

**THE UNIVERSITY OF NORTHERN IOWA**

**PROCEDURES FOR RESPONDING TO ALLEGATIONS OF  
RESEARCH MISCONDUCT**

(per the University of Northern Iowa “Policy on Research Misconduct”)

*January 7, 2010*

Posted online at <http://www.uni.edu/osp/research-misconduct>

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## I. Introduction

### A. Background

Research integrity is basic to the research enterprise. It is the responsibility of all scholars, as teachers and mentors, to model integrity in all of their research endeavors throughout their professional careers. Therefore, misconduct in research is a concern of the entire University community. Anyone in the University community who suspects that scholarly pursuits have been compromised by dishonesty or unprofessional conduct should communicate their concerns through appropriate channels. When an allegation of research misconduct is made, cooperation from all involved is required. It is necessary to have a policy which:

- (1) Provides clear procedures for addressing the misconduct;
- (2) Safeguards the rights of all involved;
- (3) Provides due process for a respondent; and
- (4) Protects a complainant who makes an allegation in good faith from retaliation.

Officials or representatives of the University should be vigilant for signs of research misconduct, even if concerns within the University community do not result in complaints by individuals. For example, the University may conduct its own inquiry based on concerns which come to the attention of university officials even in the absence of specific complaints.

The process for inquiry and investigation described in this policy is designed to produce as much as possible a complete and accurate record of information. After an inquiry or investigation, if an allegation of misconduct is unfounded, the University should make reasonable efforts to minimize any possible damage to the personal and professional reputation of the respondent.

This policy is consistent with regulations that have been published by various federal agencies as a result of a policy promulgated by the Office of Science and Technology Policy in 2000. The latter required that all federal agencies develop and implement a policy on research misconduct that included several basic tenets, such as a common definition for misconduct and the roles and responsibilities of recipients of funding in responding to allegations of misconduct. The most comprehensive of the federal agency policies is the one established by the U. S. Public Health Service (PHS), set forth in 42 CFR Part 93, entitled "Public Health Service Policies on Research Misconduct." Among other things, the PHS policy requires that institutions that receive PHS funding must themselves have a similar policy as well as maintain an active assurance with the PHS Office of Research Integrity (ORI) that they will comply with that policy. UNI has filed such an assurance with ORI, and much of the present policy is therefore based on PHS as well as other federal agency requirements.

This policy and associated procedures will normally be followed when an allegation of possible misconduct in research is received by an institutional official. Particular circumstances in an individual case may dictate variation from the normal procedure deemed in the best interest of the University of Northern Iowa (and any federal agency that may have potential funding involved). Any change from normal procedures also must provide fair treatment to the subject of the inquiry or investigation. Any significant variation should be approved in advance by the Executive Vice President and Provost of the University of Northern Iowa.

### B. Applicability and Definition of Research and Misconduct

This policy applies only to intentional research misconduct associated with funded or unfunded Research that has occurred within the last 6 years by faculty, staff, and students associated with the University of Northern Iowa.

**Definition of Research.** The standard that will typically be applied for whether or not a given activity constitutes Research is whether or not it involves the *systematic collection and analysis of data that is intended for dissemination* beyond the institution via print, internet, presentation, or any other public venue. Thus, most student research projects undertaken as coursework do not meet this definition, unless they also involve public dissemination. Thesis and dissertation projects that include research activities, however, do meet the definition. Other culminating research projects (e.g., final graduate research papers) likewise meet the definition, if the results or papers are intended to be publicly available. If the thesis or dissertation is based on a different kind of master's or

doctoral project (e.g., development of a new curriculum, literature review only, artistic production, or some type of outreach or service learning), then it is handled by the existing systems, as discussed below in section C.

**Research misconduct** means fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting, or reporting research. It does not include honest error or honest differences in interpretations or judgments of data. Research misconduct is an intentional or knowing act of deception or a flagrant disregard of commonly accepted research or ethical practices. The kinds of research misconduct listed below are the most common, but are not necessarily exhaustive.

**Fabrication** is making up of data or results and/or having them recorded or reported.

**Falsification** is 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.

**Plagiarism** is intentionally or knowingly representing the works of another as one's own. Plagiarism includes both the theft or misappropriation of intellectual property and the substantial unattributed textual copying of another's work.

The theft or misappropriation of intellectual property includes the unauthorized use of ideas or unique methods obtained by a privileged communication, such as a grant, manuscript review or intellectual property disclosure.

Substantial unattributed textual copying of another's work means the unattributed verbatim or nearly verbatim copying of sentences or paragraphs, which materially mislead the ordinary reader regarding the contributions of the author.

This policy and the associated procedures do not apply to authorship or collaboration disputes and apply only to research misconduct that occurred within six years of the date that the University or the sponsor received the allegation, subject to the subsequent use, health or safety of the public, and grandfather exceptions in 42 CFR § 93.105(b). This policy is not intended to apply to research endeavors involving honest errors (although it is the responsibility of the respondent to show this, as discussed in section VD.). As noted above, this policy also does not apply to non-research academic misconduct, including that associated with other forms of scholarship or creative activity, which will continue to be addressed by the existing systems for doing so (as discussed in section C below).

### C. Reporting and Coordination of Response

*All employees or individuals associated with the University of Northern Iowa must report all observed, suspected, or apparent research misconduct by a UNI faculty, staff, or student to the Research Integrity Officer as soon as possible.*

If an individual is unsure whether a suspected incident falls within the definition of research misconduct, he or she should call the Research Integrity Officer to discuss it. The Research Integrity Officer will assess, in consultation with the Associate Provost(s) and University Counsel, whether or not the circumstances described by the individual meet the definitions above. The Provost, as Deciding Official, will make final determinations regarding the applicability and precedence of this and/or other university policies pertaining to research activities. If other systems are involved that do not fall under the direct purview of the Provost (e.g., Compliance and Equity Management), the President will also be consulted as needed. The purpose of this is to ensure that if multiple university policies or systems have authority over a given situation, they do not unduly duplicate or operate in conflict with one another.

If this policy does not apply, the Research Integrity Office will refer the individual or allegation to other offices or officials with responsibility for resolving the problem, as appropriate. At any time, an employee, student or other individual associated with the University may have informal discussions and consultations about concerns of possible misconduct with the Research Integrity Officer and may be counseled about appropriate procedures for reporting allegations. The University will make every effort to protect the privacy of individuals reporting possible misconduct (see section IIIB).

1. In the event of an allegation of misconduct about a *faculty member*, the following process will be followed:
  - a. If the allegation involves research misconduct as defined in this policy, this policy will be used to inquire and investigate the matter, as appropriate, and any recommendations for action by the research misconduct committee will be made to the Deciding Official, who is the Executive Vice President and Provost.
  - b. If the allegation does not involve research misconduct, the matter will be referred as appropriate to the Department Head and Dean of the College to which that individual belongs.
2. In the event of an allegation of misconduct about a *staff member*, the same process will be followed as for a faculty member, except that any final reports and recommendations for action for research misconduct, or any referrals regarding possible non-research misconduct, will be made by the Research Integrity Officer and Deciding Official to the individual's Divisional Vice President.
3. In the event of an allegation of misconduct about a *student*, the following process will be followed:
  - a. If the allegation involves research misconduct that is part of a project or activity for which s/he is receiving academic credit, this policy will be used to inquire and investigate, as appropriate, and any recommendations for action by the research misconduct committee will be made to the Deciding Official, who is the Executive Vice President and Provost. In the case of undergraduate students, the Provost will then make any final decisions on any actions to be taken. In the case of graduate students, the Deciding Official will delegate final decision-making to the Graduate College Dean. Research misconduct by students covered by this policy will most commonly involve thesis or dissertation activities, or when a student is receiving credit for working on a faculty member's research project. These will not typically involve class projects (see 3c below).
  - b. If the allegation involves research misconduct that is not part of a project or activity for which s/he is receiving academic credit, the matter will be referred to the Dean of Students for inquiry and adjudication, as consistent with the Student Conduct Code administered by that office. The situation most commonly involved here is when a student is employed by a research unit or researcher on campus and is being paid for that work but does not receive academic credit. If the activity involves federal funding, the Research Integrity Officer will remain involved in the process and coordinate with the Dean of Students in the inquiry and investigation as appropriate. (For more information, see <http://www.uni.edu/president/policies/302.shtml>).
  - c. If the allegation does not involve research misconduct but does involve academic activities that occur in class or other credit-bearing circumstance, the matter will be referred to and/or handled by the individual faculty member most closely associated with the activity, and the Academic Ethics Policy (see <http://www.uni.edu/president/policies/301.shtml>) and Student Grievance Policies will apply (see <http://www.uni.edu/president/policies/1201.shtml> for graduate students and <http://www.uni.edu/president/policies/1202.shtml> for undergraduate students).

The process and procedures described below, including the role of the Deciding Official, only apply to the research misconduct allegations covered by this policy. All matters referred to other university units or officials as described above will be governed by the policies and procedures in place for those situations.

## II. Rights, Roles, and Responsibilities

### A. Research Integrity Officer

The Provost will appoint the Research Integrity Officer who will have primary responsibility for implementation of the procedures set forth in this document. The Research Integrity Officer will be an institutional official who is qualified to handle the procedural requirements involved and is aware of varied demands made on those who conduct research, those who are accused of misconduct, those who make good faith allegations of research misconduct, and those who may serve on inquiry and investigation committees.

The duties of the Research Integrity Officer related to research misconduct proceedings include:

- Consult informally with persons uncertain about whether to submit an allegation of research misconduct;
- Receive allegations of research misconduct;
- Assess each allegation of research misconduct to determine whether it falls within the definition of research and misconduct, and warrants an inquiry;
- As necessary, take interim action and notify the sponsor of special circumstances;
- Sequester research data and evidence pertinent to the allegation of research misconduct and maintain it securely in accordance with this policy and applicable law and regulations;
- Provide confidentiality to those involved in the research misconduct proceeding as required or allowed by federal regulation, other applicable law, and institutional policy;
- Notify the respondent and provide opportunities for him/her to review, comment, and respond to allegations, evidence, and committee reports;
- Inform respondents, complainants, and witnesses of the procedural steps in the research misconduct proceeding;
- Appoint the chairs and members of the inquiry and investigation committees, determine that those committees are properly staffed and that there is expertise appropriate to carry out an appropriate evaluation of the evidence;
- Inquire 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, if necessary, including removal of any person(s) with such a conflict of interest, so that no person with such conflict is involved in the research misconduct proceeding;
- In cooperation with other institutional officials, take reasonable and practical steps to protect or restore the positions and reputation of good faith complainants, witnesses, and committee members.
- In cooperation with other institutional officials, take reasonable and practical steps to protect or restore the positions and reputation of respondents who have been the subject of a bad faith complaint or in cases where there is a finding of no misconduct.
- 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 sponsor(s), as appropriate;
- Ensure that administrative actions taken by the institution and the sponsor are enforced and take appropriate action to notify other involved parties, such as sponsors, law enforcement agencies, professional societies, and licensing boards of those actions; and
- Maintain records of the research misconduct proceeding and make them available to the agency sponsor, as appropriate.

#### B. Complainant and Others

The complainant is responsible for making allegations in good faith, maintaining confidentiality, and cooperating with an inquiry or investigation. The complainant may 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.

The role of the Complainant is to raise the question of possible misconduct and to provide information when requested. It is the responsibility of the Research Integrity Officer to inquire into the matter, see if it is an easily resolvable misunderstanding or whether there is sufficient evidence of possible research misconduct to warrant an inquiry and/or investigation.

Once the allegation is made, the complainant should cooperate with the inquiry or investigation, but does not have to prove the case or provide the only source of expertise to counter the respondent's information or explanation.

The University shall use its best efforts to protect the rights of all parties involved, as appropriate, including persons who, in good faith (see definition of *good faith*), report perceived misconduct. An allegation may have been made in

good faith even if the allegation is later proven untrue. The University will not tolerate retaliation against individuals making “good faith” allegations. The Research Integrity Officer will attempt to ensure that these persons who, under this policy, bring allegations of misconduct and those who cooperate in inquiries or investigations in good faith, will not be retaliated against in terms and conditions of their employment or other status at the University of Northern Iowa.

Institutional members should immediately report any alleged or apparent retaliation against complainants, witnesses or committee members to the Research Integrity Officer, who shall review the matter and, as necessary, make reasonable and practical efforts to counter potential or actual retaliation and protect and restore the position and reputation of the person against whom the retaliation is directed.

If relevant, the Deciding Official will evaluate and determine whether the complainant, witnesses, and/or committee members involved in a Research Misconduct process acted in good faith in regard to the allegations of research misconduct. If not, the Deciding Official will determine whether any administrative action should be taken against that individual.

### C. Respondent

The respondent is responsible for maintaining confidentiality, cooperating with the conduct of an inquiry and investigation, and preserving and providing access to all applicable research records and materials. The respondent is entitled to:

- A good faith effort from the Research Integrity Officer to notify the respondent upon initiating an inquiry;
- An opportunity to comment on the inquiry report and have his/her 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, the applicable federal agency regulations on research misconduct, 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 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 of the interview, and have the corrected recording or transcript included in the record of the investigation.
- Have the investigation committee interview any witness who is available and has been reasonably identified by the respondent 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 and addressed in the final report.
- Have the opportunity to seek the advice of legal counsel or a non-lawyer personal advisor (who is not a principal or witness in the case, e.g., a United Faculty representative) and bring the counsel or personal advisor to interviews or meetings on the case. The counselor/advisor will not be an active participant in these interviews or meetings, but may listen and advise the respondent as needed.

The respondent should be given the opportunity to admit that research misconduct occurred and that he/she committed the research misconduct. With the advice of the Research Integrity Officer and institutional legal counsel, the Deciding Official may terminate the institution’s review of an allegation that has been admitted if, as applicable, the institution’s acceptance of the admission and any proposed settlement is approved by the sponsor.

Each inquiry and investigation will be conducted in a manner that will provide fair treatment to the respondent(s) and confidentiality to the extent possible without compromising public health and safety, or the inquiry or investigation.

As requested and as appropriate, the Research Integrity Officer and other institutional officials shall make reasonable and practical efforts to protect or restore the reputation of persons alleged to have engaged in research misconduct, but against whom there is a finding of no research misconduct. Depending on the particular circumstances, the Research Integrity Officer may facilitate the notification of those individuals aware of or involved in the investigation of the final outcome, publicizing the final outcome in forums in which the allegation of research misconduct was previously publicized, and/or expunging references to the research misconduct allegation from the respondent's personnel file.

#### D. Deciding Official

The Executive Vice President and Provost for the University of Northern Iowa is the Deciding Official for purposes of this policy. The Deciding Official is the individual with final authority and responsibility for the policy and procedures described herein, unless delegated by the Deciding Official to another individual, as described in Section I-C. The Deciding Official will receive the inquiry and/or investigation report and any written comments made by the respondent and the complainant on the draft report. The Deciding Official will consult with the Research Integrity Officer or other appropriate officials and will determine whether to conduct an investigation, whether misconduct occurred, whether to impose sanctions, or whether to take other appropriate administrative actions. The Deciding Official will also be responsible, through the Research Integrity Officer, for making reports to sponsors, according to their requirements and federal regulations.

### III. General Policies and Principles

#### A. Preliminary Assessment of Allegations

Upon receiving an allegation of research misconduct, the Research Integrity Officer will immediately assess the allegation to determine whether there is sufficient evidence or information to warrant an inquiry, whether federal support or federal applications for funding are involved, and whether the allegation falls under the definition of research and research misconduct.

If the Research Integrity Officer determines that the allegation does fall within the definition of misconduct, then the processes of *inquiry* and *investigation* will be explained to the complainant. If the complainant elects to pursue a formal allegation, then the complainant will be referred to the inquiry committee as soon as possible. Even if the complainant chooses not to make a formal allegation, if the Research Integrity Officer believes that there is sufficient basis to conduct an inquiry, the matter will be referred to the inquiry committee.

#### B. Confidentiality

The Research Integrity Officer shall, as required by PHS regulations at 42 CFR § 93.108, and except as otherwise required by federal or state law: (1) limit disclosure of the identity of respondents and complainants to those who need to know in order to carry out a thorough, competent, objective and fair research misconduct proceeding; and (2) 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 Research Integrity Officer should use written confidentiality agreements or other mechanisms to help ensure that the recipients of such information, records, or evidence do not make any further disclosure of identifying information.

The University of Northern Iowa will protect the privacy of those who report misconduct in good faith to the maximum extent possible. For example, if the complainant requests anonymity, the institution will make every effort to honor the request during the allegation assessment or inquiry within applicable policies, regulations, and state and local laws. The complainant will be advised that, if the matter is referred to an investigation committee and the complainant's testimony is required, anonymity may no longer be guaranteed. The University will undertake diligent efforts to protect the positions and reputations of those persons who, in good faith, make allegations.

#### C. Cooperation with Research Misconduct Proceedings

All members and/or affiliates of the institution are expected to cooperate with the Research Integrity Officer and other institutional officials in the review of allegations and the conduct of inquiries and investigations. Institutional members, including respondents, have an obligation to provide evidence relevant to research misconduct allegations to the Research Integrity Officer or other institutional officials.

#### D. Allegations of Misconduct Against Persons Who Have Left the University

In the event that the subject of an allegation leaves the University, the inquiry and possible investigation will proceed, as appropriate. Ultimately, if it is determined that misconduct has occurred and the subject of the allegation is affiliated with another institution, then that institution will be notified of the finding.

#### E. Interim Administrative Actions

Throughout the research misconduct proceeding, the Research Integrity Officer will review the situation to determine if there is any threat of harm to public health, federal funds and equipment, or the integrity of the research process. In the event of such a threat, the Research Integrity Officer will, in consultation with other institutional officials and the 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 funds and equipment, reassignment of personnel and/or of the responsibility for the handling of federal funds and equipment, additional review of research data and results, or delaying publication.

### IV. Conducting the Inquiry

#### A. Initiation and Purpose of the Inquiry

Following the preliminary assessment, if the Research Integrity Officer determines that the allegation provides sufficient information to allow specific follow-up, he or she will immediately initiate the inquiry process.

In initiating the inquiry, the Research Integrity Officer should identify clearly the original allegation and any related issues that should be evaluated. The purpose of the inquiry is to make a preliminary evaluation of the available evidence and testimony of the respondent, complainant, and key witnesses to determine whether there is sufficient evidence of possible research misconduct to warrant an investigation. The purpose of the inquiry is not to reach a final conclusion about whether misconduct definitely occurred or who is responsible. The findings of the inquiry must be set forth in an inquiry report.

#### B. Notifications and Sequestration of the Research Records

Upon initiating an inquiry, the Research Integrity Officer will notify the respondent in writing of the allegations that have been made, explain the inquiry process, and notify the respondent of his/her rights and responsibilities. Concurrent with or prior to notification to the respondent, the Research Integrity Officer shall have all original research records and materials relevant to the allegation immediately secured. If the research is funded by an external agency, the Research Integrity Officer may consult with that agency and/or its Office of Inspector General for advice and assistance in this regard. Research may proceed unless the Deciding Official determines it is not in the best interest of the respondent, complainant, funder, and/or institution for research activities to continue while an inquiry or investigation is under way.

#### C. Appointment of the Inquiry Committee

The Research Integrity Officer, in consultation with other institutional officials as appropriate, will appoint an inquiry committee consisting of five members (including committee chair) within ten working days of the initiation of the inquiry. In order to provide continuity of experience, the Research Integrity Officer may reappoint committee members who have served previously on an inquiry committee.

The inquiry committee should consist of individuals who do not have real or apparent conflicts of interest in the case, are unbiased, and have the necessary qualifications to evaluate the evidence and issues related to the allegation,

interview the principals and key witnesses, and conduct the inquiry. These individuals may be scientists, subject matter experts, administrators, lawyers, or other qualified persons, and they may be from inside or outside the University of Northern Iowa. If the respondent is a faculty member, a majority of the committee members will be UNI faculty members. The names of potential committee members will be sought periodically from the Faculty Senate (e.g, drawn from the Faculty Academic Misconduct Panel), the Professional and Scientific Council, the Merit Personnel Advisory Council, Student Government, and appropriate university officials.

The Research Integrity Officer will notify the respondent of the proposed committee membership within five working days. If the respondent submits a written objection to any appointed member of the inquiry committee based on bias or conflict of interest within five working days of receipt of the proposed committee membership, the Research Integrity Officer will determine whether to replace the challenged member with a qualified substitute.

#### D. Inquiry Process

The Research Integrity Officer will prepare a charge for the inquiry committee that describes the allegations and any related issues identified during the allegation assessment. The charge will state that the purpose of the inquiry is to make a preliminary evaluation of the evidence and testimony of the respondent, complainant, and key witnesses to determine whether there is sufficient evidence of possible research misconduct to warrant an investigation. The purpose is not to determine whether research misconduct definitely occurred or who is responsible.

At the committee's first meeting, the Research Integrity Officer 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 Research Integrity Officer and institutional counsel will be present or available throughout the inquiry to advise the committee as needed.

If the research involves external support, the Research Integrity Officer will inform 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 and 42 CFR § 93.309(a) as applicable.

The inquiry committee will normally interview the complainant, the respondent and key witnesses as well as examining relevant research records and materials. Then the inquiry committee will evaluate the evidence and testimony obtained during the inquiry. After consultation with the Research Integrity Officer and institutional counsel, the committee members will decide whether there is sufficient evidence of possible research misconduct to recommend further investigation. The scope of the inquiry does not include deciding whether misconduct occurred or conducting exhaustive interviews and analyses.

The inquiry committee has completed its responsibility when the committee has concluded that the results of the inquiry have yielded sufficient information to determine whether the allegations are unsupported or whether there is sufficient evidence supporting the allegations to warrant a formal investigation. Upon completion, a written report will be submitted to the Deciding Official.

#### E. Inquiry Report

A written inquiry report must be prepared by the inquiry committee which includes the following components: (a) the name and title of the committee members and experts (if any); (b) the allegations; (c) the funding request or support, if any; (d) a summary of the inquiry process used; (e) a list of the research records reviewed; (f) summaries of any interviews; (g) a description of the evidence in sufficient detail to demonstrate whether an investigation is warranted or not; and (h) the committee's determination as to whether an investigation is recommended. Institutional counsel will review the report for legal sufficiency.

The Research Integrity Officer will provide the respondent with a copy of the draft inquiry report for comment and rebuttal and will provide the complainant, if he or she is identifiable, with portions of the draft inquiry report that address the complainant's role and opinions in the investigation. The Research Integrity Officer may establish reasonable conditions for review to protect the confidentiality of the draft report.

Within fourteen calendar days of their receipt of the draft report, the complainant and the respondent will provide their comments, if any, to the inquiry committee. Any comments that the complainant or respondent submit on the draft report will become part of the final inquiry report and record. Based on the comments, the inquiry committee may revise the report as appropriate.

The inquiry committee will normally complete the inquiry and submit its report in writing to the Research Integrity Officer no more than fifty calendar days following its first meeting, unless the Research Integrity Officer approves an extension for good cause. If the Research Integrity Officer approves an extension, the reason for the extension will be entered into the records of the case and the report. The respondent will also be notified of the extension.

#### F. Inquiry Decision and Notification

The Research Integrity Officer will transmit the final inquiry report and any comments to the Deciding Official, who will make the determination of whether findings from the inquiry provide sufficient evidence of possible research misconduct to justify conducting an investigation. The inquiry is completed when the Deciding Official makes this determination, which will be made within ten working days of receipt of the inquiry report. Any extension of the period will be based on good cause and recorded in the inquiry file.

The Research Integrity Officer will then notify both the respondent and the complainant in writing of the Deciding Official's decision of whether to proceed to an investigation and will remind them of their obligation to cooperate in the event an investigation is opened. The Research Integrity Officer will also notify all appropriate institutional officials of the Deciding Official's decision.

If the research in question involves external support, within thirty calendar days of the Deciding Official's decision that an investigation is warranted, the Research Integrity Officer will provide the sponsor with the Deciding Official's written decision and a copy of the inquiry report, as required. The Research Integrity Officer must provide the following information to the sponsor upon request: (1) the institutional policies and procedures under which the inquiry was conducted; (2) a listing of the research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and (3) the allegations to be considered in the investigation.

If the Deciding Official decides that an investigation is not warranted, the Research Integrity Officer shall secure and maintain for seven years after the termination of the inquiry sufficiently detailed documentation of the inquiry to permit a later assessment by the sponsor or University of the reasons why an investigation was not conducted. These documents must be provided to the sponsor upon request.

### V. Conducting the Investigation

#### A. Purpose of the Investigation

The investigation must begin within thirty calendar days after the determination by the Deciding Official that an investigation is warranted. The purpose of the investigation is to explore in detail the allegations, to examine the evidence in depth, and to determine specifically whether misconduct has been committed, by whom, and to what extent. The investigation will also determine whether there are additional instances of possible misconduct that would justify broadening the scope beyond the initial allegations. This is particularly important where the alleged misconduct involves clinical trials or potential harm to human subjects or the general public or if it affects research that forms the basis for public policy, clinical practice, or public health practice. The findings of the investigation will be set forth in an investigation report.

#### B. Notifications and Sequestration of the Research Records

On or before the date on which the investigation begins, the Research Integrity Officer must: (1) notify the respondent in writing of the allegations to be investigated; and (2) in the case of externally-supported research, notify the sponsor of the decision to begin the investigation and provide the sponsor a copy of the inquiry report. The Research Integrity Officer must also give the respondent written notice of any new allegations of research

misconduct within a reasonable amount of time of deciding to pursue allegations not addressed during the inquiry or in the initial notice of the investigation

The Research Integrity Officer will, prior to notifying respondent of the allegations, take 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 investigation that were not previously sequestered during the inquiry. Where the research records or evidence encompass scientific instruments shared by a number of users; custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments. 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 Research Integrity Officer, in consultation with other institutional officials as appropriate, will appoint an investigation committee and committee chair within ten working days of the notification to the respondent that an investigation is planned or as soon thereafter as practicable. The investigation committee should consist of at least three individuals (including the chair) who do not have real or apparent conflicts of interest in the case, are unbiased, and have the necessary qualifications to evaluate the evidence and the issues related to the allegations. The investigation committee will interview the principals and key witnesses and conduct the investigation. These individuals may be scientists, administrators, subject matter experts, lawyers, or other qualified persons, and they may be from inside or outside the institution. To provide continuity of experience, the Research Integrity Officer may reappoint committee members who have served previously on an investigation committee.

Individuals who have served on the inquiry committee may not serve on the investigation committee relating to the same allegation/complaint, but may be interviewed as necessary by the investigation committee. If the respondent is a faculty member, a majority of the committee members will be UNI faculty members. The names of potential committee members will be sought periodically from the Faculty Senate (e.g, drawn from the Faculty Academic Misconduct Panel), the Professional and Scientific Council, the Merit Personnel Advisory Council, Student Government, and appropriate university officials.

The Research Integrity Officer will notify the respondent of the proposed committee membership within five working days. If the respondent submits a written objection to any appointed member of the investigation committee based on a bias or conflict of interest within five working days of receipt of the proposed committee membership, the Research Integrity Officer will determine whether to replace the challenged member with a qualified substitute.

### D. Investigation Process

The Research Integrity Officer will define the subject matter of the investigation in a written charge to the committee that describes the allegations and related issues that were identified during the inquiry, defines research misconduct, and identifies the name of the respondent. The charge will state that the committee is to evaluate the evidence and testimony of the respondent, complainant, and key witnesses to determine whether, based on a preponderance of the evidence, research misconduct occurred and, if so, to what extent, who was responsible, and its seriousness. The Research Integrity Officer and institutional counsel will be present or available throughout the investigation to advise the committee as needed.

The Research Integrity Officer will inform the committee that in order to determine that the respondent committed research misconduct, it must find: a) that there was a significant departure from accepted practices of the relevant research community; b) that the misconduct was committed intentionally, knowingly, recklessly, and c) that the allegation is proved by a preponderance of the evidence. The following standards apply in regard to burden of proof (pursuant to 42 CFR 93.106):

- a) The institution has the burden of proving that research misconduct occurred;

- b) If the respondent intentionally destroys relevant research records, has the opportunity to maintain the records but fails to do so, or maintains the records but does not produce them in a timely way, this is considered evidence that the research misconduct occurred (although the lack of records in and of itself is not);
- c) The respondent has the burden of bringing forward and proving any affirmative defense, or any mitigating circumstances pertinent to administrative actions that may be taken;
- d) Honest error or difference of opinion is considered an affirmative defense by the respondent (see Fed Register 5/17/05 supplementary information, p. 28378), but the investigation committee is required to consider credible evidence that the respondent puts forth in this regard.

During the investigation, if additional information becomes available that substantially changes the subject matter of the investigation, or would suggest additional respondents, the committee will inform the Research Integrity Officer, who will determine whether it is necessary to notify the respondent of the new subject matter or to provide notice to additional respondents.

The Research Integrity Officer, with the assistance of institutional counsel, will 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 of confidentiality and for developing a specific investigation plan. The investigation committee will be provided with a copy of these instructions and, where federal funding is involved, the applicable federal regulation(s).

The investigation will normally involve examination of all relevant documentation including, but not necessarily limited to, relevant research records, computer files, proposals, manuscripts, publications, correspondence, memoranda, and notes of telephone calls. Whenever possible, the committee should interview the complainant(s), the respondent(s), and other individuals, including experts, who might have information regarding aspects of the allegations. All interviews should be tape recorded or transcribed. Summaries, copies, or transcripts of the interviews should be prepared, provided to the interviewed party for comment or revision, and included as part of the investigatory file.

#### E. Investigation Report

The investigation committee and the Research Integrity Officer are responsible for preparing a written draft report of the investigation that:

- Describes the general nature of the allegation of research misconduct, including identification of the respondent;
- Describes and documents any external support, including, for example, any grants that are involved, grant applications, contracts, and publications listing external support;
- Describes the specific allegations of research misconduct considered in the investigation;
- Includes the institutional policies and procedures under which the investigation was conducted (e.g., this policy), unless those policies and procedures were provided to the sponsor previously;
- Identifies and summarizes the research records and evidence reviewed and identifies any evidence taken into custody but not reviewed (and why the evidence was not reviewed); and
- Includes a statement of findings for each allegation of research misconduct identified during the investigation. Each statement of findings must: (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 statement(s) of finding and consider the merits of any reasonable explanation by the respondent, including any effort by respondent to establish that he or she did not engage in research misconduct, e.g., because of honest error or a difference of opinion; (3) identify any relevant funding request or support; (4) identify any publications that need correction or retraction; (5) identify the person(s) responsible for the misconduct; and (6) make recommendations as to action that should be taken to address and/or remedy the misconduct and its impact.

The Research Integrity Officer will provide the respondent with a copy of the draft investigation report for comment and rebuttal. The respondent will be allowed thirty calendar days to review and comment on the draft report. The respondent's comments will be attached to the final report. The findings of the final report should take into account the respondent's comments in addition to all the other evidence, as appropriate.

The Research Integrity Officer will provide the complainant, if he or she is identifiable and has been involved in the investigation, with those portions of the draft investigation report that address the complainant's role and opinions in the investigation. The complainant will be allowed thirty calendar days to review and comment on the relevant portions of the draft report. The report should be modified, as appropriate, based on the complainant's comments.

The draft investigation report will be transmitted to the institutional counsel for review of its legal sufficiency. Comments should be incorporated into the report as appropriate.

In distributing the draft report, or portions thereof, to the respondent and complainant, the Research Integrity Officer will inform each recipient of the confidentiality under which the draft report is made available and may establish reasonable conditions to help ensure confidentiality. For example, the Research Integrity Officer may request that the recipient sign a confidentiality statement, or come to the Research Integrity Officer's office to review the report.

After comments have been received and any necessary changes have been made to the draft report, the investigation committee will transmit the final report with attachments, including any comments from the respondent and complainant, to the Deciding Official, through the Research Integrity Officer.

#### F. Institutional Review and Decision

Based on a preponderance of the evidence, the Deciding Official will make the final written determination that shall include – (1) whether the investigation report and its findings are accepted, and (2) institutional actions to be taken. In the case of federal funding, if this determination varies from that of the investigation committee, the Deciding Official will explain in detail the basis for rendering a decision different from that of the investigation committee in the institution's letter transmitting the report to the sponsor. The Deciding Official's explanation to the sponsor should not be inconsistent with the federal definition of research misconduct, and, in all cases, should be consistent with the institution's policies and procedures, and the evidence reviewed and analyzed by the investigation committee. The Deciding Official may also return the report to the investigation committee with a request for further fact-finding or analysis. The Deciding Official's determination, together with the investigative committee's report, constitutes the final investigation report.

When a final decision on the case has been reached, the Research Integrity Officer will notify both the respondent and the complainant in writing of the final decision. In addition, the Deciding Official will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the respondent in the work, or other relevant parties should be notified of the outcome of the case. The Research Integrity Officer is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies.

## VI. Requirements for Reporting to the Sponsor if Research is Federally-Funded

### A. Sponsor Notification and Record-Keeping

In the case of federally-funded research, unless an extension has been granted by the sponsor, or other agency-specific regulations apply, the Research Integrity Officer must submit the following to the sponsor within the 120-day period for completing the investigation: (1) a copy of the final investigation report with all attachments; (2) a statement of whether the institution accepts the findings of the investigation report; (3) a statement of whether the institution found research misconduct and, if so, who committed the misconduct; and (4) a description of any pending or completed administrative actions against the respondent.

The Research Integrity Officer must maintain and provide to the sponsor upon request "records of research misconduct proceedings", as that term is defined by regulation, specifically 42 CFR § 93.317 in the case of DHHS.

Unless custody has been transferred to the sponsor, or the sponsor has advised in writing that the records no longer need to be retained, records of research misconduct proceedings must be maintained in a secure manner for 7 years after completion of the proceeding or the completion of any federal agency proceeding involving the research misconduct allegation. The Research Integrity Officer is also responsible for providing any information, documentation, research records, evidence or clarification requested by the sponsor to carry out its review of an allegation of research misconduct or of the institution's handling of such an allegation.

The Research Integrity Officer will notify the sponsor as required if there are plans to close a case involving federal funding at the inquiry, investigation, or appeal stage on the basis that respondent has admitted guilt, a settlement with the respondent has been reached, or for any other reason, except closing of a case at the inquiry stage on the basis that an investigation is not warranted.

If the institution determines that it will not be able to complete the investigation in 120 calendar days, the Research Integrity Officer will submit to the sponsor a written request for an extension. The request will explain the delay, report on the progress to date, estimate the date of completion of the report, and describe other necessary measures to be taken. If the request is granted, the Research Integrity Officer will file periodic progress reports as requested by the sponsor.

#### B. The Admission of Research Misconduct by a Respondent

When funding or applications for funding are involved and an admission of research misconduct is made, the Research Integrity Officer will contact the sponsor for consultation and advice as appropriate. Normally, the individual making the admission will be asked to sign a statement attesting to the occurrence and extent of misconduct. If the case involves PHS funds, the institution cannot accept an admission of research misconduct as a basis for closing a case or not undertaking an investigation without prior approval from the Office of Research Integrity.

#### C. Mandatory Reasons for Notifying the Sponsor During An Inquiry or Investigation

The Research Integrity Officer shall, at any time during a research misconduct proceeding involving funded research, notify the sponsor immediately if he/she has 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;
- Federal resources or interests are threatened;
- Research activities should be suspended;
- There is a reasonable indication of a possible violation(s) of civil or criminal law;
- Federal action is required to protect the interests of those involved in the research misconduct proceedings;
- The research misconduct proceedings may be made public prematurely and federal action may be necessary to safeguard evidence and protect the rights of those involved; or
- The research community or public should be informed.

#### D. Sponsor Review of Investigation Report

After receipt of the final report and supporting materials from the Deciding Official, the sponsor (if any) may assess whether the investigation has been performed in a timely manner and with sufficient objectivity, thoroughness and competence. The sponsor may also request clarification or additional information and, if necessary, perform its own investigation. Although the University has primary responsibility to conduct an inquiry or investigation, federal sponsors reserve the right to perform their own investigation(s) at any time prior to, during, or following the University's investigation. In addition to any sanctions the University may decide to impose, the sponsor may impose sanctions of its own upon the respondent(s) or the University based on authorities it possesses or may possess.

## **VII. Institutional Administrative Actions**

The University of Northern Iowa will take appropriate administrative actions against individuals when an allegation of misconduct has been admitted and/or substantiated.

If the Deciding Official determines that the alleged misconduct is admitted by the respondent and/or substantiated by the findings, he or she will decide on the appropriate actions to be taken, after consultation with the Research Integrity Officer. The actions may include:

- (1) withdrawal or correction of all pending or published abstracts and papers emanating from the research where research misconduct was found;
- (2) removal of the responsible person from the particular project, verbal warning, letter of reprimand, special monitoring of future work, probation, suspension, salary reduction, and/or initiation of steps leading to possible rank reduction or termination of employment;
- (3) restitution of funds as appropriate.

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 necessarily preclude or terminate the misconduct procedures.

If the respondent, without admitting to misconduct, elects to resign his or her position prior to the initiation of an inquiry, but after the allegation has been reported, or during an inquiry or investigation, the inquiry or investigation will proceed, as appropriate. If the respondent refuses to participate in the process after resignation, the committee will use its best efforts to reach a conclusion concerning the allegations, noting in its report the respondent's failure to cooperate or participate, and its effect on the committee's review of the evidence.

## **VIII. Record Retention**

After completion of a case and all ensuing related actions, the Research Integrity Officer will prepare a complete file, including the records of any inquiry and/or investigation and copies of all documents and other materials furnished to the Research Integrity Officer or committees. The Research Integrity Officer will keep the file for 7 years after completion of the case. External sponsors, if any, will be given access to the relevant records upon request.

## **IX. Respondent's Right to Appeal**

A respondent who has been disciplined has the right to appeal or grieve that administrative action. The University of Northern Iowa has established grievance procedures for faculty, staff, and students. The grievance procedures will vary for faculty, Merit-System employees, Professional and Scientific staff, graduate students, and undergraduate students. A respondent who wishes to appeal the administrative action should select the appropriate grievance procedure and observe the requirements specified for the applicable grievance procedure. The respondent also has the right to appeal to their respective Appeals body for a review of the procedures implemented that led to a determination of misconduct and/or the sanction(s) applied. The respondent may not appeal the substance of the determinations, but may argue that the procedures used to make the determinations were not consistent with the published policies and procedures for doing so.

Within fifteen class days of being notified of a final decision by the appropriate Appeals Board, the grievant may subsequently appeal the decision of the Board to the President or his designee, on the grounds that the stated grievance procedures were not followed. An appeal is initiated by filing a written statement with the Office of the President of the university which clearly outlines the claimed violations of procedure and indicates how the procedural violation prejudiced the decision of the Board. The President or her/his designee will examine the transcript of the Board proceedings and all exhibits entered as evidence to make a decision. A decision must be made and communicated within ten working days of the receipt of the appeal. The President or designee may either remand the case back to the Board with direction to reconsider the case in the light of the specified procedural problems or uphold the Board's decision as procedurally sound. The substance of the Appeals Board's decision is not appealable.

### Grievance Procedures

For Faculty, see [http://www.uni.edu/unitedfaculty/grievance/uf\\_grievance\\_procedures.htm](http://www.uni.edu/unitedfaculty/grievance/uf_grievance_procedures.htm)

Or <http://www.uni.edu/vpaa/09-11facultycontract/11.shtml>

For Professional and Scientific staff, see <http://www.vpaf.uni.edu/hrs/ps/handbook/j/grievances.htm>

For Merit System employees, see <http://www.uni.edu/president/policies/1203.shtml>

For Graduate Students, see <http://www.uni.edu/president/policies/1201.shtml>

For Undergraduate Students, see <http://www.uni.edu/president/policies/1202.shtml>

### Other Related Policies

For information on student academic ethics overall, see <http://www.uni.edu/president/policies/301.shtml>

For information on nonacademic student conduct overall, see <http://www.uni.edu/president/policies/302.shtml>

For information on faculty academic ethics overall, see <http://www.uni.edu/president/policies/610.shtml>

## **APPENDIX A: DEFINITIONS USED IN THIS POLICY**

**Allegation** means any written or oral statement or other indication of possible research misconduct made to an institutional official.

**Complainant** means a person who makes an allegation of research misconduct.

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

**Deciding Official** means the institutional official who oversees the process described in this policy and makes the final determination on allegations of research misconduct and any responsive institutional actions, except on those delegated to other institutional officials as described in Section I-C. The Deciding Official at the University of Northern Iowa is the Executive Vice President and Provost or the Provost's designee.

**DHHS** means the United States Department of Health and Human Services.

**Evidence** means any document, tangible item, or testimony offered or obtained during a research misconduct proceeding that tends to prove or disprove the existence of an alleged fact.

**Good faith** as applied to a complainant or witness, means 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 an institution meet its responsibilities under 42 CFR Part 93. A committee member does not act in good faith if his/her 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 proceeding.

**Inquiry** means gathering information and initial fact-finding to determine whether an allegation or apparent instance of research misconduct warrants an investigation.

**Institutional Member** means a person who is employed by, is an agent of, or is affiliated by contract or agreement with the University of Northern Iowa. Institutional members may include, but are not limited to, officials, tenured and untenured faculty, teaching and support staff, researchers, research coordinators, clinical technicians, postdoctoral and other fellows, students, volunteers, agents, and contractors, subcontractors, and sub awardees, and their employees.

**Institutional Official** means an individual authorized to act for the institution and obligate the institution to meet its responsibilities as outlined in federal regulations and University policy.

**Investigation** means the formal examination and evaluation of relevant facts to determine if misconduct has occurred and, if so, to determine the responsible person and the seriousness of the misconduct.

**ORI** means the Office of Research Integrity, the office within the U.S. Department of Health and Human Services (DHHS) that is responsible for addressing research misconduct and research integrity issues related to PHS supported activities.

**PHS** means the U.S. Public Health Service, an operating component of the DHHS, and includes the following Operating Divisions: Agency for Healthcare Research and Quality, Agency for Toxic Substances and Disease Registry, Centers for Disease Control and Prevention, Food and Drug Administration, Health Resources and Services Administration, Indian Health Service, National Institutes of Health, and the Substance Abuse and Mental Health Services Administration, and the offices of the Regional Health Administrators.

**PHS regulation** means the Public Health Service regulation establishing standards for institutional inquiries and investigations into allegations of research misconduct, which is set forth at 42 CFR Part 93, entitled “Public Health Service Policies on Research Misconduct.

**Records of research misconduct proceedings** means: (1) the research records and evidence secured for the research misconduct proceedings pursuant to this policy and 42 CFR §§ 93.305, 93.307(b), and 93.310(d), except to the extent the Research Integrity Officer determines and documents that those records are not relevant to the proceeding or that the records duplicate other records that have been retained; (2) the documentation of the determination of irrelevant or duplicate records; (3) the inquiry report and final documents (not drafts) produced in the course of preparing that report, including the documentation of any decision not to investigate, as required by 42 CFR § 93.309(c); (4) the investigation report and all records (other than drafts of the report) in support of the report, including the recordings of transcripts of each interview conducted; and (5) the complete record of any appeal within the institution from the finding of research misconduct.

**Research Integrity Officer** means the institutional official responsible for assessing allegations of research misconduct and determining when such allegations warrant inquiries and for overseeing inquiries and investigations.

**Research misconduct proceeding** means any actions related to alleged research misconduct that is within 42 CFR Part 93, including but not limited to, allegation assessments, inquiries, investigations, sponsor oversight reviews, hearings and administrative appeals.

**Research Record** means the record of data or results that embody the facts resulting from research work, including but not limited to both physical and electronic research proposals, laboratory records, progress reports, abstracts, theses, oral presentations, internal reports, journal articles, and any documents and materials provided to an institutional official by a respondent in the course of the research misconduct proceeding.

**Respondent** means the person against whom an allegation of research misconduct is directed or the person whose actions are the subject of the inquiry or investigation. There can be more than one respondent in any inquiry or investigation.

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

## **APPENDIX B: SUMMARY OF TIME FRAMES**

### **APPLICABILITY**

Section IB. Policy applies only to misconduct that has occurred within **6 years** of the date the University or sponsor received the allegation, except as provided for in 42 CFR 93.105(b).

### **INQUIRY**

Section IIC. and Section IVB. RIO will notify respondent upon initiating an inquiry. **Concurrent or prior to that**, the RIO will secure research records.

Section IVC. Inquiry committee must be appointed within **10 working days** of initiation of inquiry.

Section IVC. RIO will notify respondent of inquiry committee membership within **5 working days** and respondent must make any objections in writing within **5 working days** of receipt of the information.

Section IVE. Respondent and complainant must provide any comments they may have on the draft inquiry report in writing to the inquiry committee within **14 calendar days**.

Section IVE. Inquiry committee will normally complete the inquiry and submit its report in writing to the RIO within **50 calendar days** following its first meeting, unless the RIO grants an extension.

Section IVF. Deciding Official must make final decision about whether or not to proceed to investigation within **10 working days** of receiving the inquiry report.

### **PROCEEDING TO INVESTIGATION**

Section IVF. If external funding is involved and a decision has been made to proceed to investigation, the RIO will notify the sponsor within **30 calendar days** of the decision to proceed, including any required documentation.

Section VA. Investigation must begin within **30 calendar days** of decision to proceed.

Section VB (and Section IIC). RIO will notify respondent and sponsor of decision to proceed to investigation and any new allegations **on or before the date** that the investigation begins.

### **INVESTIGATION**

Section VC. RIO will appoint investigation committee within **10 working days** of notifying respondent of decision to investigate, or as soon thereafter as practicable.

Section VC. RIO will notify respondent of investigation committee membership within **5 working days** and respondent must make any objections in writing within **5 working days** of receipt of the information.

Section VE (and Section IIC). Respondent and complainant must provide any comments they may have on the draft investigation report in writing to the RIO within **30 calendar days**.

Section VIA. Investigation will normally be completed and the RIO submit the report in writing to the sponsor within **120 calendar days**. If more than 120 days is needed, RIO will request in writing an extension from the sponsor (if applicable).

### **RECORD KEEPING**

Section IVF. RIO will keep records of inquiry **for 7 years** after decision not to proceed to investigation.

Section VIA and Section VIII. RIO will maintain records of research misconduct proceedings for **7 years** after completion of University or federal investigation proceedings, unless sponsor approves or custody has been transferred to the sponsor.

**OTHER**

Section VIC. RIO must notify sponsor **immediately** in special circumstances (see list in section VIC).