CAL POLY HUMBOLDT
University Senate

Resolution on Revisions to the Policy and Procedures for Responding to Allegations of Research Misconduct

06-26/27-Ex — November 10, 2026 — Second Reading

RESOLVED: That the University Senate of Cal Poly Humboldt recommends to the President that the attached revision to the Policy and Procedures for Responding to Allegations of Research Misconduct be approved; and further be it

RESOLVED: That the policy be implemented effective immediately upon approval.

RATIONALE: The proposed revisions update the University's Policy and Procedures for Responding to Allegations of Research Misconduct to align with the 2024 revisions to 42 CFR Part 93, which govern federally funded research misconduct proceedings effective January 1, 2026. The changes are primarily technical and compliance-based, clarifying definitions, timelines, and documentation requirements. Adoption ensures continued alignment with federal regulations and preserves eligibility for external research funding while maintaining a clear and consistent process.

Policy and Procedures for Responding to Allegations of Research Misconduct
[Policy Number]
[Responsible Office Name]

Applies to: Faculty, Staff, Students

Supersedes: P16-04

Purpose of the Policy
Cal Poly Humboldt (University) is committed to ethical principles and procedures regarding integrity in all forms of research activity for which the University is responsible. This policy is also intended to conform to the requirements of the United States Department of Health and Human Services (HHS), the U.S. Public Health Service (PHS), the National Science Foundation (NSF) and Federal regulations including, but not limited to, the "Public Health Service Policies on Research Misconduct" [42 Code of Federal Regulations (CFR) Part 93] and the "National Science Foundation Regulations on Misconduct in Science and Engineering Research" [45 CFR Part 689].

Members of the University community engaged in research and creative activities are not to: fabricate data or results; change or knowingly omit data or results to misrepresent results in the research record; or intentionally misappropriate the ideas, writings, research, or findings of others. All those engaged in research are expected to pursue the advancement of knowledge while meeting the highest standards of honesty, accuracy, and objectivity in their work in general and as authors. This standard extends to all publications. They are also expected to demonstrate accountability for sponsors' funds and to comply with specific terms and conditions of contracts and grants.

Table of Contents

I. POLICY AND PURPOSE
II. SCOPE
III. DEFINITIONS
IV. RIGHTS AND RESPONSIBILITIES
V. Process and Procedures
VI. Conducting the Assessment and Inquiry
VII. The Inquiry Report

VIII. Conducting the Investigation
IX. The Investigation Report
X. Completion of Cases; Reporting Premature Closures to Appropriate Regulatory Agency
XI. Institutional Administrative Actions
XII. Other Considerations
XIII. References

Definitions

Allegation: A disclosure of possible research misconduct through any means of communication. The disclosure may be by written or oral statement or other communications to a University or HHS official.

Assessment: Assessment means a consideration of whether an allegation of research misconduct appears to fall within the definition of research misconduct; appears to involve PHS-supported biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or research training; and is sufficiently credible and specific so that potential evidence of research misconduct may be identified. The assessment only involves the review of readily accessible information relevant to the allegation.

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

Conflict of Interest: The real or apparent interference of one person's interests with the interests of another person, where potential bias may occur due to prior or existing personal or professional relationships.

Deciding Official (DO): The person responsible for making the final decision on misconduct findings, administrative actions, and other items as listed in this policy and procedures. The Deciding Official will be the Provost and Vice President of Academic Affairs and should have no direct prior involvement in University's inquiry, investigation, or allegation assessment. A Deciding Official's appointment of an individual to assess allegations of research misconduct, or to serve on an inquiry or investigation committee, shall not be considered direct prior involvement.

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

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

Good Faith as applied to a complainant or witness: Having a belief in the truth of one's allegation or testimony that a reasonable person in the complainant's or witness's position could have, 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 it is made with knowing or reckless disregard for information that would negate the allegation or testimony. Good faith, as applied to a committee member means cooperating with the purpose of helping the University meet its responsibilities under any applicable federal regulations and this policy. A committee member does not act in good faith if their acts or omissions on the committee are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the research misconduct proceedings.

Inquiry: Preliminary information-gathering and preliminary fact-finding that meets the criteria and follows the procedures of § 93.307 through § 93.309.

Institutional Record: The institutional record comprises:
(a) The records that the institution compiled or generated during the research misconduct proceeding, except records the institution did not consider or rely on. These records include, but are not limited to:
(1) Documentation of the assessment as required by § 93.306(c).
(2) If an inquiry is conducted, the inquiry report and all records (other than drafts of the report) considered or relied on during the inquiry, including, but not limited to, research records and the transcripts of any transcribed interviews conducted during the inquiry, information the respondent provided to the institution, and the documentation of any decision not to investigate as required by § 93.309(c).
(3) If an investigation is conducted, the investigation report and all records (other than drafts of the report) considered or relied on during the investigation, including, but not limited to, research records, the transcripts of each interview conducted pursuant to § 93.310(g), and information the respondent provided to the institution.
(4) Decision(s) by the Institutional Deciding Official, such as the written decision from the Institutional Deciding Official under § 93.314.
(5) The complete record of any institutional appeal consistent with § 93.315.
(b) A single index listing all the research records and evidence that the institution compiled during the research misconduct proceeding, except records the institution did not consider or rely on.
(c) A general description of the records that were sequestered but not considered or relied on.

Intentional: To act intentionally means to act with the aim of carrying out the act.

Investigation: The formal development of a factual record and the examination of that record that meets the criteria and follows the procedures of §§ 93.310 through 93.317.

Knowingly: To act knowingly means to act with awareness of the act.

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.

Office of Research Integrity (ORI): The federal office to which the HHS Secretary has delegated responsibility for addressing research integrity and misconduct issues related to PHS supported activities.

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

Recklessly: To 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: A systematic experiment, study, evaluation, demonstration, or survey designed to develop or contribute to general knowledge (basic research) or specific knowledge (applied research) relating broadly to a particular discipline or subject by establishing, discovering, developing, elucidating, or confirming information about the discipline or subject of the research.

Research Integrity Officer (RIO): For this policy, the RIO is the Vice Provost or other appropriate administrator delegated by the Provost and Vice President for Academic Affairs. The RIO is responsible for: (1) assessing allegations of research misconduct to determine if they fall within the definition of research misconduct, are covered by federal regulations, and warrant an inquiry on the basis that the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified; and (2) overseeing inquiries and investigations and (3) the other responsibilities described in this policy.

Research record: The record of data or results that embody the facts resulting from scientific inquiry, including but not limited to research proposals, laboratory records, both physical and electronic progress reports, abstracts, theses, oral presentations, internal reports, journal articles, and any documents and materials provided to a federal agency or University official by a respondent(s) in the course of the research misconduct proceeding.

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

Retaliation: An adverse action taken against a complainant, witness, or committee member by the institution or one of its members in response to (1) a good faith allegation of research misconduct; or (2) good faith cooperation with a research misconduct proceeding.

Policy Details (optional)
I. POLICY AND PURPOSE

Cal Poly Humboldt (University) is committed to ethical principles and procedures regarding integrity in all forms of research activity for which the University is responsible. This policy is also intended to conform to the requirements of the United States Department of Health and Human Services (HHS), the U.S. Public Health Service (PHS), the National Science Foundation (NSF) and Federal regulations including, but not limited to, the "Public Health Service Policies on Research Misconduct" [42 Code of Federal Regulations (CFR) Part 93] and the "National Science Foundation Regulations on Misconduct in Science and Engineering Research" [45 CFR Part 689].

Members of the University community engaged in research and creative activities are not to: fabricate data or results; change or knowingly omit data or results to misrepresent results in the research record; or intentionally misappropriate the ideas, writings, research, or findings of others. All those engaged in research are expected to pursue the advancement of knowledge while meeting the highest standards of honesty, accuracy, and objectivity in their work in general and as authors. This standard extends to all publications. They are also expected to demonstrate accountability for sponsors' funds and to comply with specific terms and conditions of contracts and grants.

II. SCOPE

This policy applies to research conducted under an externally funded sponsored project that is awarded to the University or one of its auxiliary organizations, internally funded research, and unfunded research conducted by faculty, staff, or students. Any individual who may work on or contribute to such a project, whether for monetary compensation or not, is covered by this policy. All members of the University community engaged in sponsored project activities are expected to conduct their projects with integrity and intellectual honesty at all times, to act

responsibly with respect to the use of funds, and to ensure that they and those who work with them comply with all campus, system wide, agency, and government regulations.

The scope of this policy includes any research proposed, performed, reviewed, or reported, or any research record generated from that research, regardless of whether an application or proposal for external funds resulted in an award. The scope of this policy does not apply to authorship or collaboration disputes. It applies only to allegations of research misconduct that occurred within six years of the date the institution or the sponsor received the allegation, subject to the subsequent use, health and safety of the public, and grandfather exceptions in 42 CFR 93.104(b).

IV. RIGHTS AND RESPONSIBILITIES

A. Research Integrity Officer (RIO)

The RIO will have primary responsibility for implementation of the institution's policies and procedures on research misconduct. The RIO's responsibilities include the following duties related to research misconduct proceedings:

• Consult confidentially with persons uncertain about whether to submit an allegation of research misconduct;
• Receive allegations of research misconduct either in writing or orally;
• Assess each allegation of research misconduct in accordance with this policy to determine whether it falls within the definition of research misconduct and warrants an inquiry;
• As necessary, take interim action and promptly notify ORI of special circumstances, in accordance with this policy;
• Promptly sequester research data and evidence pertinent to the allegation of research misconduct in accordance with this policy and maintain it securely in accordance with this policy and applicable law and regulation;
• Provide confidentiality to those involved in the research misconduct proceeding as required by 42 CFR 93.106, other applicable law, and institutional policy, and appropriate discretion;
• Notify the respondent(s) and provide opportunities for him/her to review/ comment/respond to allegations, evidence, and committee reports in accordance with this policy;
• Inform respondent(s), complainants, and witnesses of the procedural steps in the research misconduct proceeding;
• Appoint the chair and members of the inquiry and investigation committees, ensure that those committees are properly staffed and that there is expertise appropriate to carry out a thorough and authoritative evaluation of the evidence;
• Determine whether each person involved in handling an allegation of research misconduct has an unresolved personal, professional, or financial conflict of interest and take appropriate action, including recusal, to ensure that no person with such conflict is involved in the research misconduct proceeding;

• When applicable, take all reasonable and practical steps to protect or restore the positions and reputations of good faith complainants, witnesses, and committee members and counter potential or actual retaliation against them by respondent(s) or other institutional members;
• Keep the Deciding Official and others who need to know apprised of the progress of the review of the allegation of research misconduct;
• Notify and make reports to ORI as required by 42 CFR Part 93 or any other relevant federal regulations and/or notify and make reports to the appropriate regulatory agency or sponsors as required by regulations and this policy;
• Ensure that administrative actions taken by the institution and ORI are enforced and, take appropriate action when legitimate need has been determined by the Deciding Official or University, to notify other involved parties, such as sponsors, law enforcement agencies, professional societies, and licensing boards of those actions; and
• Maintain the Institutional Records of the research misconduct proceeding and make them available to ORI in accordance with this policy.

B. Complainant

The complainant is responsible for making allegations in good faith, maintaining confidentiality, and cooperating with the inquiry and investigation. Although not required, the complainant can be interviewed at the inquiry stage and given the transcript or recording of the interview for correction. The complainant must be interviewed during an investigation and be given the transcript or recording of the interview for correction.

C. Respondent(s)

The respondent(s) is responsible for maintaining confidentiality and cooperating with the conduct of an inquiry and investigation. The respondent(s) is entitled to:

• A good faith effort from the RIO to notify the respondent(s) in writing at the time of or before beginning an inquiry;
• An opportunity to comment on the inquiry report and have their comments attached to the report; Be notified of the outcome of the inquiry, and receive a copy of the inquiry report that includes a copy of, or refers to 42 CFR Part 93 and the institution’s policies and procedures on research misconduct;
• Be notified in writing of the allegations to be investigated within a reasonable time after the determination that an investigation is warranted, but before the investigation begins (within 30 days after the institution decides to begin an investigation), and be notified in writing of any new allegations, not addressed in the inquiry or in the initial notice of investigation, within a reasonable time after the determination to pursue those allegations;
• Be interviewed during the investigation, have the opportunity to correct the recording or transcript, and have the corrected recording or transcript included in the record of the investigation;

• Have interviewed during the investigation any witness who has been reasonably identified by the respondent(s) as having information on relevant aspects of the investigation, have the recording or transcript provided to the witness for correction, and have the corrected recording or transcript included in the record of investigation; and
• Receive a copy of the draft investigation report and, concurrently, a copy of, or supervised access to the evidence on which the report is based, and be notified that any comments must be submitted within 30 days of the date on which the copy was received and that the comments will be considered by the institution, included in the institutional record, and addressed in the final report.
• Have an opportunity to continue their research throughout the inquiry process unless the RIO has determined that Interim Administrative Actions are required per Section VF.

Although not required, the respondent can be interviewed at the inquiry stage and given the transcript or recording of the interview for correction.

The respondent(s) should be given the opportunity to admit that research misconduct occurred and that they committed the research misconduct. With the advice of the RIO and/or other institutional officials, the Deciding Official may terminate the institution's review of an allegation that has been admitted, if the University's acceptance of the admission and any proposed settlement is approved by ORI.

D. Deciding Official (DO)

The DO will receive the inquiry report and after consulting with the RIO and/or other institutional officials, decide whether an investigation is warranted under the criteria in 42 CFR 93.307(f), or the criteria specified in the applicable funding agreement's rules and regulations. Any finding that an investigation is warranted must be made in writing by the DO and must be provided to ORI, together with a copy of the inquiry report meeting the requirements of 42 CFR 93.309, within 30 days of the finding. If it is found that an investigation is not warranted, the DO and the RIO will ensure that detailed documentation of the inquiry is retained for at least seven years after termination of the inquiry, so that ORI may assess the reasons why the institution decided not to conduct an investigation.

The DO will receive the investigation report and, and, if research misconduct is found, decide what, if any institutional administrative actions are appropriate. In the event the DO decides that appropriate administrative actions include any action which would constitute discipline under the applicable Collective Bargaining Agreement, such discipline shall be imposed only in accordance with the requirements of such Collective Bargaining Agreement. The DO shall ensure that the final investigation report, the findings of the DO and a description of any pending or completed administrative actions are provided to ORI, as required by 42 CFR Part 93.

V. Process and Procedures

Nothing in this policy shall be construed to limit any rights that a faculty member may have to file a grievance, including a grievance filed pursuant to a Collective Bargaining Agreement or a statutory right. Nothing in this policy shall be construed to limit any rights that a faculty member may have related to a disciplinary procedure in place pursuant to a Collective Bargaining Agreement, statute, or university practice or policy.

If it is found that an inquiry or an investigation is not warranted under this policy, or if there is no finding of research misconduct under this policy, no documentation regarding allegations, inquiries, or investigations pursuant to this policy shall be placed in the personnel file or Personnel Action File of a respondent without the written consent of the respondent.

A. Responsibility to Report Misconduct

All University members will report observed or apparent research misconduct to the RIO. If an individual is unsure whether an incident falls within the definition of research misconduct, they may meet with or contact the RIO to discuss the suspected research misconduct informally, which may include discussing it anonymously and/or hypothetically. If the circumstances described by the individual do not meet the definition of research misconduct, the RIO will refer the individual or allegation to other offices or officials with responsibility for resolving the problem.

In cases where the subsequent use exception is applied, the reasons for making that determination shall be documented.

B. Cooperation with Research Misconduct Proceedings

University members will cooperate with the RIO and other institutional officials in the review of allegations and the conduct of inquiries and investigations. University members, including respondent(s), have an obligation to provide evidence relevant to research misconduct allegations to the RIO or other University officials. It is not expected that respondents halt research or surrender items critical to continuing research during an investigation.

C. Confidentiality

The RIO shall (1) limit disclosure of the identity of the respondent(s), complainants and witnesses to those who need to know in order to carry out a thorough, competent, objective and fair research misconduct proceeding consistent with applicable laws and regulations; and (2) 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 must use appropriate mechanisms to ensure that there is no disclosure of identifying information.

D. Protecting Complainants, Witnesses, and Committee Members

University members may not retaliate in any way against complainants, witnesses, or committee members. University members 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.

E. Protecting the Respondent(s)

As requested, and as appropriate, the RIO and other institutional 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 respondent(s) receive all the notices and opportunities provided for in federal regulations and the policies and procedures of the University.

Before questioning a faculty unit employee as a respondent, the University shall inform the employee of the subject of the interview and of any applicable right to CFA representation. If the employee requests representation in an interview for which representation is required by law or the applicable collective bargaining agreement, questioning shall pause until the representative is present or the employee elects to proceed without representation. This section does not limit the employee's rights under Article 19.7 of the California Faculty Association (CFA) Collective Bargaining Agreement, or any other applicable procedure

F. Interim Administrative Actions and Notifying ORI 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 or other sponsor funds and equipment, or the integrity of the PHS or other sponsor supported research process. The RIO may, in consultation with other University officials and ORI or other appropriate regulatory agencies and/or sponsor, 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/sponsor funds and equipment, reassignment of personnel or of the responsibility for the handling of federal/sponsor funds and equipment, additional review of research data and results or delaying publication. The RIO shall, at any time during a research misconduct proceeding, notify ORI or any other appropriate regulatory agency and/or other sponsor immediately if they have reason to believe that any of the following conditions exist:

Health or safety of the public is at risk, including an immediate need to protect human or animal subjects;

HHS or other sponsor resources or interests are threatened;
Research activities should be suspended;
There is a reasonable indication of possible violations of civil or criminal law;
Federal action is required to protect the interests of those involved in the research misconduct proceeding;
The research misconduct proceeding may be made public prematurely and HHS action may be necessary to safeguard evidence and protect the rights of those involved; or
The research community or public should be informed.

VI. Conducting the Assessment and Inquiry

A. Assessment of Allegations

Upon receiving an allegation of research misconduct, the RIO shall promptly assess the allegation to determine whether it is sufficiently credible and specific so that potential evidence of research misconduct may be identified, whether it is within the jurisdictional criteria of federal agencies, and whether the allegation falls within the definition of research misconduct in this policy and any applicable federal regulations. An inquiry must be conducted if these criteria are met.

The assessment period should be brief. In conducting the assessment, the RIO need not interview the complainant, respondent(s), 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. The RIO shall, on or before the date which the respondent(s) is notified of the allegation, obtain custody of, inventory, and sequester all research records and evidence needed to conduct the research misconduct proceeding, as provided in the Notice to Respondent(s); Sequestration of Research Records section below.

B. Initiation and Purpose of Inquiry

If the RIO determines that the criteria for an inquiry are met, they will immediately initiate the inquiry process. The purpose of the inquiry is to conduct an initial review of the available evidence to determine whether to conduct an investigation. An inquiry does not require a full review of all the evidence related to the allegation.

C. Notice to Respondent(s); 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(s) in writing, if the respondent(s) is known. If the inquiry subsequently identifies additional respondent(s), they must be notified in writing. The notification to respondent(s) will be included in the institutional record.

On or before the date on which the respondent(s) is notified, or the inquiry begins, whichever is earlier, the RIO must take all reasonable and practical steps to obtain custody of all the research records and evidence needed including those ultimately not relied upon, to conduct the research misconduct proceeding, inventory and index the records and evidence, and sequester them in a secure manner, except that where the research records or evidence encompass scientific instruments shared by a number of users or are required by the respondent to continue their research during the inquiry. In such cases, custody will be limited to substantially equivalent copies of the data or evidence on such instruments. The RIO may consult with the appropriate regulatory agency for advice and assistance in this regard.

In the event that additional respondents are identified after an inquiry has begun, the University will: (a) add the additional respondents to the ongoing case; or (b) conduct a separate inquiry process for the additional respondents.

D. Appointment of Inquiry Committee

The RIO, in consultation with other institutional officials as appropriate, will appoint an inquiry committee and committee chair as soon after the initiation of the inquiry as is practical. 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 scientific expertise to evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, and conduct the inquiry.

E. Charge to the Committee and First Meeting

The RIO will prepare a charge for the inquiry committee that:

• Sets forth the time for completion of the inquiry;
• Describes the allegations and any related issues identified during the allegation assessment;
• States that the purpose of the inquiry is to conduct an initial review of the evidence, including the testimony of the respondent(s), complainant and key witnesses, to provide information to the RIO who will communicate to the DO whether an investigation is warranted, not to determine whether research misconduct definitely occurred or who was responsible;
• States that an investigation is warranted if the committee determines: (1) there is a reasonable basis for concluding that the allegation falls within the definition of research misconduct and is within the jurisdictional criteria of the appropriate federal code; and, (2) the allegation may have substance, based on the committee's review during the inquiry.
• Informs the inquiry committee that they are responsible for preparing or directing the preparation of a written report of the inquiry that meets the requirements of this policy.

At the committee's first meeting, the RIO will review the charge with the committee, discuss the allegations, any related issues, and the appropriate procedures for conducting the inquiry, assist the committee with organizing plans for the inquiry, and answer any questions raised by

the committee. The RIO shall be present or available throughout the inquiry to advise the committee as needed.

The respondent(s) shall be notified in writing by the RIO within ten (10) days of the receipt of the allegation or as soon as possible consistent with the need to assemble appropriate expertise and secure potential evidence that a compliant has been lodged and that an Inquiry has been initiated. The respondent(s) must be informed of the nature of the allegation and the procedures to be followed. The RIO shall invite the respondent(s) to make a written response to the allegation(s) and to comment during the course of the Inquiry. Those comments will be included in the final Inquiry Report.

F. Inquiry Process

Although not required, the inquiry committee will normally interview the complainant, the respondent(s) and key witnesses as well as examining relevant research records and materials. The inquiry committee shall evaluate the evidence, including the testimony obtained during the inquiry. After consultation with the RIO, the committee members will decide whether an investigation is warranted based on the criteria in this policy and in any applicable federal or other appropriate regulations (42 CFR 93.307(f)) or the criteria specified in the applicable funding agreement's rules and regulations. The scope of the inquiry is not required to and does not normally include deciding whether misconduct definitely occurred, determining definitely who committed the research misconduct or conducting exhaustive interviews and analyses. However, if a legally sufficient admission of research misconduct is made by the respondent(s), misconduct may be determined at the inquiry stage if all relevant issues are resolved. In that case, the University shall promptly consult with the ORI or appropriate federal regulatory agency to determine the next steps that should be taken. If a non-federal sponsor is involved without federal funds, the RIO will consult with appropriate University officials to determine the next steps.

G. Time for Completion

The inquiry, including preparation of the final inquiry report and the decision of the DO on whether an investigation is warranted, must be completed within 90calendar days of initiation of the inquiry, unless the RIO determines that circumstances clearly warrant a longer period. If the RIO approves an extension, the inquiry record must include documentation of the reasons for exceeding the 90-day period.

The respondent(s) and all involved individuals are expected to cooperate by timely response to request for documents and/or information.

VII. The Inquiry Report

A. Elements of the Inquiry Report

A written inquiry report shall be prepared that includes the following information: (1) the names, professional aliases, and positions of the respondent; (2) a description of the allegation(s) of research misconduct; (3) the funding support, if any, for example, grant numbers, grant applications, contracts and publications listing specific financial support; (4) the names, titles, and subject matter expertise of the committee members and experts who conducted the inquiry; (5) Inventory of sequestered research records and other evidence and description of how sequestration was conducted; (6) Transcripts of any transcribed interviews; (7) Timeline and procedural history; (8) Any scientific or forensic analyses conducted; (9) the basis for recommending or not recommending that the allegations warrant an investigation; (10) any comments on the inquiry report by the respondent or complainant and (11) any institutional actions institutional actions taken, including communications with journals or funding agencies. University counsel and/or other officials with compliance background should review the report for legal sufficiency. Modifications should be made as appropriate in consultation with the RIO and the inquiry committee.

B. Notification to the Respondent(s) and Opportunity to Comment

The RIO shall notify the respondent(s) whether the inquiry found an investigation to be warranted, include a copy of the draft inquiry report for comment within 10 working days, and include a copy of or refer to the applicable federal or other appropriate regulations and the University policy on research misconduct.

Any comments that are submitted will be attached to the final inquiry report. Based on the comments, the inquiry committee may revise the draft report as appropriate and prepare it in final form. The committee will deliver the final report to the RIO.

C. University Decision and Notification

Decision by Deciding Official

The RIO will transmit the final inquiry report and any comments to the DO, who will determine in writing whether an investigation is warranted. The inquiry is completed when the DO makes this determination.

Notification to ORI

Within 30 calendar days of the DO’s decision that an investigation is warranted, the RIO will provide ORI or other appropriate regulatory agency and/or sponsor with the DO’s written decision and a copy of the inquiry report. The RIO will also notify those institutional officials who need to know of the DO's decision. The RIO must provide the following information to ORI upon request: (1) the institutional policies and procedures under which the inquiry was conducted; (2) the research records and evidence reviewed, transcripts or recordings of any

interviews, and copies of all relevant documents; and (3) the charges to be considered in the investigation.

Documentation of Decision Not to Investigate

If the DO decides that an investigation is not warranted, the RIO shall secure and maintain for 7 years after the termination of the inquiry sufficiently detailed documentation of the inquiry to permit a later assessment by ORI of the reasons why an investigation was not conducted. These documents must be provided to ORI or other authorized HHS personnel upon request.

VIII. Conducting the Investigation

A. Initiation and Purpose

The investigation must begin within 30 calendar days after the determination by the DO that an investigation is warranted. The purpose of the investigation is to develop a factual record by exploring the allegations in detail and examining the evidence in depth, leading to recommended findings on whether research misconduct has been committed, by whom, and to what extent. In conducting the investigation, the RIO will pursue diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of additional instances of possible research misconduct, and continue the investigation to completion. If in the course of the investigation, the RIO determines there are additional instances of research misconduct, they will notify the respondent(s).

B. Notifying ORI and Respondent(s); Sequestration of Research Records

On or before the date on which the investigation begins, the RIO must: (1) notify the ORI Director of the decision to begin the investigation and provide any appropriate regulatory agency or sponsor a copy of the inquiry report; and (2) notify the respondent(s) in writing of the allegations to be investigated. The RIO must also give the respondent(s) written notice of any new allegations of research misconduct within a reasonable amount of time of deciding to pursue allegations not addressed during the inquiry or in the initial notice of the investigation.

The RIO will, prior to notifying respondent(s) of the allegations, take all reasonable and practical steps to obtain custody of and sequester in a secure manner all research records and evidence needed to conduct the research misconduct proceedings, including those ultimately not relied upon, that were not previously sequestered during the inquiry. The need for additional sequestration of records for the investigation may occur for any number of reasons, including the institution'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 procedures to be followed for sequestration during the investigation are the same procedures that apply during the inquiry.

C. Appointment of the Investigation Committee

The RIO, in consultation with other University officials as appropriate, will appoint an investigation committee and the committee chair within 10 days of the beginning of the investigation or as soon thereafter as practical. 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, are not a complainant and, where practical, should include individuals with appropriate scientific or professional expertise to evaluate the evidence and issues related to the allegation. Individuals appointed to the investigation committee may also have served on the inquiry committee.

D. Charge to the Committee and First Meeting

Charge to the Committee

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

• Describes the allegations and related issues identified during the inquiry;
• Identifies the respondent(s);
• Informs the committee that it must conduct the investigation as prescribed below in the Investigation Process section;
• Defines research misconduct;
• Informs the committee that it must evaluate the evidence and testimony to determine whether, based on a preponderance of the evidence, research misconduct occurred and, if so, the type and extent of it and who was responsible;
• Informs the committee that in order to determine that the respondent(s) committed research misconduct it must find that a preponderance of the evidence establishes that: (1) research misconduct, as defined in this policy, occurred (respondent(s) has the burden of proving by a preponderance of the evidence any affirmative defenses raised, including honest error or a difference of opinion); (2) the research misconduct is a significant departure from accepted practices of the relevant research community; and (3) the respondent(s) committed the research misconduct intentionally, knowingly, or recklessly; and
• Informs the committee that it must prepare or direct the preparation of a written investigation report that meets the requirements of this policy and any applicable federal regulations (42 CFR 93.313).

First Meeting

The RIO shall convene the first meeting of the investigation committee to 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 shall be provided with a copy of this policy and

any applicable federal regulations. The RIO shall be present or available throughout the investigation to advise the committee as needed.

E. Investigation Process

The investigation committee and the RIO shall:
• 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;
• Take reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practical;
• Interview each respondent(s), complainant, 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(s), and record or transcribe each interview, provide the recording or transcript to the interviewee for correction, and include the recording or transcript in the record of the investigation; and
• Pursue diligently 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.

F. Time for Completion

The investigation is to be completed within 180 days of beginning it, including conducting the investigation, preparing the report of findings, providing the draft report for comment and sending the final report to ORI or other appropriate regulatory agency or sponsor. However, if the RIO determines that the investigation will not be completed within this180-day period, when appropriate, they will submit to ORI a written request for an extension, setting forth the reasons for the delay. The RIO will ensure that periodic progress reports are filed with ORI, if ORI grants the request for an extension and directs the filing of such reports.

IX. The Investigation Report

A. Elements of the Investigation Report

The investigation committee and the RIO are responsible for preparing a written draft report of the investigation that includes the necessary requirements of 42 CFR 93.313. This includes, but is not limited to:

• Describes the nature of the allegation of research misconduct, including identification of the respondent(s);
• Composition of investigation committee, including name(s), position(s), and subject matter expertise;

• Describes and documents the PHS and/or other support, including, for example, the numbers of any grants that are involved, grant applications, contracts, publications listing sponsor support, and any other documentation found;
• Describes the specific allegations of research misconduct considered in the investigation;
• Includes the University policies and procedures under which the investigation was conducted, unless those policies and procedures were provided to ORI previously;
• Identifies and summarizes the research records and evidence reviewed and identifies any evidence taken into custody but not reviewed; and
• Includes a statement of findings for each allegation of research misconduct identified during the investigation. Each statement of findings shall: (1) identify whether the research misconduct was falsification, fabrication, or plagiarism, and whether it was committed intentionally, knowingly, or recklessly; (2) summarize the facts and the analysis that support the conclusion and consider the merits of any reasonable explanation by the respondent(s), including any effort by the respondent(s) to establish by a preponderance of the evidence that they did not engage in research misconduct because of honest error or a difference of opinion; (3) identify the specific financial support; (4) identify whether any publications need correction or retraction; (5) identify the person(s) responsible for the misconduct; and (6) list any current support or known applications or proposals for support that the respondent(s) has pending with any federal agencies or other sponsors.

B. Comments on the Draft Report and Access to Evidence

Respondent(s)

The RIO shall give the respondent(s) 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(s) shall be allowed 30 days from the date they received the draft report to submit comments to the RIO. The respondent(s)'s comments shall be included and considered in the final report.

Confidentiality

In distributing the draft report, or portions thereof, to the respondent(s), the RIO shall inform the recipient of the confidentiality under which the draft report is made available and may establish reasonable conditions to ensure such confidentiality. The RIO may require that the recipient sign a confidentiality agreement.

C. Decision by the Deciding Official

The RIO shall assist the investigation committee in finalizing the draft investigation report, including ensuring that the respondent's comments are included and considered, and transmit the final investigation report to the DO, who shall determine in writing: (1) whether the University accepts the investigation report, its findings, and the recommended institutional

actions; and (2) the appropriate University actions in response to the accepted findings of research misconduct. In the event the DO decides that appropriate administrative actions include any action which would constitute discipline under the applicable Collective Bargaining Agreement, such discipline shall be imposed only in accordance with the requirements of such Collective Bargaining Agreement. If this determination varies from the findings of the investigation committee, the DO shall, as part of their written determination, explain in detail the basis for rendering a decision different from the findings of the investigation committee. Alternatively, the DO 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 shall normally notify both the respondent(s) and the complainant(s) in writing. After informing the appropriate federal regulatory agency and/or other sponsors, the DO shall 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(s) in the work, or other relevant parties should be notified of the outcome of the case. The RIO shall be responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies.

D. Notice to the Appropriate Federal Agency and/or Other Sponsor

Unless an extension has been granted, the RIO must within the 180-day period for completing the investigation prepare the following: (1) a copy of the final investigation report with all attachments and any appeal; (2) a statement of whether the institution accepts the findings of the investigation report or the outcome of the appeal; (3) a statement of whether the institution found misconduct and, if so, who committed the misconduct; and (4) a description of any pending or completed administrative actions against the respondent(s).

E. Maintaining Records for Review by ORI

The RIO must maintain and provide the Institutional Record and all Sequestered Evidence to ORI, or other appropriate regulatory agencies or sponsors, upon request “records of research misconduct proceedings” as that term is defined by 42 CFR 93.318 or any subsequent regulations. Unless custody has been transferred to HHS or ORI has advised in writing that the records no longer need to be retained, the Institutional Records of research misconduct proceedings must be maintained in a secure manner for the longer of: (1) the period required by CSU Records Retention Schedules, or (2) seven years after completion of the proceeding or the completion of any PHS proceeding involving the research misconduct allegation. The RIO is also responsible for providing any information, documentation, research records, evidence or clarification requested by ORI to carry out its review of an allegation of research misconduct or of the institution’s handling of such an allegation.

X. Completion of Cases; Reporting Premature Closures to Appropriate Regulatory Agency

Generally, all inquiries and investigations will be carried through to completion and all significant issues will be pursued diligently. The RIO must notify the appropriate regulatory agency, specifically including ORI when required, in advance if there are plans to close a case at the inquiry, investigation, or appeal stage on the basis that respondent(s) has admitted guilt, a settlement with the respondent(s) has been reached, or for any other reason, except: (1) closing of a case at the inquiry stage on the basis that an investigation is not warranted; or (2) a finding of no misconduct at the investigation stage.

XI. Institutional Administrative Actions

If the DO determines that research misconduct is substantiated by the findings, they shall decide on the appropriate actions to be taken, after consultation with the RIO when required. The administrative actions may include, but are not limited to:

- Withdrawal or correction of all pending or published abstracts and papers emanating from the research where research misconduct was found;
- Removal of the responsible person from the particular project, letter of reprimand, special monitoring of future work, probation, suspension, salary reduction, or initiation of steps leading to possible rank reduction or termination of employment as guided by appropriate University officials and Collective Bargaining Agreements;
- Restitution of funds to the grantor agency as appropriate; and
- Other action appropriate to the misconduct.

In the event the DO decides that appropriate administrative actions include any action which would constitute discipline under the applicable Collective Bargaining Agreement, such discipline shall be imposed only in accordance with the requirements of such Collective Bargaining Agreement.

XII. Other Considerations

A. Termination or Resignation Prior to Completing Inquiry or Investigation

The termination of the respondent's institutional employment, by resignation or otherwise, before or after an allegation of possible research misconduct has been reported, will not preclude or terminate the research misconduct proceeding or otherwise limit any of the institution's responsibilities under applicable law (42 CFR Part 93). If the respondent(s), without admitting to the misconduct, elects to resign his or her position after the institution receives an allegation of research misconduct, the assessment of the allegation shall proceed, as well as the inquiry and investigation, as appropriate based on the outcome of the preceding steps. If the respondent(s) refuses to participate in the process after resignation, the RIO and any

inquiry or investigation committee shall use their best efforts to reach a conclusion concerning the allegations, noting in the report the respondent(s)'s failure to cooperate and its effect on the evidence.

B. Restoration of the Respondent(s)’s Reputation

Following a final finding of no research misconduct and upon the request of the respondent(s), the RIO shall undertake all reasonable and practical efforts to restore the respondent's reputation. Depending on the particular circumstances and the views of the respondent(s), the RIO shall publicize the final outcome in any forum in which the allegation of research misconduct was previously publicized. Any institutional actions to restore the respondent(s)'s reputation should first be approved by the DO.

C. Protection of Complainant, Witnesses and Committee Members

During the research misconduct proceeding and upon its completion, regardless of whether it was determined that research misconduct occurred, the RIO must undertake all reasonable and practical efforts to protect the position and reputation of, or to counter potential or actual retaliation against, any complainant who made allegations of research misconduct in good faith and of any witnesses and committee members who cooperate in good faith with the research misconduct proceeding. The DO will determine, after consulting with the RIO, and with the complainant, witnesses, or committee members, respectively, what steps, if any, are needed to restore their respective positions or reputations or to counter potential or actual retaliation against them. The RIO will be responsible for implementing any steps the DO approves.

D. Allegations Not Made in Good Faith

If relevant, the DO will determine whether the complainant's allegations of research misconduct were made in good faith, or whether a witness or committee member acted in good faith. If the DO determines that there was an absence of good faiththey will determine whether any administrative action should be taken against the person who failed to act in good faith.

XIII. References

• 42 CFR Part 93, as revised by the Public Health Service Policies on Research Misconduct Final Rule (2024), applicable to proceedings initiated on or after January 1, 2026.

Expiration Date:

History

Approved by the University Senate on this date: 04/15/2014

Month/Year Posted, Last Reviewed: 05/2016
Approved by Provost and Vice President of Academic Affairs on this date: 08/24/2016
Updated February 23, 2024, with institutional name changes.
Effective Date: 01/01/2026

SenEx:	03/10/2026
Reviewed by University Senate:	MM/DD/YYYY
Approved by Provost/President:	MM/DD/YYYY

Template Updated: February 28, 2024

Policy and Procedures for Responding to Allegations of Research Misconduct
[Policy Number]
[Responsible Office Name]

Applies to: Faculty, Staff, Students

Supersedes: P16-04

Purpose of the Policy
Cal Poly Humboldt (University) is committed to ethical principles and procedures regarding integrity in all forms of research activity for which the University is responsible. This policy is also intended to conform to the requirements of the United States Department of Health and Human Services (HHS), the U.S. Public Health Service (PHS), the National Science Foundation (NSF) and Federal regulations including, but not limited to, the "Public Health Service Policies on Research Misconduct" [42 Code of Federal Regulations (CFR) Part 93] and the "National Science Foundation Regulations on Misconduct in Science and Engineering Research" [45 CFR, Part 689].

Members of the University community engaged in research and creative activities are not to: fabricate data or results; change or knowingly omit data or results to misrepresent results in the research record; or intentionally misappropriate the ideas, writings, research, or findings of others. All those engaged in research are expected to pursue the advancement of knowledge while meeting the highest standards of honesty, accuracy, and objectivity in their work in general and as authors. This standard extends to all publications. They are also expected to demonstrate accountability for sponsors' funds and to comply with specific terms and conditions of contracts and grants.

Table of Contents

I. POLICY AND PURPOSE
II. SCOPE
III. DEFINITIONS
IV. RIGHTS AND RESPONSIBILITIES
V. Process and Procedures
VI. Conducting the Assessment and Inquiry
VII. The Inquiry Report

VIII. Conducting the Investigation
IX. The Investigation Report
X. Completion of Cases; Reporting Premature Closures to Appropriate Regulatory Agency
XI. Institutional Administrative Actions
XII. Other Considerations
XIII. References

Definitions

Allegation: A disclosure of possible research misconduct through any means of communication. The disclosure may be by written or oral statement or other communications to a University or HHS official.

Assessment: Assessment means a consideration of whether an allegation of research misconduct appears to fall within the definition of research misconduct; appears to involve PHS-supported biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or research training; and is sufficiently credible and specific so that potential evidence of research misconduct may be identified. The assessment only involves the review of readily accessible information relevant to the allegation.

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

Conflict of Interest: The real or apparent interference of one person's interests with the interests of another person, where potential bias may occur due to prior or existing personal or professional relationships.

Deciding Official (DO): The person responsible for making the final decision on misconduct findings, administrative actions, and other items as listed in this policy and procedures. The Deciding Official will be the Provost and Vice President of Academic Affairs and should have no direct prior involvement in University's inquiry, investigation, or allegation assessment. A Deciding Official's appointment of an individual to assess allegations of research misconduct, or to serve on an inquiry or investigation committee, shall not be considered direct prior involvement.

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

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

Good Faith as applied to a complainant or witness: Having a belief in the truth of one's allegation or testimony that a reasonable person in the complainant's or witness's position could have, 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 it is made with knowing or reckless disregard for information that would negate the allegation or testimony. Good faith, as applied to a committee member means cooperating with the purpose of helping the University meet its responsibilities under any applicable federal regulations and this policy. A committee member does not act in good faith if their acts or omissions on the committee are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the research misconduct proceedings.

Inquiry: Preliminary information-gathering and preliminary fact-finding that meets the criteria and follows the procedures of § 93.307 through § 93.309.

Institutional Record: The institutional record comprises:
(a) The records that the institution compiled or generated during the research misconduct proceeding, except records the institution did not consider or rely on. These records include, but are not limited to:
(1) Documentation of the assessment as required by § 93.306(c).
(2) If an inquiry is conducted, the inquiry report and all records (other than drafts of the report) considered or relied on during the inquiry, including, but not limited to, research records and the transcripts of any transcribed interviews conducted during the inquiry, information the respondent provided to the institution, and the documentation of any decision not to investigate as required by § 93.309(c).
(3) If an investigation is conducted, the investigation report and all records (other than drafts of the report) considered or relied on during the investigation, including, but not limited to, research records, the transcripts of each interview conducted pursuant to § 93.310(g), and information the respondent provided to the institution.
(4) Decision(s) by the Institutional Deciding Official, such as the written decision from the Institutional Deciding Official under § 93.314.
(5) The complete record of any institutional appeal consistent with § 93.315.
(b) A single index listing all the research records and evidence that the institution compiled during the research misconduct proceeding, except records the institution did not consider or rely on.
(c) A general description of the records that were sequestered but not considered or relied on.

Intentional: To act intentionally means to act with the aim of carrying out the act.

Investigation: The formal development of a factual record and the examination of that record that meets the criteria and follows the procedures of §§ 93.310 through 93.317.

Knowingly: To act knowingly means to act with awareness of the act.

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.

Office of Research Integrity (ORI): The federal office to which the HHS Secretary has delegated responsibility for addressing research integrity and misconduct issues related to PHS supported activities.

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

Recklessly: To 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: A systematic experiment, study, evaluation, demonstration, or survey designed to develop or contribute to general knowledge (basic research) or specific knowledge (applied research) relating broadly to a particular discipline or subject by establishing, discovering, developing, elucidating, or confirming information about the discipline or subject of the research.

Research Integrity Officer (RIO): For this policy, the RIO is the Vice Provost ~~Associate Vice President for Academic Programs~~ or other appropriate administrator delegated by the Provost and Vice President for Academic Affairs. The RIO is responsible for: (1) assessing allegations of research misconduct to determine if they fall within the definition of research misconduct, are covered by federal regulations, and warrant an inquiry on the basis that the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be

identified; and (2) overseeing inquiries and investigations and (3) the other responsibilities described in this policy.

Research record: The record of data or results that embody the facts resulting from scientific inquiry, including but not limited to research proposals, laboratory records, both physical and electronic progress reports, abstracts, theses, oral presentations, internal reports, journal articles, and any documents and materials provided to a federal agency or University official by a respondent(s) in the course of the research misconduct proceeding.

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

Retaliation: An adverse action taken against a complainant, witness, or committee member by the institution or one of its members in response to (1) a good faith allegation of research misconduct; or (2) good faith cooperation with a research misconduct proceeding.

Policy Details (optional)
I. POLICY AND PURPOSE

Cal Poly Humboldt (University) is committed to ethical principles and procedures regarding integrity in all forms of research activity for which the University is responsible. This policy is also intended to conform to the requirements of the United States Department of Health and Human Services (HHS), the U.S. Public Health Service (PHS), the National Science Foundation (NSF) and Federal regulations including, but not limited to, the "Public Health Service Policies on Research Misconduct" [42 Code of Federal Regulations (CFR) Part 93] and the "National Science Foundation Regulations on Misconduct in Science and Engineering Research" [45 CFR, Part 689].

Members of the University community engaged in research and creative activities are not to: fabricate data or results; change or knowingly omit data or results to misrepresent results in the research record; or intentionally misappropriate the ideas, writings, research, or findings of others. All those engaged in research are expected to pursue the advancement of knowledge while meeting the highest standards of honesty, accuracy, and objectivity in their work in general and as authors. This standard extends to all publications. They are also expected to demonstrate accountability for sponsors' funds and to comply with specific terms and conditions of contracts and grants.

II. SCOPE

This policy applies to research conducted under an externally funded sponsored project that is awarded to the University or one of its auxiliary organizations, internally funded research, and unfunded research conducted by faculty, staff, or students. Any individual who may work on or contribute to such a project, whether for monetary compensation or not, is covered by this

policy. All members of the University community engaged in sponsored project activities are expected to conduct their projects with integrity and intellectual honesty at all times, to act responsibly with respect to the use of funds, and to ensure that they and those who work with them comply with all campus, system wide, agency, and government regulations.

The scope of this policy includes any research proposed, performed, reviewed, or reported, or any research record generated from that research, regardless of whether an application or proposal for external funds resulted in an award. The scope of this policy does not apply to authorship or collaboration disputes. It applies only to allegations of research misconduct that occurred within six years of the date the institution or the sponsor received the allegation, subject to the subsequent use, health and safety of the public, and grandfather exceptions in 42 CFR 93.104(b).

IV. RIGHTS AND RESPONSIBILITIES

A. Research Integrity Officer (RIO)

The RIO will have primary responsibility for implementation of the institution's policies and procedures on research misconduct. The RIO's responsibilities include the following duties related to research misconduct proceedings:

• Consult confidentially with persons uncertain about whether to submit an allegation of research misconduct;
• Receive allegations of research misconduct either in writing or orally;
• Assess each allegation of research misconduct in accordance with this policy to determine whether it falls within the definition of research misconduct and warrants an inquiry;
• As necessary, take interim action and promptly notify ORI of special circumstances, in accordance with this policy;
• Promptly sequester research data and evidence pertinent to the allegation of research misconduct in accordance with this policy and maintain it securely in accordance with this policy and applicable law and regulation;
• Provide confidentiality to those involved in the research misconduct proceeding as required by 42 CFR 93.106, other applicable law, and institutional policy, and appropriate discretion;
• Notify the respondent(s) and provide opportunities for him/her to review/ comment/respond to allegations, evidence, and committee reports in accordance with this policy;
• Inform respondent(s), complainants, and witnesses of the procedural steps in the research misconduct proceeding;
• Appoint the chair and members of the inquiry and investigation committees, ensure that those committees are properly staffed and that there is expertise appropriate to carry out a thorough and authoritative evaluation of the evidence;
• Determine whether each person involved in handling an allegation of research misconduct has an unresolved personal, professional, or financial conflict of interest and take appropriate

action, including recusal, to ensure that no person with such conflict is involved in the research misconduct proceeding;
• When applicable, take all reasonable and practical steps to protect or restore the positions and reputations of good faith complainants, witnesses, and committee members and counter potential or actual retaliation against them by respondent(s) or other institutional members;
• Keep the Deciding Official and others who need to know apprised of the progress of the review of the allegation of research misconduct;
• Notify and make reports to ORI as required by 42 CFR Part 93 or any other relevant federal regulations and/or notify and make reports to the appropriate regulatory agency or sponsors as required by regulations and this policy;
• Ensure that administrative actions taken by the institution and ORI are enforced and, take appropriate action when legitimate need has been determined by the Deciding Official or University, to notify other involved parties, such as sponsors, law enforcement agencies, professional societies, and licensing boards of those actions; and
• Maintain the ~~i~~nstitutional R~~r~~ecords of the research misconduct proceeding and make them available to ORI in accordance with this policy.

B. Complainant

The complainant is responsible for making allegations in good faith, maintaining confidentiality, and cooperating with the inquiry and investigation. Although not required, the complainant can be interviewed at the inquiry stage and given the transcript or recording of the interview for correction. The complainant must be interviewed during an investigation and be given the transcript or recording of the interview for correction.

C. Respondent(s)

The respondent(s) is responsible for maintaining confidentiality and cooperating with the conduct of an inquiry and investigation. The respondent(s) is entitled to:

• A good faith effort from the RIO to notify the respondent(s) in writing at the time of or before beginning an inquiry;
• An opportunity to comment on the inquiry report and have their comments attached to the report; Be notified of the outcome of the inquiry, and receive a copy of the inquiry report that includes a copy of, or refers to 42 CFR Part 93 and the institution's policies and procedures on research misconduct;
• Be notified in writing of the allegations to be investigated within a reasonable time after the determination that an investigation is warranted, but before the investigation begins (within 30 days after the institution decides to begin an investigation), and be notified in writing of any new allegations, not addressed in the inquiry or in the initial notice of investigation, within a reasonable time after the determination to pursue those allegations;
~~• Although not required, the respondent can be interviewed at the inquiry stage and given the transcript or recording of the interview for correction;~~

• Be interviewed during the investigation, have the opportunity to correct the recording or transcript, and have the corrected recording or transcript included in the record of the investigation;
• Have interviewed during the investigation any witness who has been reasonably identified by the respondent(s) as having information on relevant aspects of the investigation, have the recording or transcript provided to the witness for correction, and have the corrected recording or transcript included in the record of investigation; and
• Receive a copy of the draft investigation report and, concurrently, a copy of, or supervised access to the evidence on which the report is based, and be notified that any comments must be submitted within 30 days of the date on which the copy was received and that the comments will be considered by the institution, included in the institutional record, and addressed in the final report.
• Have an opportunity to continue their research throughout the inquiry process unless the RIO has determined that Interim Administrative Actions are required per Section VF.

Although not required, the respondent can be interviewed at the inquiry stage and given the transcript or recording of the interview for correction.

The respondent(s) should be given the opportunity to admit that research misconduct occurred and that they committed the research misconduct. With the advice of the RIO and/or other institutional officials, the Deciding Official may terminate the institution's review of an allegation that has been admitted, if the University's acceptance of the admission and any proposed settlement is approved by ORI.

D. Deciding Official (DO)

The DO will receive the inquiry report and after consulting with the RIO and/or other institutional officials, decide whether an investigation is warranted under the criteria in 42 CFR 93.307(f), or the criteria specified in the applicable funding agreement's rules and regulations. Any finding that an investigation is warranted must be made in writing by the DO and must be provided to ORI, together with a copy of the inquiry report meeting the requirements of 42 CFR 93.309, within 30 days of the finding. If it is found that an investigation is not warranted, the DO and the RIO will ensure that detailed documentation of the inquiry is retained for at least seven years after termination of the inquiry, so that ORI may assess the reasons why the institution decided not to conduct an investigation.

The DO will receive the investigation report and, and, if research misconduct is found, decide what, if any institutional administrative actions are appropriate. In the event the DO decides that appropriate administrative actions include any action which would constitute discipline under the applicable Collective Bargaining Agreement, such discipline shall be imposed only in accordance with the requirements of such Collective Bargaining Agreement. ~~after consulting with the RIO and/or other institutional officials, decide the extent to which this institution accepts the findings~~

Formatted: Font: (Default) Aptos

~~of the investigation and, if research misconduct is found, decide what, if any, institutional administrative actions are appropriate.~~ The DO shall ensure that the final investigation report, the findings of the DO and a description of any pending or completed administrative actions are provided to ORI, as required by 42 CFR Part 93.

V. Process and Procedures

Nothing in this policy shall be construed to limit any rights that a faculty member may have to file a grievance, including a grievance filed pursuant to a Collective Bargaining Agreement or a statutory right. Nothing in this policy shall be construed to limit any rights that a faculty member may have related to a disciplinary procedure in place pursuant to a Collective Bargaining Agreement, statute, or university practice or policy.

If it is found that an inquiry or an investigation is not warranted under this policy, or if there is no finding of research misconduct under this policy, no documentation regarding allegations, inquiries, or investigations pursuant to this policy shall be placed in the personnel file or Personnel Action File of a respondent without the written consent of the respondent.

A. Responsibility to Report Misconduct

All University members will report observed or apparent research misconduct to the RIO. If an individual is unsure whether an incident falls within the definition of research misconduct, they may meet with or contact the RIO to discuss the suspected research misconduct informally, which may include discussing it anonymously and/or hypothetically. If the circumstances described by the individual do not meet the definition of research misconduct, the RIO will refer the individual or allegation to other offices or officials with responsibility for resolving the problem.

In cases where the subsequent use exception is applied, the reasons for making that determination shall~~will~~ be documented.

B. Cooperation with Research Misconduct Proceedings

University members will cooperate with the RIO and other institutional officials in the review of allegations and the conduct of inquiries and investigations. University members, including respondent(s), have an obligation to provide evidence relevant to research misconduct allegations to the RIO or other University officials. It is not expected that respondents halt research or surrender items critical to continuing research during an investigation.

C. Confidentiality

The RIO shall (1) limit disclosure of the identity of the respondent(s), complainants and witnesses to those who need to know in order to carry out a thorough, competent, objective

and fair research misconduct proceeding consistent with applicable laws and regulations; and (2) 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 must use appropriate mechanisms to ensure that there is no disclosure of identifying information.

D. Protecting Complainants, Witnesses, and Committee Members

University members may not retaliate in any way against complainants, witnesses, or committee members. University members 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.

E. Protecting the Respondent(s)

As requested, and as appropriate, the RIO and other institutional 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 respondent(s) receive all the notices and opportunities provided for in federal regulations and the policies and procedures of the University.

Before questioning a faculty unit employee as a respondent, the University shall inform the employee of the subject of the interview and of any applicable right to CFA representation. If the employee requests representation in an interview for which representation is required by law or the applicable collective bargaining agreement, questioning shall pause until the representative is present or the employee elects to proceed without representation. This section does not limit the employee's rights under Article 19.7 of the California Faculty Association (CFA) Collective Bargaining Agreement, or any other applicable procedure

Formatted: Font: (Default) Aptos

Formatted: Space After: 8 pt, Line spacing: Multiple 1.16 li

Formatted: Font: 11 pt, Font color: Black

F. Interim Administrative Actions and Notifying ORI 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 or other sponsor funds and equipment, or the integrity of the PHS or other sponsor supported research process. The RIO may, in consultation with other University officials and ORI or other appropriate regulatory agencies and/or sponsor, 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/sponsor funds and equipment, reassignment of personnel or of the responsibility for the handling of federal/sponsor funds and equipment, additional review of research data and

results or delaying publication. The RIO shall, at any time during a research misconduct proceeding, notify ORI or any other appropriate regulatory agency and/or other sponsor immediately if they have reason to believe that any of the following conditions exist:

Health or safety of the public is at risk, including an immediate need to protect human or animal subjects;
HHS or other sponsor resources or interests are threatened;
Research activities should be suspended;
There is a reasonable indication of possible violations of civil or criminal law;
Federal action is required to protect the interests of those involved in the research misconduct proceeding;
The research misconduct proceeding may be made public prematurely and HHS action may be necessary to safeguard evidence and protect the rights of those involved; or
The research community or public should be informed.

VI. Conducting the Assessment and Inquiry

A. Assessment of Allegations

Upon receiving an allegation of research misconduct, the RIO shall promptly assess the allegation to determine whether it is sufficiently credible and specific so that potential evidence of research misconduct may be identified, whether it is within the jurisdictional criteria of federal agencies, and whether the allegation falls within the definition of research misconduct in this policy and any applicable federal regulations. An inquiry must be conducted if these criteria are met.

The assessment period should be brief. In conducting the assessment, the RIO need not interview the complainant, respondent(s), 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. The RIO shall, on or before the date which the respondent(s) is notified of the allegation, obtain custody of, inventory, and sequester all research records and evidence needed to conduct the research misconduct proceeding, as provided in the Notice to Respondent(s); Sequestration of Research Records section below.

B. Initiation and Purpose of Inquiry

If the RIO determines that the criteria for an inquiry are met, they will immediately initiate the inquiry process. The purpose of the inquiry is to conduct an initial review of the available evidence to determine whether to conduct an investigation. An inquiry does not require a full review of all the evidence related to the allegation.

C. Notice to Respondent(s); 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(s) in writing, if the respondent(s) is known. If the inquiry subsequently identifies additional respondent(s), they must be notified in writing. The notification to respondent(s) will be included in the institutional record.

On or before the date on which the respondent(s) is notified, or the inquiry begins, whichever is earlier, the RIO must take all reasonable and practical steps to obtain custody of all the research records and evidence needed including those ultimately not relied upon, to conduct the research misconduct proceeding, inventory and index the records and evidence, and sequester them in a secure manner, except that where the research records or evidence encompass scientific instruments shared by a number of users or are required by the respondent to continue their research during the inquiry. In such cases, custody will be limited to substantially equivalent copies of the data or evidence on such instruments. The RIO may consult with the appropriate regulatory agency for advice and assistance in this regard.

In the event that additional respondents are identified after an inquiry has begun, the University will: (a) add the additional respondents to the ongoing case; or (b) conduct a separate inquiry process for the additional respondents.

D. Appointment of Inquiry Committee

The RIO, in consultation with other institutional officials as appropriate, will appoint an inquiry committee and committee chair as soon after the initiation of the inquiry as is practical. 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 scientific expertise to evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, and conduct the inquiry.

E. Charge to the Committee and First Meeting

The RIO will prepare a charge for the inquiry committee that:

• Sets forth the time for completion of the inquiry;
• Describes the allegations and any related issues identified during the allegation assessment;
• States that the purpose of the inquiry is to conduct an initial review of the evidence, including the testimony of the respondent(s), complainant and key witnesses, to provide information to the RIO who will communicate to the DO whether an investigation is warranted, not to determine whether research misconduct definitely occurred or who was responsible;
• States that an investigation is warranted if the committee determines: (1) there is a reasonable basis for concluding that the allegation falls within the definition of research misconduct and is within the jurisdictional criteria of the appropriate federal code; and, (2) the allegation may have substance, based on the committee's review during the inquiry.

• Informs the inquiry committee that they are responsible for preparing or directing the preparation of a written report of the inquiry that meets the requirements of this policy.

At the committee's first meeting, the RIO will review the charge with the committee, discuss the allegations, any related issues, and the appropriate procedures for conducting the inquiry, assist the committee with organizing plans for the inquiry, and answer any questions raised by the committee. The RIO shall be present or available throughout the inquiry to advise the committee as needed.

The respondent(s) shall be notified in writing by the RIO within ten (10) days of the receipt of the allegation or as soon as possible consistent with the need to assemble appropriate expertise and secure potential evidence that a compliant has been lodged and that an Inquiry has been initiated. The respondent(s) must be informed of the nature of the allegation and the procedures to be followed. The RIO shall invite the respondent(s) to make a written response to the allegation(s) and to comment during the course of the Inquiry. Those comments will be included in the final Inquiry Report.

F. Inquiry Process

Although not required, the inquiry committee will normally interview the complainant, the respondent(s) and key witnesses as well as examining relevant research records and materials. The inquiry committee shall evaluate the evidence, including the testimony obtained during the inquiry. After consultation with the RIO, the committee members will decide whether an investigation is warranted based on the criteria in this policy and in any applicable federal or other appropriate regulations (42 CFR 93.307(f)) or the criteria specified in the applicable funding agreement's rules and regulations. The scope of the inquiry is not required to and does not normally include deciding whether misconduct definitely occurred, determining definitely who committed the research misconduct or conducting exhaustive interviews and analyses. However, if a legally sufficient admission of research misconduct is made by the respondent(s), misconduct may be determined at the inquiry stage if all relevant issues are resolved. In that case, the University shall promptly consult with the ORI or appropriate federal regulatory agency to determine the next steps that should be taken. If a non-federal sponsor is involved without federal funds, the RIO will consult with appropriate University officials to determine the next steps.

G. Time for Completion

The inquiry, including preparation of the final inquiry report and the decision of the DO on whether an investigation is warranted, must be completed within 90calendar days of initiation of the inquiry, unless the RIO determines that circumstances clearly warrant a longer period. If the RIO approves an extension, the inquiry record must include documentation of the reasons for exceeding the 90-day period.

The respondent(s) and all involved individuals are expected to cooperate by timely response to request for documents and/or information.

VII. The Inquiry Report

A. Elements of the Inquiry Report

A written inquiry report shall be prepared that includes the following information: (1) the names, professional aliases, and positions of the respondent; (2) a description of the allegation(s) of research misconduct; (3) the funding support, if any, for example, grant numbers, grant applications, contracts and publications listing specific financial support; (4) the names, titles, and subject matter expertise of the committee members and experts who conducted the inquiry; (5) Inventory of sequestered research records and other evidence and description of how sequestration was conducted; (6) Transcripts of any transcribed interviews; (7) Timeline and procedural history; (8) Any scientific or forensic analyses conducted; (9) the basis for recommending or not recommending that the allegations warrant an investigation; (10) any comments on the inquiry report by the respondent or complainant and (11) any institutional actions institutional actions taken, including communications with journals or funding agencies. University counsel and/or other officials with compliance background should review the report for legal sufficiency. Modifications should be made as appropriate in consultation with the RIO and the inquiry committee.

B. Notification to the Respondent(s) and Opportunity to Comment

The RIO shall notify the respondent(s) whether the inquiry found an investigation to be warranted, include a copy of the draft inquiry report for comment within 10 working days, and include a copy of or refer to the applicable federal or other appropriate regulations and the University policy on research misconduct.

Any comments that are submitted will be attached to the final inquiry report. Based on the comments, the inquiry committee may revise the draft report as appropriate and prepare it in final form. The committee will deliver the final report to the RIO.

C. University Decision and Notification

Decision by Deciding Official

The RIO will transmit the final inquiry report and any comments to the DO, who will determine in writing whether an investigation is warranted. The inquiry is completed when the DO makes this determination.

Notification to ORI

Within 30 calendar days of the DO's decision that an investigation is warranted, the RIO will provide ORI or other appropriate regulatory agency and/or sponsor with the DO's written decision and a copy of the inquiry report. The RIO will also notify those institutional officials who need to know of the DO's decision. The RIO must provide the following information to ORI upon request: (1) the institutional policies and procedures under which the inquiry was conducted; (2) the research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and (3) the charges to be considered in the investigation.

Documentation of Decision Not to Investigate

If the DO decides that an investigation is not warranted, the RIO shall secure and maintain for 7 years after the termination of the inquiry sufficiently detailed documentation of the inquiry to permit a later assessment by ORI of the reasons why an investigation was not conducted. These documents must be provided to ORI or other authorized HHS personnel upon request.

VIII. Conducting the Investigation

A. Initiation and Purpose

The investigation must begin within 30 calendar days after the determination by the DO that an investigation is warranted. The purpose of the investigation is to develop a factual record by exploring the allegations in detail and examining the evidence in depth, leading to recommended findings on whether research misconduct has been committed, by whom, and to what extent. In conducting the investigation, the RIO will pursue diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of additional instances of possible research misconduct, and continue the investigation to completion. If in the course of the investigation, the RIO determines there are additional instances of research misconduct, they will notify the respondent(s).

B. Notifying ORI and Respondent(s); Sequestration of Research Records

On or before the date on which the investigation begins, the RIO must: (1) notify the ORI Director of the decision to begin the investigation and provide any appropriate regulatory agency or sponsor a copy of the inquiry report; and (2) notify the respondent(s) in writing of the allegations to be investigated. The RIO must also give the respondent(s) written notice of any new allegations of research misconduct within a reasonable amount of time of deciding to pursue allegations not addressed during the inquiry or in the initial notice of the investigation.

The RIO will, prior to notifying respondent(s) of the allegations, take all reasonable and practical steps to obtain custody of and sequester in a secure manner all research records and evidence needed to conduct the research misconduct proceedings, including those ultimately not relied upon, that were not previously sequestered during the inquiry. The need for

additional sequestration of records for the investigation may occur for any number of reasons, including the institution'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 procedures to be followed for sequestration during the investigation are the same procedures that apply during the inquiry.

C. Appointment of the Investigation Committee

The RIO, in consultation with other University officials as appropriate, will appoint an investigation committee and the committee chair within 10 days of the beginning of the investigation or as soon thereafter as practical. 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, are not a complainant and, where practical, should include individuals with appropriate scientific or professional expertise to evaluate the evidence and issues related to the allegation. Individuals appointed to the investigation committee may also have served on the inquiry committee.

D. Charge to the Committee and First Meeting

Charge to the Committee

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

• Describes the allegations and related issues identified during the inquiry;
• Identifies the respondent(s);
• Informs the committee that it must conduct the investigation as prescribed below in the Investigation Process section;
• Defines research misconduct;
• Informs the committee that it must evaluate the evidence and testimony to determine whether, based on a preponderance of the evidence, research misconduct occurred and, if so, the type and extent of it and who was responsible;
• Informs the committee that in order to determine that the respondent(s) committed research misconduct it must find that a preponderance of the evidence establishes that: (1) research misconduct, as defined in this policy, occurred (respondent(s) has the burden of proving by a preponderance of the evidence any affirmative defenses raised, including honest error or a difference of opinion); (2) the research misconduct is a significant departure from accepted practices of the relevant research community; and (3) the respondent(s) committed the research misconduct intentionally, knowingly, or recklessly; and
• Informs the committee that it must prepare or direct the preparation of a written investigation report that meets the requirements of this policy and any applicable federal regulations (42 CFR 93.313).

First Meeting

The RIO shall convene the first meeting of the investigation committee to 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 shall be provided with a copy of this policy and any applicable federal regulations. The RIO shall be present or available throughout the investigation to advise the committee as needed.

E. Investigation Process

The investigation committee and the RIO shall:
• 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;
• Take reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practical;
• Interview each respondent(s), complainant, 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(s), and record or transcribe each interview, provide the recording or transcript to the interviewee for correction, and include the recording or transcript in the record of the investigation; and
• Pursue diligently 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.

F. Time for Completion

The investigation is to be completed within 180 days of beginning it, including conducting the investigation, preparing the report of findings, providing the draft report for comment and sending the final report to ORI or other appropriate regulatory agency or sponsor. However, if the RIO determines that the investigation will not be completed within this180-day period, when appropriate, they will submit to ORI a written request for an extension, setting forth the reasons for the delay. The RIO will ensure that periodic progress reports are filed with ORI, if ORI grants the request for an extension and directs the filing of such reports.

IX. The Investigation Report

A. Elements of the Investigation Report

The investigation committee and the RIO are responsible for preparing a written draft report of the investigation that includes the necessary requirements of 42 CFR 93.313. This includes, but is not limited to:

• Describes the nature of the allegation of research misconduct, including identification of the respondent(s);
• Composition of investigation committee, including name(s), position(s), and subject matter expertise;
• Describes and documents the PHS and/or other support, including, for example, the numbers of any grants that are involved, grant applications, contracts, publications listing sponsor support, and any other documentation found;
• Describes the specific allegations of research misconduct considered in the investigation;
• Includes the University policies and procedures under which the investigation was conducted, unless those policies and procedures were provided to ORI previously;
• Identifies and summarizes the research records and evidence reviewed and identifies any evidence taken into custody but not reviewed; and
• Includes a statement of findings for each allegation of research misconduct identified during the investigation. Each statement of findings shall: (1) identify whether the research misconduct was falsification, fabrication, or plagiarism, and whether it was committed intentionally, knowingly, or recklessly; (2) summarize the facts and the analysis that support the conclusion and consider the merits of any reasonable explanation by the respondent(s), including any effort by the respondent(s) to establish by a preponderance of the evidence that they did not engage in research misconduct because of honest error or a difference of opinion; (3) identify the specific financial support; (4) identify whether any publications need correction or retraction; (5) identify the person(s) responsible for the misconduct; and (6) list any current support or known applications or proposals for support that the respondent(s) has pending with any federal agencies or other sponsors.

B. Comments on the Draft Report and Access to Evidence

Respondent(s)

The RIO shall give the respondent(s) 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(s) shall be allowed 30 days from the date they received the draft report to submit comments to the RIO. The respondent(s)'s comments shall be included and considered in the final report.

Confidentiality

In distributing the draft report, or portions thereof, to the respondent(s), the RIO shall inform the recipient of the confidentiality under which the draft report is made available and may establish reasonable conditions to ensure such confidentiality. The RIO may require that the recipient sign a confidentiality agreement.

C. Decision by the Deciding Official

The RIO shall assist the investigation committee in finalizing the draft investigation report, including ensuring that the respondent's comments are included and considered, and transmit the final investigation report to the DO, who shall determine in writing: (1) whether the University accepts the investigation report, its findings, and the recommended institutional actions; and (2) the appropriate University actions in response to the accepted findings of research misconduct. In the event the DO decides that appropriate administrative actions include any action which would constitute discipline under the applicable Collective Bargaining Agreement, such discipline shall be imposed only in accordance with the requirements of such Collective Bargaining Agreement.~~(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 DO shall, as part of their written determination, explain in detail the basis for rendering a decision different from the findings of the investigation committee. Alternatively, the DO may return the report to the investigation committee with a request for further fact-finding or analysis.

Formatted: Font: (Default) Aptos

When a final decision on the case has been reached, the RIO shall normally notify both the respondent(s) and the complainant(s) in writing. After informing the appropriate federal regulatory agency and/or other sponsors, the DO shall 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(s) in the work, or other relevant parties should be notified of the outcome of the case. The RIO shall be responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies.

D. Notice to the Appropriate Federal Agency and/or Other Sponsor

Unless an extension has been granted, the RIO must within the 180-day period for completing the investigation prepare the following: (1) a copy of the final investigation report with all attachments and any appeal; (2) a statement of whether the institution accepts the findings of the investigation report or the outcome of the appeal; (3) a statement of whether the institution found misconduct and, if so, who committed the misconduct; and (4) a description of any pending or completed administrative actions against the respondent(s).

E. Maintaining Records for Review by ORI

The RIO must maintain and provide the Institutional Record and all Sequestered Evidence to ORI, or other appropriate regulatory agencies or sponsors, upon request. ~~The RIO must maintain and provide to ORI, or other appropriate regulatory agencies or sponsors, upon request~~ "records of research misconduct proceedings" as that term is defined by 42 CFR 93.318 or any subsequent regulations. Unless custody has been transferred to HHS or ORI has advised in writing that the records no longer need to be retained, the I~~i~~nstitutional R~~r~~ecords

of research misconduct proceedings must be maintained in a secure manner for the longer of: (1) the period required by CSU Records Retention Schedules, or (2) seven years after completion of the proceeding or the completion of any PHS proceeding involving the research misconduct allegation. The RIO is also responsible for providing any information, documentation, research records, evidence or clarification requested by ORI to carry out its review of an allegation of research misconduct or of the institution's handling of such an allegation.

Formatted: Font: (Default) Aptos

X. Completion of Cases; Reporting Premature Closures to Appropriate Regulatory Agency

Generally, all inquiries and investigations will be carried through to completion and all significant issues will be pursued diligently. The RIO must notify the appropriate regulatory agency, specifically including ORI when required, in advance if there are plans to close a case at the inquiry, investigation, or appeal stage on the basis that respondent(s) has admitted guilt, a settlement with the respondent(s) has been reached, or for any other reason, except: (1) closing of a case at the inquiry stage on the basis that an investigation is not warranted; or (2) a finding of no misconduct at the investigation stage.

XI. Institutional Administrative Actions

If the DO determines that research misconduct is substantiated by the findings, they shall decide on the appropriate actions to be taken, after consultation with the RIO when required. The administrative actions may include, but are not limited to:

• Withdrawal or correction of all pending or published abstracts and papers emanating from the research where research misconduct was found;
• Removal of the responsible person from the particular project, letter of reprimand, special monitoring of future work, probation, suspension, salary reduction, or initiation of steps leading to possible rank reduction or termination of employment as guided by appropriate University officials and Collective Bargaining Agreements;
• Restitution of funds to the grantor agency as appropriate; and
• Other action appropriate to the misconduct.

In the event the DO decides that appropriate administrative actions include any action which would constitute discipline under the applicable Collective Bargaining Agreement, such discipline shall be imposed only in accordance with the requirements of such Collective Bargaining Agreement.

Formatted: Font: (Default) Aptos

XII. Other Considerations

A. Termination or Resignation Prior to Completing Inquiry or Investigation

The termination of the respondent's institutional employment, by resignation or otherwise, before or after an allegation of possible research misconduct has been reported, will not preclude or terminate the research misconduct proceeding or otherwise limit any of the institution's responsibilities under applicable law (42 CFR Part 93). If the respondent(s), without admitting to the misconduct, elects to resign his or her position after the institution receives an allegation of research misconduct, the assessment of the allegation shall proceed, as well as the inquiry and investigation, as appropriate based on the outcome of the preceding steps. If the respondent(s) refuses to participate in the process after resignation, the RIO and any inquiry or investigation committee shall use their best efforts to reach a conclusion concerning the allegations, noting in the report the respondent(s)'s failure to cooperate and its effect on the evidence.

B. Restoration of the Respondent(s)’s Reputation

Following a final finding of no research misconduct and upon the request of the respondent(s), the RIO shall undertake all reasonable and practical efforts to restore the respondent's reputation. Depending on the particular circumstances and the views of the respondent(s), the RIO shall publicize the final outcome in any forum in which the allegation of research misconduct was previously publicized. Any institutional actions to restore the respondent(s)'s reputation should first be approved by the DO.

C. Protection of Complainant, Witnesses and Committee Members

During the research misconduct proceeding and upon its completion, regardless of whether it was determined that research misconduct occurred, the RIO must undertake all reasonable and practical efforts to protect the position and reputation of, or to counter potential or actual retaliation against, any complainant who made allegations of research misconduct in good faith and of any witnesses and committee members who cooperate in good faith with the research misconduct proceeding. The DO will determine, after consulting with the RIO, and with the complainant, witnesses, or committee members, respectively, what steps, if any, are needed to restore their respective positions or reputations or to counter potential or actual retaliation against them. The RIO will be responsible for implementing any steps the DO approves.

D. Allegations Not Made in Good Faith

If relevant, the DO will determine whether the complainant's allegations of research misconduct were made in good faith, or whether a witness or committee member acted in good faith. If the DO determines that there was an absence of good faiththey will determine whether any administrative action should be taken against the person who failed to act in good faith.

XIII. References

• 42 CFR Part 93, as revised by the Public Health Service Policies on Research Misconduct Final Rule (2024), applicable to proceedings initiated on or after January 1, 2026.

Expiration Date:

History

Approved by the University Senate on this date: 04/15/2014
Month/Year Posted, Last Reviewed: 05/2016
Approved by Provost and Vice President of Academic Affairs on this date: 08/24/2016
Updated February 23, 2024, with institutional name changes.
Effective Date: 01/01/2026

SenEx:	03/10/2026
Reviewed by University Senate:	MM/DD/YYYY
Approved by Provost/President:	MM/DD/YYYY

Template Updated: February 28, 2024

Research Misconduct Policy Comparison: Executive Summary

1. Definition and Scope

Area	Current Policy	Revised Policy	Significance
Definition	FFP + other deviations	FFP only	Narrows scope
Exclusions	Less explicit	Explicit exclusions	Clarifies boundaries
Scope	Broad	Clarified + 6-year limit	Aligns with federal rules

2. Federal Alignment

Area	Current	Revised	Significance
Regulations	Older CFR	2024 CFR update	Ensures compliance
Proof Standard	Implied	Explicit	Improves defensibility

3. Investigation Standards

Area	Current	Revised	Significance
Elements	Less defined	3-part test	Standardized decisions
Scope	General	All leads pursued	Expanded obligation

4. Documentation

Area	Current	Revised	Significance
Documentation	General	Highly detailed	More admin work
Records	Less defined	Formalized	Audit-ready

5. Roles

Area	Current	Revised	Significance
RIO	Defined	Expanded duties	Centralized authority
Committees	Standard	More requirements	Improved integrity

6. Rights

Area	Current	Revised	Significance
Respondent	Basic rights	Expanded rights	Stronger due process
Retaliation	Present	Operationalized	Reduced liability

7. Evidence & Timelines

Area	Current	Revised	Significance
Evidence	General	Detailed handling	Stronger defensibility
Timelines	90/180 days	Same + stricter	More accountability

Key Takeaways

The revised policy aligns with updated federal regulations, narrows the definition of misconduct to FFP only, adds significant procedural and documentation requirements, strengthens due process protections, and increases administrative burden while improving compliance and risk management.

Category	Difference	What changed (old → revised)	Practical impact
Substantive	**Regulatory alignment**	Adds explicit applicability of **revised 42 CFR Part 93 (2024 Final Rule)** for proceedings **initiated on/after Jan 1, 2026**	Drives which federal procedural requirements govern cases going forward
Substantive	**Timelines extended**	**Inquiry: 60 → 90 days**; **Investigation: 120 → 180 days**	More time to complete stages; slower resolution, potentially more thorough record-building
Substantive	**Institutional record requirement**	Adds defined **"Institutional Record"** with detailed contents + **index** and description of sequestered-but-not-relied-up on materials	Increases documentation burden; improves auditability/ORI review readiness
Substantive	**Sequestration scope expanded**	Sequester/obtain custody of evidence **including items ultimately not relied upon**; requires **inventory + indexing**	Stronger evidence preservation; reduces spoliation challenges
Substantive	**Inquiry report requirements expanded**	Adds required elements: aliases, committee expertise, sequestration inventory/method, transcripts, timeline/procedural history, forensic analyses, institutional actions/communications	Much more detailed inquiry report; higher compliance workload
Substantive	**Interview requirement softened at inquiry**	Inquiry interviews described as **"not required"** (though "normally" conducted)	Gives discretion to omit inquiry interviews; may shift fact development to investigation stage

Substantive	**Plagiarism carve-outs clarified**	States plagiarism **excludes self-plagiarism** and **authorship/credit disputes**; adds “common methodology phrasing” nuance	Narrows what qualifies as misconduct; reduces misclassification risk
Substantive	**Assessment role broadened**	Assessment can be done by **RIO or designated institutional official**	Operational flexibility; changes who may perform initial triage
Substantive	**Additional respondents handling**	Explicit options: **add respondents to existing case** or **run separate inquiry**	Procedural clarity for multi-respondent situations
Minor	**Definitions expanded/modernized**	Adds explicit mens rea definitions (**intentional/knowing/recklessness**) and expands “Evidence”	Improves clarity; little change to outcomes unless disputed intent is central
Minor	**Notification/record phrasing**	Respondent comments explicitly **included in institutional record** and **addressed in final report**	Clarifies handling; modest process tightening
Minor	**Shared instruments evidence standard**	“Copies” described as **“substantially equivalent copies”**	Small wording change that supports defensibility of copied data
Minor	**“Shall” vs “may/when applicable”**	Some protections/restoration/interim action phrasing becomes more conditional	Slightly more discretion; may affect expectations but not core structure
Editorial	**CFR cross-reference cleanup**	Updates CFR section numbers/refs (incl. “subsequent use” citation)	Housekeeping to match newer rule text; minimal day-to-day impact

Editorial	**Terminology/consistency**	Edits like “promptly,” wording consistency, minor grammar	Readability only
Editorial	**Name/branding updates**	Institutional naming updates already noted in header; revision continues consistent naming	No procedural impact