ADMINISTRATIVE DIVISION RSCH Office of Research		POLICY NUMBER RSCH 1.00
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RESPONSIBLE OFFICER Vice President for Research	ADMINISTRATIVE OFFICE Office of Research	

PURPOSE

The University is dedicated to truth in pursuit of knowledge through research and to the transmission of knowledge through teaching. A spirit of mutual respect and a broad trust that all faculty members, students, and staff share this dedication to the truth are essential to the functioning of the university. Nevertheless, from time to time some member of the community may appear to have disregarded accepted norms of professional behavior.

The integrity of the programs of the university requires that faculty, students and staff be aware of potential misconduct in themselves and in others, and that allegations of misconduct be resolved in a just manner, ensuring that there are no recriminations for a person bringing an allegation in good faith.

Disregard of established norms of conduct may be intentional or may be unwitting. In either case, public trust and the pursuit of truth are endangered, and the university has an obligation to act. It may be appropriate, however, for the university to respond differently to different sorts of misconduct.

DEFINITIONS AND ACRONYMS

Allegation: any written or oral statement or other indication of possible scientific misconduct made to a university official.

Assessment: means a consideration of whether an allegation of research misconduct appears to fall within the definition of research misconduct and is sufficiently credible and specific so that potential evidence of research misconduct may be identified. The assessment only involves the review of readily accessible information relevant to the allegation.

Certifying Official: is the institutional official responsible for assuring on behalf of the university that it has written policies and procedures for addressing allegations of research misconduct, in compliance with regulatory requirements this policy as well as certifying the content of the university's annual report to ORI.

Complainant: a person who makes an allegation of scientific misconduct.

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

Deciding Official (DO): the institutional official who makes final determinations on allegations of research misconduct and any institutional administrative actions. The DO will not be the same individual as the Research Integrity Officer and should have no direct prior involvement in the
institution's inquiry, investigation, or allegation assessment. A DO's appointment of an individual to assess allegations of research misconduct, or to serve on an Inquiry or investigation committee, is not considered to be direct prior involvement. The DO is the provost or his/her designee.

Fabrication: is making up data or results and recording or reporting them.

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.

Good Faith Allegation: an allegation made with the honest belief that scientific misconduct may have occurred. An allegation is not in good faith if made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

Institutional Record: the records that university compiled or generated during the research misconduct proceedings, except records that were not considered or relied upon. These records include but are not limited to; documentation of the assessment, inquiry report and all records considered or relied upon, investigation report, decisions by the Deciding Official.

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

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

ORI: the Office of Research Integrity in the U.S. Department of Health and Human Services (DHHS). ORI is responsible for the scientific misconduct and research integrity activities of the U.S. Public Health Services (PHS). Any reference to ORI or PHS in this policy applies only in cases where PHS funding is involved.

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

- 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.

- 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: means proof by evidence that, compared with evidence opposing it, leads to the conclusion that the fact at issue is more likely true than not.

Public Health Service or PHS: consists of the following components within HHS: the Office of the Assistant Secretary for Health, the Office of Global Affairs, the Administration for Strategic Preparedness and Response, the Advanced Research Projects Agency for Health, the Agency for Healthcare Research and Quality, the Agency for Toxic Substances and Disease Registry, the Centers for Disease Control and Prevention, the Food and Drug Administration, the Health Resources and Services Administration, the Indian Health Service, the National Institutes of Health, the Substance Abuse and Mental Health Services Administration, and any other components of HHS designated or established as components of the Public Health Service.

PHS Support: means PHS funding, or applications or proposals for PHS funding, for biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or training, that may be provided through: funding for PHS intramural research; PHS grants, cooperative agreements, or contracts; subawards, contracts, or subcontracts under those PHS funding instruments; or salary or other payments under PHS grants, cooperative agreements, or contracts.

Research Integrity Officer (RIO): the institutional official responsible for (1) assessing allegations of research misconduct to determine if they fall within the definition of research misconduct, are covered by this policy, 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; (2) overseeing inquires and investigations; and (3) the other responsibilities described in this policy. The Vice President for Research shall appoint the RIO.

Research Misconduct: fabrication, falsification, or plagiarism in proposing, performing, or reviewing research results, or in reporting research results. A finding of misconduct requires that there be a significant departure from accepted practices of the relevant research community, that the misconduct be committed intentionally, knowingly, or recklessly, and the allegation be proven by the preponderance of evidence. Ordinary errors, good faith differences in interpretations or judgments of data, scholarly or political disagreements, good faith personal or professional opinions, or private moral or ethical behavior or views are not misconduct under this definition.

Intentionally: to act with the aim of carrying out the act

Knowingly: to act with awareness of the act

Recklessly: to propose, perform, or review research, or report research results, with indifference to a known risk of fabrication, falsification, or plagiarism

Research Record: any data, document, computer file, computer diskette, or any other written or non-written account or object that reasonably may be expected to provide evidence or information regarding the proposed, conducted, and/or reported research that constitutes the subject of an allegation of scientific misconduct. A research record includes, but is not limited to, grant or contract applications, whether funded or unfunded; grant or contract progress and other reports; laboratory notebooks; notes; correspondence; videos; photographs; x-ray film; slides; biological materials; computer files and printouts; manuscripts and publications; equipment use logs; laboratory procurement records; animal facility records; human and animal subject protocols; consent forms; medical charts; and patient research files.

Respondent: the person against whom an allegation of scientific 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: an adverse action taken against a complainant, witness, or an individual involved with the proceedings (e.g. inquiry panel member) by the university or one of its employees in response to a good faith allegation or misconduct, or good faith cooperation with a research misconduct proceeding.

POLICY STATEMENT

To comply with Federal sponsor regulations and reassure the public that our traditional standards are being upheld, this policy is implemented to specify procedures and appropriate safeguards for handling allegations and investigations of research misconduct as defined herein. The following procedures conform to the Public Health Service {Department of Health and Human Services} Final Rule 42 Code of Federal Regulations (CFR) Part 93.

While 42 CFR Part 93 applies to individuals who may be involved with a project supported by, or who have submitted a grant application to, the Public Health Service (PHS), the university policy applies to all individuals engaged in university research whatever the funding source.

This policy applies only to allegations of research misconduct occurring within six years of the date the university, oversight agency, or funding entity receives an allegation of research misconduct. Exceptions to the six-year limitation include the following:

A. Subsequent use exception: The respondent continues or renews any incident of alleged research misconduct that occurred before the six-year limitation through the citation, republication, or other use of the research record (e.g. processed data, journal articles, funding proposals, data repositories, etc.) that is alleged to have been fabricated, falsified, or plagiarized for the benefit of the respondent.

    1. When the respondent uses, republishes, or cites to the portion(s) of the research record that is alleged to have been fabricated, falsified, or plagiarized, in submitted or published manuscripts, submitted PHS grant applications, progress reports submitted to PHS funding components, posters, presentations, or other research records within six years of when the allegations were received by HHS or an institution, this exception applies.

2. For research misconduct that appears subject to the subsequent use exception, institutions must document their determination that the subsequent use exception does not apply. Such documentation must be retained

B. Exception for the health or safety of the public: The university determines that the alleged research misconduct would possibly have a substantial adverse effect on the health or safety of the public.

C. Evidentiary Standards:

1. Standard of proof. Research misconduct must be proved by a preponderance of the evidence.

2. Burden of proof. The university has the burden of proof for making a finding of research misconduct. A respondent's destruction of research records documenting the questioned research is evidence of research misconduct where the university establishes by a preponderance of the evidence that the respondent intentionally or knowingly destroyed records after being informed of the research misconduct allegations. A respondent's failure to provide research records documenting the questioned research is evidence of research misconduct where the respondent claims to possess the records but refuses to provide them upon request.

Disclosure of the identity of respondents, complainants, and witnesses while conducting the research misconduct proceedings is limited, to the extent possible, to those who need to know, as determined by the institution, consistent with a thorough, competent, objective, and fair research misconduct proceeding, and as allowed by law. Those who need to know may include institutional review boards, journals, editors, publishers, co-authors, and collaborating institutions. This limitation on disclosure of the identity of respondents, complainants, and witnesses no longer applies once an institution has made a final determination of research misconduct findings.

PROCEDURES

A. Reporting Responsibility and Procedure

1. All employees or individuals associated with the university will report observed, apparent or suspected, research misconduct to the RIO. If an individual is unsure whether a suspected incident falls within the definition of research misconduct, he or she 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.

   Reports can be made on an informal (oral) or formal (written) basis. Formal allegations

should be submitted in sufficient detail to permit a preliminary inquiry into whether an investigation is warranted. Reasonable efforts will be made to review and resolve informal reports of alleged misconduct; however, such reports will not be processed through the procedures set out below unless they are submitted in writing or confirmed separately through available evidence.

2. Throughout the research misconduct proceeding, the RIO will review the situation to determine if there is any threat of harm to public health, federal funds and equipment, or the integrity of the PHS supported research process. In the event of such a threat, the RIO will, in consultation with other institutional officials and ORI, take appropriate interim action to protect against any such threat. Interim action might include additional monitoring of the research process and the handling of federal funds and equipment, reassignment of personnel or of the responsibility for the handling of federal 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 immediately if he/she has reason to believe that any of the following conditions exist:

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

   b. HHS resources or interests are threatened.

   c. Research activities should be suspended.

   d. There is a reasonable indication of possible violations of civil or criminal law.

   e. Federal action is required to protect the interests of those involved in the research misconduct proceeding.

   f. 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

   g. The research community or public should be informed.

B. General Conduct of Research Misconduct Proceedings

1. Assessment of Allegations

   Upon receiving an allegation of research misconduct, the RIO will immediately 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 this policy, and whether the allegation falls within the

definition of research misconduct. An inquiry must be conducted if these criteria are met. The results of the assessment must be documented whether it results in an inquiry or not.

The assessment period should be brief, preferably concluded within a week. In conducting the assessment, the RIO need not interview the complainant, respondent, or other witnesses, or gather data beyond any that may have been submitted with the allegation or is necessary to determine whether the allegation is sufficiently credible and specific.

2. Inquiry – Purpose and Initiation

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

3. Notice to Respondent

   At the time of or before beginning an inquiry, the RIO must make a good faith effort to notify the respondent in writing. If the inquiry subsequently identifies additional respondents, they must be notified in writing.

4. Sequestration of Research Records

   On or before the date on which the respondent is notified, or the inquiry begins, whichever is earlier, the RIO must take all reasonable steps to obtain custody of and securely store the research records and evidence needed to conduct the research misconduct proceeding, 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 stored on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments.

5. Conducting the Inquiry

   The inquiry may be done by the RIO, or an appointed panel which includes individual(s) who possess the appropriate scientific expertise to evaluate the evidence and issues related to the allegation. The individuals conducting the inquiry must not have personal, professional, or financial conflicts of interest with those involved with the proceedings. Interviews of witnesses, respondent(s), or complainant may be part of the inquiry.

6. Inquiry Results

   a. Criteria warranting an investigation. An investigation is warranted if:

i. There is a reasonable basis for concluding that the allegation falls within the definition of research misconduct; and

ii. Preliminary information-gathering and fact-finding from the inquiry indicates that the allegation may have substance.

b. Findings of research misconduct, including the determination of whether the alleged misconduct is intentional, knowing, or reckless, cannot be made at the inquiry stage.

7. Inquiry Report

1. The RIO or designee must prepare a written report of findings of the inquiry.

2. If there is potential evidence of honest error or difference of opinion, it must be noted in the report.

3. The respondent must be given an opportunity to review and comment on the report. Comments will be included in the inquiry record.

4. The Inquiry Report should include the following information and be submitted to ORI when PHS funding is involved if an investigation is warranted:

i. The names, professional aliases, and positions of the respondent and complainant;

ii. A description of the allegation(s) of research misconduct

iii. As applicable, a description of support from external sponsor(s), including, for example, grant numbers, grant applications, contracts, and publications listing external support;

iv. The composition of the inquiry committee, if used, including name(s), position(s), and subject matter expertise;

v. Inventory of sequestered research records and other evidence and description of how sequestration was conducted;

vi. Transcripts of any transcribed interviews;

vii. Timeline and procedural history.

8. Notice of the Results of the Inquiry

a. The respondent must be notified whether the inquiry found that an investigation is

warranted. The notice must include a copy of the final inquiry report and include a copy or link to the relevant part(s) of university policy.

b. It is not required that the complainant be notified of the findings of the inquiry; however, a copy of the report or portions of it may be provided. If more than one complainant is involved, all must receive the same information.

9. Time for Completion

a. The inquiry must be completed within 90 days of its initiation unless circumstances warrant a longer period.

b. If the inquiry takes longer than 90 days to complete, the inquiry report must document the reasons for exceeding the time limit.

10. Conducting the Investigation

a. Begin the investigation within 30 days after deciding an investigation is warranted.

b. If applicable, notify ORI of the decision to begin an investigation on or before the date the investigation begins and provide an inquiry report that meets the specified requirements.

c. Notify the respondent in writing of the allegation(s) within a reasonable amount of time after determining that an investigation is warranted, but before the investigation begins.

d. Give the respondent written notice of any allegation(s) of research misconduct not addressed during the inquiry or in the initial notice of investigation within a reasonable amount of time of deciding to pursue such allegation(s).

e. If additional respondents are identified during the investigation, a separate inquiry for each new respondent may be conducted. Additional respondent(s) must be notified of the allegation(s) and given an opportunity to respond consistent with this policy.

f. An investigation into multiple respondents can convene with the same investigation committee members; however, separate investigation reports and research misconduct determinations are required for each respondent.

g. The investigation must be completed within 180 days of beginning it, including conducting the investigation, preparing the draft investigation report(s), providing the draft report to the respondent(s) for comment, transmitting the investigational record, and final report to the Deciding Official.

h. If the investigation exceeds 180 days and PHS funds are involved, an extension must

be requested. If PHS funds are not involved, an extension must be requested from the DO.

11. Sequestration of Records

    Obtain all research records and other evidence needed to conduct the investigation.

12. Documentation

    Use diligent efforts to ensure that the investigation is thorough and sufficiently documented and includes examination of all research records and other evidence relevant to reaching a decision on the merits of the allegation(s).

13. Ensuring a Fair Investigation

    Take reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practicable, including participation of persons with appropriate scientific expertise who do not have unresolved personal, professional, or financial conflicts of interest relevant to the investigation. An institution may use the same committee members from the inquiry in their subsequent investigation.

14. Interviews

    Each respondent, 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 must be interviewed.

    a. Interviews must be recorded and transcribed.

    b. Exhibits shown to the interviewee during the interview must be numbered and referred to by that number in the interview.

    c. The transcript of the interview must be made available to the relevant interviewee for correction.

    d. The transcript(s) with any corrections and numbered exhibits must be included in the institutional record of the investigation.

    e. The respondent must not be present during the witnesses' interviews but must be provided with a transcript of the interview.

15. Multiple Respondents

    Consider the prospect of additional individuals being responsible for the alleged research misconduct.

16. Pursue Leads

Pursue diligently all significant issues and leads that are determined relevant to the investigation, including any evidence of additional instances of possible research misconduct, and continue the investigation to completion. If additional allegations are raised, the respondent(s) must be notified in writing of the additional allegations raised against them.

17. Opportunity to Comment on the Draft Investigation Report

    a. The university must give the respondent a copy of the draft investigation report and, concurrently, a copy of, or supervised access to, the research records and other evidence that the investigation committee considered or relied on. The respondent must submit any comments on the draft report to the institution within 30 days of receiving the draft investigation report.

    b. The complainant must receive a copy of the draft investigation report or relevant portions of that report. The comments of the complainant, if any, must be submitted within 30 days of receiving the draft investigation report or relevant portions of it.

18. Investigation Report

    The final investigation report for each respondent must be in writing and include:

    a. Description of the nature of the allegation(s) of research misconduct, including any additional allegation(s) addressed during the research misconduct proceeding.

    b. Description of the specific allegation(s) of research misconduct for consideration in the investigation of the respondent.

    c. Composition of investigation committee, including name(s), position(s), and subject matter expertise.

    d. Inventory of sequestered research records and other evidence, except records the institution did not consider or rely on; and a description of how any sequestration was conducted during the investigation. This inventory must include manuscripts and funding proposals that were considered or relied on during the investigation.
    e. Transcripts of all interviews conducted.

    f. Identification of the specific published papers, manuscripts submitted but not accepted for publication (including online publication), PHS and other federal funding applications, progress reports, presentations, posters, or other research records that allegedly contained the falsified, fabricated, or plagiarized material.

    g. Any scientific or forensic analyses conducted.

    h. Any comments made by the respondent and complainant on the draft investigation

report and the investigation committee's consideration of those comments.

i. A statement for each separate allegation of whether the investigation committee recommends a finding of research misconduct.

i. If the investigation committee recommends a finding of research misconduct for an allegation, the investigation report must, for that allegation:

1. Identify the individual(s) who committed the research misconduct.

2. State whether the research misconduct was falsification, fabrication, and/or plagiarism.

3. Indicate whether the research misconduct was committed intentionally, knowingly, or recklessly.

4. Summarize the facts and the analysis which support the conclusion and consider the merits of any explanation by the respondent.

5. Identify the specific PHS or other external support, including any known applications for support has pending with external organizations.

6. Identify whether any publications need correction or retraction.

ii. If the investigation committee does not recommend a finding of research misconduct for an allegation, the investigation report must provide a detailed rationale.

C. Decision by the Deciding Official

The DO will make the final determination whether to accept the investigation report, its findings, and the recommended university actions. If this determination or recommendation varies from that of the investigation committee, the DO will explain, in writing, the basis for rendering a decision or recommendation different from that of the committee. The explanation of the DO should be consistent with the definition of scientific misconduct, the university's policies and procedures, and the evidence reviewed and analyzed by the investigation committee. The DO may also return the report to the investigation committee with a request for additional fact finding and analysis. The determination of the DO, together with the report of the investigation committee, constitutes the final report and decision.

The RIO will notify the respondent and the complainant in writing of the final decision of the case. The DO 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 RIO is responsible for ensuring compliance with all

notification requirements of funding or sponsoring agencies, including submissions of the final report to ORI or other appropriate agencies.

For PHS funded research, unless an extension has been granted, the RIO must, within the 180-day period for completing the investigation, submit the following to ORI:

1. a copy of the final investigation report with all attachments;

2. a statement of whether the institution accepts the findings of the investigation;

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.

The RIO must maintain and provide to ORI upon request "records of research misconduct proceedings" as that term is defined by 42 CFR § 93.317. Unless custody has been transferred to HHS or ORI 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 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.

D. Completion of Cases and Reporting Premature Closures

Generally, all inquiries and investigations will be carried through to completion and all significant issues will be pursued diligently. The RIO must notify ORI in advance if there are plans to close a case at the inquiry or investigation stage based on an admission of guilt by the respondent, 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, which must be reported to ORI.

E. Institutional Administrative Actions

If the DO determines that research misconduct is substantiated by the findings, he or she will decide on the appropriate actions to be taken, after consultation with the RIO. The administrative 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, 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;

3. restitution of funds to the grantor agency as appropriate; and

4. other action appropriate to the research misconduct.

Any personnel action directed toward the respondent(s) will follow existing Faculty Manual and human resources policies and procedures.

F. Other Considerations

1. 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 this policy.

If the respondent, 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 will proceed, as well as the inquiry and investigation, as appropriate based on the outcome of the preceding steps. If the respondent refuses to participate in the process after resignation, the RIO and any inquiry or investigation committee will use their best efforts to reach a conclusion concerning the allegations, noting in the report the respondent's failure to cooperate and its effect on the evidence.

2. Restoration of the Respondent's Reputation

Following a final finding of no research misconduct, including ORI concurrence where required by 42 CFR Part 93, the RIO must, at the request of the respondent, undertake all reasonable and practical efforts to restore the respondent's reputation. Depending on the particular circumstances and the views of the respondent, the RIO should consider notifying those individuals aware of or involved in the investigation of the final outcome, publicizing the final outcome in any forum in which the allegation of research misconduct was previously publicized, and expunging all reference to the research misconduct allegation from the respondent's personnel file. Any institutional actions to restore the respondent's reputation should first be approved by the DO.

3. Protection of the Complainant, Witnesses and Committee Members

During the research misconduct proceeding and upon its completion, regardless of whether the institution or ORI determines 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 is responsible for implementing any steps the DO approves.

4. 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 faith he/she will determine whether any administrative action should be taken against the person who failed to act in good faith.

RELATED UNIVERSITY, STATE AND FEDERAL POLICIES
As Applicable

HISTORY OF REVISIONS

DATE OF REVISION	REASON FOR REVISION
February 8, 1991	New Policy Approval
November 10, 2016	Revised based upon the recommendation of ORI to ensure compliance with federal regulation and policy.
April 22, 2024	Revision to ensure compliance with the Office of Research Integrity's regulations and policies.
May 30, 2025	Revised to incorporate requirements of updated PHS regulations per Final Rule dated 09/17/2024.