



Interim Policy Information: As of January 1, 2026, cases of research misconduct in Public Health Service-funded research are governed by the policy below. All other cases of research misconduct will be governed by the Policy on Misconduct in Research found in [Faculty Handbook Appendix H](#) until the two policies can be reconciled, as endorsed by the Joint Committee after expedited governance review (December 2025).

**SANTA CLARA UNIVERSITY
INTERIM POLICY ON MISCONDUCT IN RESEARCH
FOR PUBLIC HEALTH SERVICE FUNDED RESEARCH**

The essence of all research and scholarship is the pursuit of truth. Actions that undermine the integrity of scholarly activity may impede the advancement of knowledge, jeopardize the position of collaborators, compromise the work of other investigators, harm innocent members of the general public, and besmirch the reputation of Santa Clara University (the “University”). Such misconduct cannot be tolerated.

I. SCOPE AND APPLICATION

This interim policy on Research Misconduct (this “Policy”) applies to all Research activities proposed and conducted by academic, scientific, and professional staff, employees, students, and independent contractors of the University (collectively, “University Personnel”), in the conduct of their Research activities that are both (i) federally funded (in any part) and (ii) subject to the PHS Rules of Research Misconduct (“PHS Funded Research”), during their employment by, or during the term of their contract with, the University. This Policy provides guidance to University Personnel on the Assessment, Inquiry, Investigation, and reporting of Allegations of Research Misconduct, consistent with the 2024 Public Health Service (“PHS”) Final Rule (42 CFR Part 93, effective Jan 1, 2026 (“PHS Rules on Research Misconduct”). This Policy applies only to the actions of the Respondent, and not their topic of Research. An Allegation of Research Misconduct cannot be levied against a Respondent based solely on their area of Research (see definition of Research Misconduct for further clarification). The University will comply with all federal regulations pertaining to Research Misconduct. For PHS Funded Research, this Policy amends the current University policy on research misconduct, such that solely this Policy applies to such Research.

Principal investigators have a special responsibility to assure the integrity of work conducted under their supervision, but all authors in a group effort share responsibility for the published result. Publications should therefore list as authors only those who have contributed to the Research, who have reviewed the manuscript carefully, and who are prepared to stand behind the conclusions.

All capitalized terms used within this Policy shall be as defined in Section V of this Policy. See Section V for applicable definitions.

II. GENERAL POLICIES AND PRINCIPLES OF CONDUCTING RESEARCH MISCONDUCT PROCEEDINGS

a. Research Integrity Officer

The Research Integrity Officer (“RIO”) will be responsible for coordinating the implementation of this Policy. Within 5 calendar days of the Respondent being Notified of the Research Misconduct Proceeding, Respondent may file a written request to the Provost to appeal the RIO on grounds of conflict of interest, which the Provost will consider in Good Faith. When the RIO has an actual or apparent conflict of interest as determined in the Provost’s discretion, the Provost will appoint another University tenured faculty member to serve in this capacity for the duration of such proceeding to assure that it is handled in a fair and impartial manner. “Conflict of interest” as used within this Policy has the meaning ascribed to such term in the University’s conflict of interest policy.

b. Responsibility to Report Misconduct

University Personnel will report observed, suspected, or apparent Research Misconduct to the RIO. If an individual is unsure whether a suspected incident falls within the definition of Research Misconduct, the individual may meet with or contact the RIO to discuss the suspected Research Misconduct informally, which may include discussing it anonymously and/or hypothetically. The RIO will discuss with this individual the procedures to be followed. If the individual decides to make a formal Allegation, the RIO will initiate an Assessment. Even if the individual decides not to make a formal Allegation, the RIO may initiate an Assessment if in their judgment sufficient cause exists to warrant one.

Some concerns reported to the RIO may fall outside the scope of this Policy. In such a case, the RIO will advise the person reporting the concern about other policies or procedures that may pertain.

c. Evidentiary Standards

Standard of proof:

A finding of Research Misconduct must be proved by a Preponderance of the Evidence.

Burden of proof:

1. The University has the initial burden of proof for making a finding of Research Misconduct. In determining whether the University has carried the burden of proof as required under this Policy, the finder of fact shall give due consideration to admissible, credible Evidence of honest error or difference of opinion presented by the Respondent. A Respondent's destruction of Research Records documenting the questioned Research is Evidence of Research Misconduct where the University establishes by a Preponderance of the Evidence that the Respondent Intentionally or Knowingly destroyed records after being informed of the Research Misconduct Allegations. A Respondent's failure to provide Research Records documenting the questioned Research is Evidence of Research Misconduct where the Respondent claims to possess the Research Records but refuses to provide them upon request.
2. Once the University has satisfied its burden of proof for making a finding of Research Misconduct, the Respondent then has the burden of going forward with and proving, by a Preponderance of the Evidence, all affirmative defenses raised and any mitigating factors relevant to a decision to impose Administrative Actions after a Research Misconduct Proceeding.

d. Cooperation with Research Misconduct Proceedings

University Personnel will cooperate with the RIO and other University officials in the review of Allegations and the conduct of Inquiries and Investigations. University Personnel, including Respondents, have an obligation to provide Evidence relevant to Research Misconduct Allegations to the RIO or other University officials.

e. Confidentiality

To the extent allowed by law, and as required by any applicable federal regulations, the University shall:

1. limit disclosure of the identity of Respondents and Complainants to those who need to know in order to carry out a thorough, competent, objective and fair Research Misconduct Proceeding;
2. when committees are used, ensure committee members keep the identities of Respondents, Complainants, and witnesses confidential; and
3. except as otherwise prescribed by law, limit the disclosure of any records or Evidence from which Research subjects might be identified to those who need to know in order to carry out a Research Misconduct Proceeding. The RIO should use written confidentiality agreements or other mechanisms to ensure that the recipient does not make any further disclosure of identifying information.

f. Protecting Complainants, Witnesses, and Committee Members

University Personnel may not Retaliate in any way against Complainants, witnesses, or committee members. University Personnel should immediately report any alleged or apparent Retaliation against Complainants, witnesses, or committee members to the RIO, who shall review the matter and, as necessary, make all reasonable and practical efforts to counter any potential or actual Retaliation and protect and restore the position and reputation of the person against whom the Retaliation is directed.

g. Protecting the Respondent

As requested and as appropriate, the RIO and other University officials shall make all reasonable and practical efforts to protect or restore the reputation of persons alleged to have engaged in Research Misconduct, but against whom no finding of Research Misconduct is made.

During the Research Misconduct Proceeding, the RIO is responsible for ensuring that Respondents receive all the Notices and opportunities provided for in the policies and procedures of the University (as provided for in the PHS Rules on Research Misconduct).

h. Legal Counsel

The Respondent may be represented by an attorney of their choosing, but an attorney shall not be provided by the University.

The RIO may request the University's Office of General Counsel (or counsel designated by the Office of the General Counsel) to provide advice during any part of the processes outlined in this Policy. Attorneys for the Respondent and representatives from or designated by the University Office of General Counsel may be present at interviews or meetings conducted in the course of the Investigation.

i. Interim Administrative Actions and Notifying Federal Agencies of Special Circumstances

Throughout the Research Misconduct Proceeding, the RIO will review the situation to determine if there is any threat of harm to public health, federal funds and equipment, the integrity of the Research process or the interests of the University. In the event of such a threat, the RIO will, in consultation with other University officials and any responsible federal agencies, take appropriate interim action to protect against any such threat.

Interim action might include additional monitoring of the Research process and the handling of federal funds and equipment, reassignment of personnel or reassignment of the responsibility for the handling of federal funds and equipment, additional review of Research data and results or delaying publication.

The RIO (in consultation with the Inquiry committee and/or Investigation committee, as applicable) shall, at any time during a Research Misconduct Proceeding, immediately notify the

Office of Research Integrity (“ORI”) if the RIO has reason to believe that any of the following conditions exist:

1. Health or safety of the public is at risk, including an immediate need to protect human or animal subjects;
2. U.S. Department of Health and Human Services (“HHS”) resources or interests are threatened;
3. Research activities should be suspended;
4. There is a reasonable indication of possible violations of civil or criminal law;
5. Federal action is required to protect the interests of those involved in the Research Misconduct Proceeding; or
6. HHS may need to take appropriate steps to safeguard Evidence and protect the rights of those involved.

j. Respondent Admissions

If at any point during the Research Misconduct Proceedings (including the Assessment, Inquiry, Investigation, or appeal stages), a legally sufficient admission of Research Misconduct is made by the Respondent, Research Misconduct may be determined if all relevant issues are resolved. In such case, the RIO must notify ORI in advance if the University plans to close a Research Misconduct Proceeding at the Assessment, Inquiry, Investigation or Appeal stage on the basis that the Respondent has admitted to committing Research Misconduct or a settlement with the Respondent has been reached.

If the Respondent admits to Research Misconduct, the University will not close the Research Misconduct Proceeding until the Respondent provides the following in a signed, written admission:

1. the specific Fabrication, Falsification, or Plagiarism that occurred;
2. which Research Records were affected; and
3. that the elements required for a finding of Research Misconduct are satisfied, including:
(a) that the conduct constituted a significant departure from Accepted Practices of the Relevant Research Community; (b) the Research Misconduct was committed Intentionally, Knowingly, or Recklessly; and (c) the Allegation was proven by a Preponderance of the Evidence.

In the event of Respondent’s admission of Research Misconduct, the University will not close the Research Misconduct Proceeding until the University provides to ORI the Respondent’s written admission and a written statement describing how the University determined that the scope of the Research Misconduct was fully addressed by the admission and confirmed the Respondent’s culpability.

k. Allegations Not Made In Good Faith

If at any time during the processes outlined in this Policy, it is determined that an Allegation of Research Misconduct was not made in Good Faith, the RIO shall report the determination to the Associate Provost for Research (or such other person designated by the Provost if the RIO is the Associate Provost for Research). If the Associate Provost for Research (or such other person designated by the Provost if the RIO is the Associate Provost for Research) determines that an Allegation of Research Misconduct was not made in Good Faith, the Inquiry or Investigation shall be discontinued. Appropriate actions may be taken against a Complainant who is found to have made an Intentionally false Allegation against a Respondent.

l. Multiple Institutions

When multiple institutions are involved in a Research Misconduct Proceeding, one institution must be designated as the “lead institution” if a joint Research Misconduct Proceeding is conducted. In a joint Research Misconduct Proceeding, the lead institution should obtain Research Records and other Evidence pertinent to the Research Misconduct Proceeding, including witness testimony, from the other relevant institutions. By mutual agreement, the joint Research Misconduct Proceeding may include committee members from the institutions involved. The determination of whether further Inquiry and/or Investigation is warranted, whether Research Misconduct occurred, and the institutional actions to be taken may be made by the institutions jointly or tasked to the lead institution.

m. Multiple Respondents

If the University identifies additional Respondents during an Inquiry or Investigation, it is not required to conduct a separate Inquiry for each new Respondent. The University may choose to either conduct a separate Inquiry or add new Respondent(s) to an ongoing Investigation. Each new Respondent must be provided Notice of an opportunity to respond to the Allegations. Separate Investigation reports and Research Misconduct determinations are required for each Respondent.

n. Time Limitations

This Policy applies only to Research Misconduct occurring within six years of the date that the University receives an Allegation of Research Misconduct, with the following exceptions:

1. Subsequent use exception: the Respondent continues or renews any incident of alleged Research Misconduct that occurred through the six-year limitation through the use of, republication of, or citation to the portion(s) of the Research Record (e.g., processed data, journal articles, funding proposals, data repositories) alleged to have been Fabricated, Falsified, or Plagiarized, for the potential benefit of the Respondent.
 - a. When the Respondent uses, republishes, or cites to the portion(s) of the Research Record that is Alleged to have been Fabricated, Falsified, or Plagiarized, in

submitted or published manuscripts within six years of when the Allegations were received by the University, this exception applies.

- b. When the Respondent uses, republishes, or cites to the portion(s) of the Research Record that is Alleged to have been Fabricated, Falsified, or Plagiarized, in submitted PHS grant applications, progress reports submitted to PHS funding components, posters, presentations, or other Research Records within six years of when the Allegations were received by the University, this exception applies
 - c. For Research Misconduct that appears subject to the subsequent use exception, the University must document its determination that the subsequent use exception does not apply. Such documentation must be retained in accordance with applicable law.
2. Exception for the health or safety of the public: In Research Misconduct Proceedings, if the University, following consultation with ORI, determines that the alleged Research Misconduct, if it occurred, would possibly have a substantial adverse effect on the health or safety of the public, this exception applies.

o. Maintaining Records for External Review

Maintenance of Institutional Record and all sequestered Evidence: The University must maintain the Institutional Record and all sequestered Evidence including physical objects (regardless of whether the Evidence is part of the Institutional Record) in a secure manner for seven years after completion of the Research Misconduct Proceeding.

Provision for HHS custody: In Research Misconduct Proceedings, on request, the University must transfer custody, or provide copies, to HHS of the Institutional Record or any component of the Institutional Record and any sequestered Evidence (regardless of whether the Evidence is included in the Institutional Record) for ORI to conduct its oversight review, develop the administrative record, or present the administrative record in any Research Misconduct Proceeding under applicable regulations.

III. THE RESEARCH MISCONDUCT PROCEEDING: ASSESSMENT; INQUIRY; INVESTIGATION PHASES

There are three phases of a Research Misconduct Proceeding, which are described in detail below.

PHASE ONE: ASSESSMENT OF ALLEGATIONS

The purpose of an Assessment is to determine whether an Allegation warrants an Inquiry. It is intended to be a review of readily accessible information relevant to the Allegation.

Upon receiving an Allegation of Research Misconduct, the RIO will immediately assess the Allegation to determine whether:

1. it is sufficiently credible and specific so that potential Evidence of Research Misconduct may be identified; and
2. the Allegation falls within the definition of Research Misconduct under this Policy.

An Inquiry must be conducted if both of the above two criteria are met.

The RIO must document the Assessment and, to the extent obtained during the Assessment, sequester all Research Records and other Evidence pursuant to this Policy.

When an Allegation identifies misconduct that does not involve Research, the RIO refers the matter to the appropriate University official.

The Assessment period should be brief, preferably concluded within 30 calendar days from receipt of the Allegation. In conducting the Assessment, the RIO may, but is not required to, interview the Complainant, Respondent, or other witnesses, or gather data beyond any that may have been submitted with the Allegation, except as necessary to determine whether the Allegation is sufficiently credible and specific so that potential Evidence of Research Misconduct may be identified.

If the RIO or another designated University official determines that requirements for an Inquiry are not met, they must keep sufficiently detailed documentation of the Assessment to permit a later review of the reasons why the University did not conduct an Inquiry. Such documentation must be retained in accordance with any applicable federal regulations.

PHASE TWO: INQUIRY

a. Initiation and Purpose of an Inquiry

If the RIO determines that the criteria for an Inquiry are met, the RIO will immediately initiate the Inquiry process. The purpose of the Inquiry is to conduct an initial review of the available Evidence to determine whether the Allegation has substance and therefore whether to conduct an Investigation. An Inquiry does not require a full review of all related Evidence.

b. Notice to Respondent of an Inquiry; Sequestration of Research Records

At the time of or before beginning an Inquiry, the RIO must make a good faith effort to Notify the Respondent in writing, if the Respondent is known. If the Inquiry subsequently identifies additional Respondents, they must be Notified in writing and given the same rights and opportunities as the initial Respondent. Only Allegations specific to a particular Respondent will be included in the Notification to that Respondent.

Notification includes:

1. Informing the Respondent that an Allegation of Research Misconduct has been raised against them;
2. A copy of this Policy;
3. Identification of the Research project(s) in question;
4. Identification of the relevant Research Records that have been sequestered;
5. Informing the Respondent that an Inquiry will be conducted to decide whether to proceed with an Investigation; and
6. Informing the Respondent that they will be given an opportunity to provide written comments to the institution's draft Inquiry report.

If additional Allegations are raised, the RIO will Notify the Respondent.

Before or at the time of Notifying the Respondent, the RIO will:

1. Obtain the original or substantially equivalent copies of all Research Records and other Evidence that are pertinent to the Research Misconduct Proceedings;
2. Inventory these materials;
3. Sequester the materials in a secure manner, and
4. Retain them per the requirements established in this Policy.

Where the Research Records or Evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or Evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments.

c. Use of an Inquiry Committee

An Inquiry determines if an Investigation is warranted. The RIO will appoint an Inquiry committee of three University employees to conduct a prompt and thorough Inquiry as soon after the initiation of the Inquiry as is practical. If the Respondent is a faculty member, the Inquiry committee members will be tenured faculty members. If the Respondent is not a faculty member, the Inquiry committee will include at least one tenured faculty member. The Inquiry committee must consist of individuals who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the Inquiry and should include individuals with the appropriate subject matter expertise to evaluate the Evidence and issues related to the Allegation, interview the principals and key witnesses, and conduct the Inquiry.

d. Use of Outside Experts

Outside experts may be used if special expertise regarding Evidence analysis is warranted. Such experts shall serve in a strictly advisory capacity and shall not make binding decisions or commitments on behalf of the University. Experts may interview witnesses and respond to questions during Inquiry deliberations.

e. Inquiry Process

The Inquiry is a preliminary review of the Evidence. This fact-finding process may include interviews of the Respondent and/or witnesses. The scope of the Inquiry is not required to, and does not normally, include deciding whether Research Misconduct definitely occurred, determining definitely who committed the Research Misconduct or conducting exhaustive interviews and analyses. The Inquiry committee will decide whether an Investigation is warranted based on the criteria in this Policy.

The Inquiry process is as follows:

1. Set forth the time for completion of the Inquiry;
2. Describe the Allegations and any related issues identified during the Allegation Assessment;
3. Conduct an initial review of the Evidence, including the testimony of the Respondent, Complainant and key witnesses, to determine whether an Investigation is warranted, not to determine whether Research Misconduct definitely occurred or who was responsible;
4. Determine if an Investigation is warranted. An Investigation is warranted if the Inquiry committee determines:
 - a. there is a reasonable basis for concluding that the Allegation falls within the definition of Research Misconduct and is within the jurisdictional criteria of this Policy; and
 - b. The preliminary information and fact-finding from the Inquiry indicates that the Allegation may have substance;
5. Prepare a written report of the Inquiry that meets the requirements of this Policy.

f. Inquiry Timeframe

The Inquiry, including preparation of the final Inquiry report, must be completed within 90 calendar days of initiation of the Inquiry, unless the Inquiry committee determines that circumstances clearly warrant a longer period. If the Inquiry committee approves an extension, the Inquiry report must include documentation of the reasons for exceeding the 90-day period.

g. Elements of the Inquiry Report

The written Inquiry report must include the following information:

1. The names and positions of the Respondent and Complainant;
2. A description of the Allegations of Research Misconduct;
3. PHS or any other externally sponsored Research support, including, for example, grant numbers, grant applications, contracts, and any publications listing externally sponsored support;
4. The composition of the Inquiry committee, if used, including name(s), position(s), and subject matter expertise;
5. A description of any scientific or forensic analyses conducted;
6. Transcripts of any interviews that were transcribed;

7. A timeline and procedural history of the Inquiry;
8. An inventory of sequestered Research Records and other Evidence and description of how sequestration was conducted;
9. Any institutional actions implemented;
10. The basis for recommending or not recommending that the Allegation warrants an Investigation;
11. Any comments on the draft report by the Respondent or Complainant;
12. Any institutional actions implemented, including communications with journals or funding agencies; and
13. If there is potential Evidence of honest error or difference of opinion, this must be noted in the report.

h. Notifying Respondents and Complainants of the Outcome of the Inquiry and Opportunity to Comment

Within 10 calendar days after determining the outcome of the Inquiry, the RIO shall notify the Respondent whether the Inquiry found an Investigation to be warranted, and include a copy of the draft Inquiry report for comment, transcripts of any transcribed interviews, and this Policy for reference.

A confidentiality agreement is a condition required in order for the Respondent to have access to the full Inquiry report.

Any comments that are submitted by the Respondent or Complainant will be attached to the final Inquiry report. Based on the comments, the Inquiry committee may revise the draft Inquiry report as appropriate and prepare it in final form, retained by the RIO.

i. If an Investigation is Warranted

If it is determined that an Investigation is warranted, the RIO will, within 10 calendar days after such determination (but before the Investigation begins), provide written Notice to the Respondent(s) of the decision to conduct an Investigation. Such Notice must include a copy of the final Inquiry report and a copy of this Policy. The RIO will also notify the Respondent(s)' immediate supervisor, the appropriate chair and dean, and the Provost.

In Research Misconduct Proceedings: Within 30 days of determining that an Investigation is warranted, the RIO will inform ORI that an Investigation is warranted and provide a copy of the Inquiry report. Upon ORI's request, the University will provide to ORI this Policy, the Research Records and other Evidence reviewed, and copies of all relevant documents relating to such Investigation.

j. If an Investigation is Not Warranted

If the Inquiry committee decides that an Investigation is not warranted, the RIO shall secure and maintain for seven years after the termination of the Inquiry sufficiently detailed documentation of the Inquiry to permit a later Assessment of the reasons why an Investigation was not conducted. In Research Misconduct Proceedings, these documents must be provided to ORI upon request.

PHASE THREE: INVESTIGATION

a. Initiation and Purpose of an Investigation

The purpose of the Investigation is to formally develop a factual record by exploring the Allegations in detail and examining the Evidence in depth, leading to recommended findings to the Deciding Official. The Deciding Official makes the final decision, based on a Preponderance of the Evidence, on each Allegation and any University actions.

As part of its Investigation, the University will diligently pursue all significant issues and relevant leads, including any Evidence of additional instances of possible Research Misconduct, and continue the Investigation to completion.

The Investigation must begin within 30 calendar days after determining it is warranted.

The findings of the Investigation must be set forth in an Investigation report.

The RIO will notify the Respondent in writing of any additional Allegations raised against them during the Investigation, and will also inform the Provost.

b. Notice to Respondent of an Investigation; Sequestration of Research Records

On or before the date on which the Investigation begins, the RIO must Notify the Respondent in writing of the Allegations to be investigated.

The RIO must also give the Respondent written Notice of any new Allegations of Research Misconduct within a reasonable amount of time after deciding to pursue Allegations not addressed during the Inquiry or in the initial Notice of the Investigation.

The need for additional sequestration of records for the Investigation may occur for any number of reasons, including the University 's decision to investigate additional Allegations not considered during the Inquiry stage or the identification of records during the Inquiry process that had not been previously secured.

The sequestration procedures applied in the Inquiry should also be applied in the Investigation. The RIO should take all reasonable and practical steps to obtain custody of and sequester in a secure manner all necessary Research Records and Evidence that were not previously sequestered during the Inquiry.

c. Use of an Investigation Committee

The Investigation committee will be appointed as soon after the initiation of the Investigation as is practical. If the Respondent is a faculty member, the RIO will request that the Faculty Judicial Board conduct the Investigation, and the Investigation committee will be comprised of members of the Faculty Judicial Board, provided that the members of such committee will comply with this Policy. If the Respondent is not a faculty member, the RIO, in consultation with other University officials as appropriate, will appoint an Investigation committee of five University employees, which will include at least one tenured faculty member. The Investigation committee will comply with the process and procedures set out in this Policy. The Investigation committee will make its recommendations in accordance with this Policy. The Investigation committee must consist of individuals who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the Investigation and should include individuals with the appropriate subject matter expertise to evaluate the Evidence and issues related to the Allegation, interview the Respondent and Complainant and conduct the Investigation. Individuals appointed to the Investigation committee may also have served on the Inquiry committee. The Investigation committee will secure the expertise that is necessary and appropriate to carry out a thorough and authoritative evaluation of the relevant Evidence.

The RIO will ensure that the committee members understand their responsibility to conduct the Research Misconduct Proceedings in compliance with this Policy. The Investigation committee will conduct interviews, pursue leads, and examine all Research Records and other Evidence relevant to reaching a decision on the merits of the Allegation(s). The University will use diligent efforts to ensure that the Investigation is thorough, sufficiently documented, and impartial and unbiased to the maximum extent practicable.

If the Investigation committee finds that Research Misconduct has occurred, the committee will recommend appropriate sanctions to the Provost. Sanctions will be considered and implemented in accordance with Section 3.9 of the Faculty Handbook and this Policy.

d. Investigation Process

The Investigation committee will use diligent efforts to ensure that the Investigation is thorough and sufficiently documented and includes examination of all Research Records and Evidence relevant to reaching a decision on the merits of each Allegation. To the maximum extent practical, the Investigation committee will take all reasonable steps to ensure an impartial and unbiased Investigation. The committee will diligently pursue all significant issues and leads discovered that are determined relevant to the Investigation, including any Evidence of any additional instances of possible Research Misconduct, and continue the Investigation to completion.

The process will include interviews of each Respondent, Complainant(s), and any other available person who has been reasonably identified as having information regarding any relevant aspects

of the Investigation, including witnesses identified by the Respondent. The University will number all relevant exhibits and refer to any exhibits shown to the interviewee during the interview by that number. The University will record and transcribe interviews during the Investigation and make the transcripts available to the interviewee for correction. The University will include the transcript(s) with any corrections and exhibits in the Institutional Record of the Investigation. The Respondent will not be present during the witnesses' interviews, but the University will provide the Respondent with a transcript of each interview, with redactions as appropriate to maintain confidentiality.

The RIO will define the subject matter of the Investigation in a written charge to the committee that:

1. Describes the Allegations and related issues identified during the Inquiry;
2. Identifies the Respondent;
3. Commits the committee to conduct the Investigation as prescribed in this Policy;
4. Defines Research Misconduct;
5. Commits the committee to 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 it and who was responsible;
6. Commits the committee to prepare a written Investigation report that meets the requirements of this Policy;
7. Commits the committee that in order to determine that the Respondent committed Research Misconduct, the committee must find that a Preponderance of the Evidence establishes that:
 - a. the Allegation of Research Misconduct is proven by a Preponderance of the Evidence; Research Misconduct, as defined in this Policy, occurred;
 - b. the Research Misconduct is a significant departure from Accepted Practices of the Relevant Research Community; and
 - c. the Respondent committed the Research Misconduct Intentionally, Knowingly, or Recklessly.

The RIO will be present or available throughout the Investigation to advise the committee. At the committee's first meeting, the committee will review: the charge, the Inquiry report, and the prescribed procedures and standards for the conduct of the Investigation, including the necessity for confidentiality and for developing a specific Investigation plan.

The Investigation committee will be provided with a copy of this Policy and any supplemental procedures.

e. Investigation Timeframe

The Investigation is to be completed within 180 calendar days of beginning the Investigation, including:

1. conducting the Investigation,
2. preparing the report of findings,
3. providing the draft report to each Respondent for comment, and
4. sending the final report to the ORI in the timeframe required.

If the RIO determines that the Investigation will not be completed within this 180-day period, the RIO will submit a written request for an extension to the ORI, setting forth the reasons for the delay. If ORI grants the request for an extension, the RIO will ensure that any required periodic progress reports are filed. The Investigation report must include the reasons for exceeding the 180-day period.

f. Elements of the Final Written Investigation Report

The final written Investigation report will include the following:

1. Description of the nature of the Allegation(s) of Research Misconduct, including any additional Allegation(s) addressed during the Research Misconduct Proceeding.
2. Description and documentation of PHS or any other form of federal support, including, for example, any grant numbers, grant applications, contracts, and publications listing such support.
3. List of any current support or known applications or proposals for support that the Respondent has pending with PHS and non-PHS Federal agencies.
4. Description of the specific Allegation(s) of Research Misconduct for consideration in the Investigation of the Respondent.
5. Composition of the Investigation committee, including name(s), position(s), and subject matter expertise.
6. Inventory of sequestered Research Records and other Evidence, except records the institution did not consider or rely on; and a description of how any sequestration was conducted during the Investigation. This inventory must include manuscripts and funding proposals that were considered or relied on during the Investigation.
7. Transcripts of all interviews conducted, as described in this Policy.
8. Identification of the specific published papers, manuscripts submitted but not accepted for publication (including online publication), PHS and other federal funding applications, progress reports, presentations, posters, or other Research Records that Allegedly contained the Falsified, Fabricated, or Plagiarized material.
9. Any scientific or forensic analyses conducted.
10. This Policy and any other University policies and procedures under which the Investigation was conducted.
11. Any comments made by the Respondent and Complainant on the draft Investigation report and the Investigation committee's consideration of those comments.
12. A statement for each separate Allegation of whether the Investigation committee recommends a finding of Research Misconduct.

If the Investigation committee recommends a finding of Research Misconduct for an Allegation, the Investigation report must, for that Allegation:

1. Identify the individual(s) who committed the Research Misconduct.
2. Indicate whether the Research Misconduct was Falsification, Fabrication, and/or Plagiarism.
3. Indicate whether the Research Misconduct was committed Intentionally, Knowingly, or Recklessly.
4. State whether the other requirements for a finding of Research Misconduct, as described in this Policy, have been met.
5. Summarize the facts and the analysis which support the conclusion and consider the merits of any explanation by the Respondent.
6. Identify the specific PHS or other federal support.
7. Identify whether any publications need correction or retraction.

If the Investigation committee does not recommend a finding of Research Misconduct for an Allegation, the Investigation report must provide a detailed rationale.

g. Comments on the Draft Investigation Report and Access to Evidence

Respondent

The RIO must give the Respondent a copy of the draft Investigation report for comment and, concurrently, a copy of, or supervised access to, the Evidence on which the report is based.

The Respondent will be allowed 30 days from the date the Respondent received the draft Investigation report to submit comments to the RIO. The Respondent's comments must be included and considered in the final report.

Confidentiality

In distributing the draft Investigation report, or portions thereof, to the Respondent, the RIO will inform the recipient of the confidentiality under which the draft report is made available and may establish reasonable conditions to ensure such confidentiality, including requiring that the recipient sign a confidentiality agreement.

h. Decision by Deciding Official

The Investigation committee will finalize the draft Investigation report, including ensuring that the Respondent's comments are included and considered, and transmit the final Investigation report to the Deciding Official.

The Deciding Official will determine and document:

1. whether the University accepts the Investigation report, its findings, and the recommended University actions; and
2. the appropriate University actions in response to the accepted findings of Research Misconduct.

If this determination varies from the findings of the Investigation committee, the Deciding Official will, as part of his/her written determination, explain in detail the basis for rendering a decision different from the findings of the Investigation committee. Alternatively, the Deciding Official may return the report to the Investigation committee with a request for further fact-finding or analysis.

When a final decision on the case has been reached, the RIO will Notify both the Respondent and the Complainant in writing. The RIO will also notify any University officials who need to know the Deciding Official's decision.

Findings by any involved federal agencies are not required for the University's decision to be considered final and to warrant remediation under this Policy.

After the Deciding Official has made a final determination of Research Misconduct findings in accordance with this Policy, the RIO must transmit the Institutional Record to ORI.

i. Appeals

Within 15 days of receipt of the final decision and Notification from the Deciding Official, the Respondent may appeal in writing, on procedural grounds only, directly to the President. The President's decision is final. The University must promptly notify ORI of such appeal.

j. Notice to Federal Agencies of Institutional Findings and Actions

The RIO is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies.

Unless an extension has been granted, the RIO must, within the 180-day period for completing the Investigation (or, if applicable, within the 180-day period for completion of any appeal), submit the following to ORI (collectively below, the "Institutional Record"):

1. documentation of the Assessment;
2. if an Inquiry is conducted, the Inquiry report with all records considered or relied on during the Inquiry;
3. if an Investigation is conducted, a copy of the final Investigation report with all records considered or relied on during the Inquiry (and, if applicable, the complete record of any institutional appeal);
4. a statement of whether the University accepts the findings of the Investigation report (or, if applicable, the outcome of the appeal);

5. a statement by the Deciding Official of whether the University found Research Misconduct and, if so, who committed the Research Misconduct;
6. a description of any pending or completed Administrative Actions against the Respondent;
7. a single index listing all the Research Records and Evidence that the University compiled during the Research Misconduct Proceeding considered or relied on by the University; and
8. a general description of the records that were sequestered but not considered or relied on.

The Deciding Official will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the Respondent in the work, or other relevant parties should be notified of the outcome of the Research Misconduct Proceeding.

IV. MISCELLANEOUS

a. Notification of Sponsors

External sponsors have the right to expect that the integrity of Research for which they provide funding will be maintained.

If the University decides after the Inquiry phase to proceed with an Investigation of Research Misconduct in any Research project supported by external funds, the RIO will notify the sponsoring agency on or before the date the Investigation begins. The final Investigation Report will ordinarily be submitted to the sponsoring agency within 180 days of the appointment of the Investigation committee. When government agencies, federal sponsors or other sponsors require more detailed reporting procedures, the University will comply with those procedures.

Depending on the nature of misconduct that is found, the University may also have an ethical responsibility to notify other parties of the conclusions of a formal Investigation. These parties may include Research collaborators, editors of journals in which the Research was published, professional licensing boards, other institutions with which the individual has been affiliated, or other persons or organizations with a direct interest in the matter.

b. Other University Policies and Requirements

The University may have other policies, requirements, or standards of conduct that are different from the standards for Research Misconduct under this Policy. Findings of Research Misconduct or resolution of Research Misconduct Proceedings per this Policy, or the absence thereof, do not affect University findings or actions taken based on other University policies, requirements, or standards of conduct.

V. DEFINITIONS

Defined Term	Definition
Accepted Practices of the Relevant Research Community	Accepted Practices of the Relevant Research Community means those practices established by applicable federal regulations, federal funders, as well as commonly accepted professional codes or norms within the overarching community of Researchers and institutions.
Administrative Action	Administrative Action means either a University or a federal agency action taken in response to a Research Misconduct Proceeding to protect the health and safety of the public, to promote the integrity of Research, Research training, or activities related to that Research or Research training, or to conserve public funds.
Allegation	Allegation means a disclosure of possible Research Misconduct through any means of communication and brought directly to the attention of a University official or at the federal agency that has oversight responsibility for the questioned research.
Assessment	<p>Assessment means a consideration of whether an Allegation of Research Misconduct appears to fall within the definition of Research Misconduct and is sufficiently credible and specific so that potential Evidence of Research Misconduct may be identified.</p> <p>An Assessment also considers whether an Allegation of Research Misconduct appears to involve PHS or any other federally sponsored Research, training, or activities related to that Research or training.</p> <p>The Assessment only involves the review of readily accessible information relevant to the Allegation.</p>
Complainant	Complainant means an individual who in Good Faith makes an Allegation of Research Misconduct.
Deciding Official	Deciding Official means the Provost of the University, who makes final determinations on Allegations of Research Misconduct and any Administrative Actions of the University. The Deciding Official will not be the same individual as the Research Integrity Officer and should have no direct prior involvement in the University's Inquiry, Investigation, or Allegation Assessment. The Deciding Official must be an employee of the University and shall not be an outside contractor.
Evidence	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 documents, whether in hard copy or electronic form, information, tangible items, and testimony.
Fabrication	Fabrication means making up data or results and recording or reporting them.

Defined Term	Definition
Falsification	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.
Good Faith	<p>Good Faith as applied to a Complainant or witness means having a reasonable belief in the truth of one's Allegation or testimony, based on the information known to the Complainant or witness at the time. An Allegation or cooperation with a Research Misconduct Proceeding is not in Good Faith if made with knowledge of or reckless disregard for information that would negate the Allegation or testimony.</p> <p>Good faith as applied to a University or committee member means cooperating with the Research Misconduct Proceeding by impartially carrying out the duties assigned for the purpose of helping the University meet its responsibilities under this Policy. A University or committee member does not act in Good Faith if their acts or omissions during the Research Misconduct Proceedings are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the Research Misconduct Proceeding.</p>
Inquiry	Inquiry means preliminary information-gathering and preliminary fact-finding that meets the criteria and follows the procedures set forth in this Policy.
Institutional Record	<p>Institutional Record means the records that the University compiled or generated during the Research Misconduct Proceeding, except records the University did not consider or rely on. These records include, but are not limited to:</p> <ul style="list-style-type: none"> (a) documentation of Assessment, Inquiry report and Investigation report and all records considered or relied on for each; final interview transcripts; decisions by the Deciding Official, and the complete records of any appeal; (b) single index listing all the Research Records and Evidence that the University compiled during the Research Misconduct Proceeding, except records the University did not consider or rely on; and (c) a general description of the records that were sequestered but not considered or relied on.
Intentionally	To act Intentionally means to act with the aim of carrying out the act.
Investigation	Investigation means the formal development of a factual record and the examination of that record that meets the criteria and follows the procedures set forth in this Policy.

Defined Term	Definition
Knowingly	To act Knowingly means to act with awareness of the act.
Notice	Notice means a written or electronic communication served in person or sent by mail or its equivalent to the last known street address, facsimile number, or email address of the addressee.
Plagiarism	<p>Plagiarism means the appropriation of another person's ideas, processes, results, or words, without giving appropriate credit.</p> <ul style="list-style-type: none"> 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 or 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.
Preponderance of the Evidence	Preponderance of the Evidence means proof by Evidence that, compared with Evidence opposing it, leads to the conclusion that the fact at issue is more likely true than not.
Recklessly	To act Recklessly means to propose, perform, or review Research, or report Research results, with indifference to a known risk of Fabrication, Falsification, or Plagiarism.
Research	Research means, in any academic discipline, a systematic experiment, study, evaluation, demonstration, or survey designed to develop or contribute to general knowledge (basic Research) or specific knowledge (applied and demonstration Research) by establishing, discovering, developing, elucidating, or confirming information about, or the underlying mechanism relating to, causes, functions or effects.
Research Integrity Officer or RIO	Research Integrity Officer or RIO refers to the University official responsible for administering the University's written policies and procedures for addressing Allegations of Research Misconduct in compliance with this Policy. The RIO will initially be the Associate Provost for Research, provided that the Provost may appoint another individual to serve as the RIO in accordance with this Policy. The RIO must be a tenured faculty member of the University and shall not be an outside contractor.

Defined Term	Definition
Research Misconduct	Research Misconduct means Fabrication, Falsification, or Plagiarism in proposing, performing, or reviewing Research, or in reporting Research results. Research Misconduct does not include honest error or differences of opinion. For the avoidance of doubt, Research Misconduct is determined based upon the violations in process as specified within this definition, and not upon the substance or topic of the Research in the absence of Fabrication, Falsification, or Plagiarism.
Research Misconduct Proceeding	Research Misconduct Proceeding means any actions related to alleged Research Misconduct taken per this Policy, including Allegation Assessments, Inquiries, Investigations, oversight reviews, and appeals.
Research Record	Research Record means the record of data or results that embody the facts resulting from scientific Inquiry. Data or results may be in physical or electronic form. Examples of items, materials, or information that may be considered part of the Research Record include, but are not limited to, Research proposals, raw data, processed data, clinical Research Records, laboratory records, study records, laboratory notebooks, progress reports, manuscripts, abstracts, theses, records of oral presentations, online content, lab meeting reports, and journal articles.
Respondent	Respondent means the individual against whom an Allegation of Research Misconduct is directed or who is the subject of a Research Misconduct Proceeding.
Retaliation	Retaliation means an adverse action taken against a Complainant, witness, or committee member by the University or one of its members in response to: (a) A Good Faith Allegation of Research Misconduct; or (b) Good Faith cooperation with a Research Misconduct Proceeding.