations, posters, and other Research Records;

e. a description and documentation of relevant external Research support, including, for example, grant numbers, grant applications, contracts, and publications listing sponsored support;

f. an inventory of sequestered Research Records and other Evidence, except records the institution did not consider or rely on;

g. if applicable, a description of how Sequestration was conducted during the Investigation;

h. written summaries of all interviews conducted during Investigation;

i. identification of any scientific or forensic analyses conducted;

j. any potential Evidence, analysis, and determination regarding honest error or difference of opinion, if applicable;

k. reasons for exceeding Investigation timeframe, if applicable; and

l. for each separate Allegation of Research Misconduct identified throughout the Investigation, a recommended finding of whether Research Misconduct occurred, as specified in the section, “Investigation Report: Documenting Findings”.

m. The Investigation report should not include concerns, findings, or recommendations identified by the Investigation committee regarding non-Respondent Persons. If the Investigation committee identifies that a Person other than the Respondent engaged (or may have engaged) in behaviors that are unprofessional, questionable or detrimental to Accepted Research Practices, and/or that contributed to a Research environment conducive to Research Misconduct, the Investigation committee may express concerns, share findings, and/or make recommendations on appropriate follow-up to ensure compliance with applicable Research standards and best practices, and to prevent future issues related to integrity.

    i. Concerns and recommendations for non-Respondents should be documented in a separate letter and given to the RIO to deliver to appropriate university leadership.

    ii. The RIO may share the letter with the VPR/IDO, AVPRIC, OGC, and the cognizant leadership of the Respondent, as appropriate.

iii. Non-Respondent issues that do not qualify as Research Misconduct may be managed outside of this policy through existing university processes.

9. Documenting Findings

a. Each Allegation that does not result in a recommended finding of Research Misconduct shall include an explanation of the Investigation committee's rationale.

i. The Investigation report may still include recommendations to the IDO for necessary and/or appropriate Institutional Administrative Action(s) relative to the Respondent.

b. Each Allegation that results in a recommended finding of Research Misconduct shall:

i. identify the individual(s) who committed the Research Misconduct;

ii. classify the Research Misconduct as Falsification, Fabrication, and/or Plagiarism;

iii. specify if the Research Misconduct was performed Intentionally, Knowingly, or Recklessly;

iv. demonstrate that the Allegation represents a significant departure from Accepted Practices of the Relevant Research Community;

v. establish that the Allegation was proven by a Preponderance of the Evidence;

vi. summarize the facts and analysis supporting the finding;

vii. discuss the merits of any explanation by the Respondent as to why the alleged conduct was not Research Misconduct and Evidence that rebuts the Respondent's explanations;

viii. identify any applicable Research support, including a list of any current support or known pending applications or proposals for support that the Respondent has with any federal agencies; and

ix. identify any impacted publications, known at the time of the Investigation report, that need to be corrected or retracted.

c. If there is a recommended finding of Research Misconduct, the Investigation committee shall make recommendations to the IDO for necessary and/or Institutional Administrative Action(s), including steps to protect the institution, prevent future Research Misconduct, and ensure that the university meets obligations to affected third parties, sponsors, funding entities, journals, scientific communities, Research subjects, and referral sources.

i. The RIO may make additional recommendations to the IDO.

10. Investigation Report: Final Processing

a. The Investigation committee shall provide the draft report to the RIO, who will review the report for accuracy, impartiality, and fairness and ensure that the content of the report complies with this policy. If necessary, the RIO may request that the Investigation committee conduct further review and/or revise the report accordingly.

b. The RIO shall provide the Investigation Committee report to the Respondent, AVPRIC, and OGC.

i. Concurrent with the Investigation Committee report, the RIO shall give the Respondent a copy of, or supervised access to the Research Record and other Evidence, including written interviews summaries, that the Investigation Committee considered or relied on.

ii. If necessary to protect against Retaliation and address confidentiality concerns, portions of documents may be redacted at the discretion of the RIO and OGC before providing it to the Respondent. The rationale

for any redactions should be appropriately documented by the RIO and included in the Institutional Record.

iii. At the discretion of the RIO and OGC, the RIO may provide the Investigation report, relevant portion(s) of the report, or a summary of the Investigation report to the Complainant.

c. The Respondent (and Complainant, if applicable) may provide a written comment to the report within 30 Days of the Investigation report being sent by the RIO.

d. The Investigation committee shall review any response from the Respondent and/or Complainant and document their review within 20 Days of receipt.

e. Any written comment and committee response shall become part of the final Investigation report.

f. The RIO shall provide the final Investigation report (including any Respondent/Complainant response and committee review) to the IDO, AVPRIC, OGC, and cognizant leadership of Respondent (e.g., chair, dean, Office for Faculty, HR, Dean of Students/Graduate School).

i. At the discretion of the RIO and OGC, the RIO may provide the final Investigation report, relevant portion(s) of the report, or a summary of the Investigation report findings and determination to a Complainant. However, items that are provided to one Complainant in a case must be given to all Complainants in the case, as reasonably possible.

ii. The IDO will be provided with the complete Institutional Record.

iii. The IDO may notify the cognizant EVP, as applicable. The IDO and/or EVP may notify the President, if necessary.

P. Final Determinations and Institutional Administrative Action(s)

1. Within 25 Days of receiving the final Investigation report, the IDO shall review the report and recommended findings and make a final, written determination regarding findings of Research Misconduct and Institutional Administrative Action(s).
2. The IDO shall communicate the determinations in writing to the RIO, AVPRIC, and OGC. The IDO will notify the cognizant EVP and/or President, as necessary.
3. The RIO shall communicate the IDO determinations to the Respondent and cognizant leadership of the Respondent (e.g., chair, dean, Office for Faculty, HR, Dean of Students/Graduate School).
4. If the Research is federally funded, the RIO shall notify the applicable federal office, as described in the section, “Federally Funded Research: Cooperation and Reporting Requirements”.
    a. For Research Misconduct involving federal funding, in addition to any Institutional Administrative Action(s) imposed by the university, the applicable federal agency may also impose sanctions upon a Respondent(s) who engaged in the Research Misconduct or on the university, if such action is appropriate.
5. The final findings of Research Misconduct made by the IDO are conclusive, cannot be appealed, and are binding upon any later Proceeding related to the Allegation(s) and/or Research Misconduct Proceeding convened for other purposes, including a Respondent’s appeal of any Institutional Administrative Action(s).
6. The RIO shall inform the Complainant(s) that the Investigation committee has issued a report and that the Investigation stage is complete.

Q. Respondent Appeal of Institutional Administrative Action(s)

1. While the findings of fact and determinations of Research Misconduct made by the IDO are final and cannot be appealed, the Institutional Administrative Actions imposed by the IDO may be appealed, as follows:

    a. Faculty Respondents may appeal any Institutional Administrative Action(s) to the Senate Consolidated Hearing Committee as described in Policy 6-011.

    b. Non-faculty Respondents may appeal any Institutional Administrative Action(s) in a single appeal to an appeals committee that will make a recommendation to the President for final decision.

        i. The appeals committee shall consist of three Persons appointed by the RIO and include appropriate representation based on the Respondent's role (e.g., Human Resources, Student Affairs, Office of Undergraduate Studies, Graduate School, cognizant college or department Director of Graduate or Undergraduate Studies, and/or applicable senior staff supervisor (or equivalent)).

2. If a Respondent chooses to appeal the Institutional Administrative Action(s) imposed by the IDO (not the underlying factual findings of Research Misconduct), the appeal must be submitted within 10 Days from the date that the RIO sent the IDO written determination by filing a request with either the Senate Consolidated Hearing Committee (for faculty) or the RIO (for non-faculty).

3. Any appeal committee shall only consider appeals of the Institutional Administrative Action(s).

4. The outcome of the appeal shall be shared with those Persons who received initial notification of the IDO's determination regarding Institutional Administrative Action.

R. Retaliation Allegations and Adjudication

1. To the extent permitted by law and university regulations, the university shall take all reasonable and practical steps to protect the reputation, positions, and work environments of individuals who, in Good Faith, engage in a Protected Action under this policy.
2. Retaliation of any kind is prohibited, and the retaliator may be subject to discipline under this policy. Allegations of Retaliation shall be received and adjudicated using the standards and processes described below.
3. Evidentiary Standard: Findings regarding Allegations of Retaliation shall be made by a Preponderance of the Evidence.
4. Burdens of Proof.
    a. The Complainant has the burden to present an Allegation that meets the requirements described in Retaliation Allegation, below.
    b. The Respondent has the burden to articulate the reason(s) why the alleged action(s) are not retaliatory and provide relevant Evidence.
    c. The Complainant has the burden of demonstrating that the Respondent's rationale is pretextual (i.e., the reason given in justification of the alleged Retaliatory action is not the real reason).
    d. The Committee has the burden of evaluating the Allegation, Respondent's proposed reason(s), and the Complainant's pretextual claim and making a recommended finding regarding the Alleged Retaliation by a Preponderance of the Evidence.
5. Retaliation Allegation: To be considered under this policy, a complaint of Retaliation must present a plausible case that (1) the Complainant engaged in a Protected Action under this policy, (2) the Complainant experienced a materially adverse action as a result, and that (3) there is a causal connection between the protected and adverse actions. The RIO will assess the complaint to ensure that all three criteria are met.

6. Retaliation Adjudication: Except where specified below, the process for adjudicating Allegations of Retaliation under this policy will follow applicable principles and procedures established for Assessment and Investigation.

    a. When applying the Assessment and Investigation procedure to Retaliation, references to “Research Misconduct” shall be replaced by “Retaliation” and references to Falsification, Fabrication, and/or Plagiarism shall be omitted.

    b. Notifications: There will be no notification to funding agencies and other entities regarding the initiation of a Retaliation Investigation. However, *findings* of Retaliation might be shared with funding entities, consistent with the requirements outlined by the Office of Sponsored Projects.

    c. Retaliation Investigation Commencement and Timeframe: The Investigation committee has 30 Days to review the Allegation of Retaliation and Evidence and provide a written report to the RIO containing the committee’s findings and recommendations.

    d. The Retaliation Investigation Committee may, but is not required to, conduct interviews.

    e. Retaliation Investigation Report:

        i. The timeframe for the Respondent and/or Complainant to provide a written comment in response to the report is 10 Days following notification.

        ii. The Committee will have seven Days after receiving a Respondent and/or Complainant response to review and document their response.

7. Combined or Separated Proceedings: Retaliation Allegations may be managed in a separate or related Proceeding with other claims of Research Misconduct, at the discretion of the RIO.

S. Federally Funded Research: Cooperation and Reporting Requirements

1. The RIO shall promptly respond to and cooperate with applicable federal funding agencies in conducting and completing Research Misconduct Proceedings and compliance reviews.

2. If the Research described in an Allegation is funded by a federal department or agency, the RIO shall follow the reporting and notification process of the applicable agency. The requirements of several common university funding agencies are described in Procedure P7-001A.

T. Interim Institutional Actions

1. Protection of Public Health, Federal Funds, and Research Integrity: After an Allegation of Research Misconduct is made and before the completion of the Research Misconduct Proceeding, the IDO (or designee) may take action(s) deemed necessary to protect public health, federal funds, and/or Research integrity, including but not limited to:

   a. freezing Research funds or otherwise suspending Research project(s);

   b. temporarily removing a Respondent from participating in the Research project at issue and other Research projects pending the results of the Investigation;

   c. prohibiting submission of new applications to the Institutional Review Board and/or the Office of Sponsored Projects by the Respondent pending the results of the Investigation;

   d. requiring additional supervision of Research process and procedures (including funding and equipment);

   e. reassigning personnel and/or responsibilities;

   f. providing limited notification to outside entities, including law enforcement, journals and/or other institutions, regarding factual issues;

   g. delaying publication;

   h. informing the Research community and/or public; or

i. enacting other actions that the IDO deems necessary.

2. Interim Suspension or Leave

a. The university may impose an interim suspension on a faculty member related to Research Misconduct in accordance with the process and requirements described in Policy 6-316.

b. The university may place a non-faculty Respondent on a paid or unpaid leave or suspension during a Research Misconduct Proceeding in accordance with applicable university policies (i.e., Policy 6-400, Policy 6-410, Policy 5-111, and Policy 5-203).

U. Maintenance of Records

1. The RIO shall maintain the Institutional Record and all sequestered Evidence, including physical objects (regardless of whether part of the Institutional Record) in a secure manner for at least seven years after the completion of the Institution's Research Misconduct Proceeding.

a. For Research Misconduct cases involving Public Health Service-funded Research, the seven-year period begins after completion of either the institution's Proceeding or any Proceeding performed by Health and Human Services, whichever is later.

2. The RIO shall, when appropriate and upon written request, provide needed Research Records to authorized personnel.

V. Educating Employees and Students Involved in Research

1. Deans and department chairs should, on an ongoing basis, inform their Employees and students of the university's policies and procedures for addressing alleged or apparent Research Misconduct.

Sections IV- VII are for user information and are not subject to the approval of the Academic Senate or the Board of Trustees. The Institutional Policy Committee, the Policy Owner, or the Policy Officer may update these sections at any time.

IV. Policies/ Rules, Procedures, Guidelines, Forms, and other Related Resources

A. Policies/ Rules. [*reserved*]

B. Procedures, Guidelines, and Forms.

1. Procedure P7-001A: Research Misconduct Reporting Requirements for Federally Funded Research

C. Other Related Resources. [*reserved*]

V. References

A. Policy 5-001: Employee Definitions

B. Policy 5-203: Staff Employee Grievances

C. Policy 5-111: Corrective Action and Termination Policy for Staff Employees

D. Policy 6-011: Functions and Procedures of the Senate Consolidated Hearing Committee

E. Policy 6-316: Code of Faculty Rights and Responsibilities

F. Policy 6-400: Student Rights and Responsibilities

G. Policy 6-410: Student Academic Performance, Academic Conduct, and Professional and Ethical Conduct

H. 65 FR 76260-76264 - Office of Science and Technology Policy, Research Misconduct Policy

I. 42 CFR § 93 - Public Health Service Policies on Research Misconduct

J. 45 CFR § 689 - National Science Foundation Policies on Research Misconduct

K. 10 CFR § 600.31 - Department of Energy Research Misconduct Policy and 2 CFR § 910.132 - Research Misconduct

L. 10 CFR § 733 - Department of Energy Allegations of Research Misconduct Policy

M. Department of Defense Instruction DODI 3210.7 § E4. Requirements for Extramural Research Institutions

N. NIH Grants Policy Statement 4.1.27 Research Misconduct

VI. Contacts

The designated contact officials for this regulation are:

A. Policy Owners (primary contact person for questions and advice): Research Integrity Officer (RIO); Associate Vice President for Research Integrity & Compliance (AVPRIC)

B. Policy Officers: Vice President for Research (VPR)

See Rule 1-001 for information about the roles and authority of policy owners and policy officers.

VII. History

Revision History.

A. Current version. Revision 5.

1. Approved by the Academic Senate on December 1, 2025, and the Board of Trustees on December 9, 2025, with effective date of January 1, 2026.

2. Legislative History for Revision 5.

B. Past versions.

1. Revision 4. Effective date. February 14, 2023.

   a. Legislative History Revision 4

2. Revision 3. Effective April 22, 2022

   a. Legislative History Revision 3

3. Revision 2. February 14, 2005.
4. Revision 1. May 15, 2000.
5. Revision 0. Effective Date December 14, 1994

C. Renumbering

1. Renumbering: Renumbered from Policies and Procedure Manual 6-1.1