



STATEMENT OF POLICY AND PROCEDURES FOR
RESPONDING TO ALLEGATIONS OF RESEARCH
MISCONDUCT

Approved by: Provost and Vice President of Academic Affairs

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I. Introduction

A. General Policy

Consistent with the values expressed in Western New England University's mission that "excellence in student learning goes hand in hand with the development of personal values such as integrity, accountability, and citizenship" the University holds its faculty, research staff, graduate and undergraduate students to the highest ethical standards in the conduct of research. Western New England University seeks to prevent any instances of research misconduct, and takes seriously the need to investigate possible instances, while protecting the positions and reputations of those who file complaints in good faith, witnesses, and those asked to serve on committees, so that any necessary investigations may proceed without fear or favor.

This policy is intended to carry out the University's responsibilities under the Public Health Service (PHS) Policies on Research Misconduct (including but not limited to 42 CFR Parts 50 and 93), as well as the corresponding policies on research misconduct of other federal agencies.

These Policies and Procedures for Responding to Allegations of Research Misconduct will be made available to faculty, students, staff, and the public, on the webpage of the Provost and Vice President of Academic Affairs (from hereon referred to as the Provost). This can be found at www.wne.edu/academic-affairs.

B. Scope

This document describes the policies and procedures to be followed in response to allegations of research misconduct (as defined below) involving Western New England University faculty, staff, graduate, professional, and undergraduate students engaged in research that is funded by a federal agency. In particular, this policy applies to all research misconduct allegations involving Public Health Service (PHS)-supported research, including research applications and proposals for PHS funding. For non-PHS federal agencies, this policy will be applied consistent with applicable agency regulations.

Allegations of research misconduct involving Western New England University undergraduate students shall be referred to the Vice President of Student Affairs & Dean of Students for consideration, according to established University procedures. In cases where alleged student misconduct arises in connection with work that is funded by a federal agency, the Dean of Students shall notify the Provost and keep him or her informed of the progress of proceedings, so that any required reports to the relevant federal agency can be made in a timely manner. Allegations of research misconduct involving Western New England University professional or graduate students shall be considered within the relevant academic program according to established University procedures.

This policy does not apply to authorship or collaboration disputes and applies only to allegations of research misconduct that occurred within six years of the date that Western New England University or the Department of Health and Human Services (HHS) received the allegation of research misconduct. The six-year limitation does not apply in circumstances described in 42 CFR 93.105(b), including subsequent use, health or safety concerns, or federal administrative action.

In cases involving research with human participants, this policy operates in coordination with Institutional Review Board (IRB) policies and procedures. Allegations that do not meet the definition of research misconduct but involve potential violations of human subjects protections (e.g., protocol deviations, unapproved changes, or informed consent issues) will be referred to the IRB for review under applicable institutional policies.

II. Definitions

Research misconduct—is the fabrication, falsification, or plagiarism in proposing, conducting, or reporting research results. It does not include honest error or differences of opinion in interpretations or judgments of data.

A finding of research misconduct requires that:

- 1) There be significant departure from accepted practices of the relevant research community;
- 2) The misconduct be committed intentionally, knowingly, or recklessly; and
- 3) The allegation be proven by a preponderance of the evidence.

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

Falsification—is misrepresenting 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 the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.

Complainant--is a person who in good faith makes an allegation of research misconduct.

Respondent—is a person against whom an allegation of research misconduct is directed or who is the subject of a research misconduct proceeding as described in this policy statement.

Human Subjects Research—Research involving living individuals about whom an investigator obtains data through intervention or interaction, or identifiable private information, as defined by applicable federal regulations (e.g., 45 CFR 46).

III. Roles and Responsibilities

The deciding official (DO) at Western New England University is the Provost. The DO will appoint a Research Integrity Officer (RIO), who will have primary responsibility for implementation of these policies and procedures. The RIO's responsibilities are summarized in Appendix A.

When allegations involve human subjects research, the Research Integrity Officer (RIO) will promptly notify the Institutional Review Board (IRB) Chair. The IRB will assess whether there are concerns related to participant safety, regulatory noncompliance, or protocol violations requiring IRB action. The IRB retains independent authority to take actions necessary to protect the rights and welfare of human participants, including protocol suspension or termination, regardless of the status of a research misconduct proceeding.

IV. General Policies and Principles

A. Responsibility to report misconduct

All Western New England University faculty, staff members and students have a responsibility to report observed, suspected or apparent research misconduct to the RIO. If an individual is unsure whether a suspected incident falls within the definition of research misconduct, he or she may contact the RIO to discuss the suspected research misconduct informally, which may include discussing it anonymously or hypothetically.

Concerns raised by research participants or involving risks to human subjects may also be reported directly to the IRB. The IRB and RIO will coordinate, as appropriate, to determine whether the concern should be reviewed as potential research misconduct, human subjects noncompliance, or both.

B. Confidentiality

At any time, an institutional member may have confidential discussions about concerns of possible misconduct with the RIO and will be counseled about appropriate procedures for reporting allegations of research misconduct.

C. Cooperation with research misconduct proceedings

Faculty and staff members, including those subject to allegations of research misconduct (respondents), as well as students, are responsible for cooperating with the RIO and other institutional officials in the review of allegations of research misconduct and the conduct of inquiries and investigations. All have an obligation to provide evidence relevant to allegations of research misconduct to the RIO or other institutional officials.

D. Guiding Principles

Throughout the inquiry, investigation, and implementation of any administrative actions or other resolution, all participants must bear in mind the importance of:

- a) Thoroughness, fairness, objectivity, and reasonable expediency (in fact and appearance);
- b) Protecting, to the maximum extent possible, the privacy of those who in good faith report alleged misconduct;
- c) Protecting, to the maximum extent possible, the rights and privacy of the respondent, including the right to be informed of the alleged misconduct, of the evidence in support of the allegation of research misconduct, and other procedures to be followed;
- d) Ensuring that the professional interests and integrity of the faculty are respected; and
- e) Consulting with outside agencies or institutions that have an interest in the research in question.

V. Procedures

Because allegations of misconduct may differ, the procedures outlined below intend to offer a broad framework for investigating such allegations.

A. Assessment of Allegation

1. Assessment Criteria

Upon receiving a written allegation of research misconduct, the RIO shall assess the allegation to determine whether it warrants an Inquiry. An Inquiry is warranted if the allegation:

- a) Falls within the definition of research misconduct defined in this policy; and
- b) Is sufficiently credible and specific so that potential evidence of research misconduct may be identified.
- c) Involves PHS-supported research.

2. Notification and Evidentiary matters

If an inquiry is warranted, the RIO shall, at the time of or before beginning an Inquiry:

- a) Notify the respondent(s) of the allegation and intended inquiry; and
- b) Promptly take all reasonable and practical steps to obtain custody of all the research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence, and sequester them in a secure manner. In cases 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 RIO shall take custody of any additional items as they become known or relevant to the proceedings.

B. Inquiry

1. Purpose

The purpose of the Inquiry is to conduct an initial review of the evidence to determine whether an allegation of research misconduct warrants an investigation. As such, an inquiry does not require a full review of all the evidence related to the allegation.

An investigation is warranted if:

- a) There is a reasonable basis for concluding that the allegation falls within the definition of research misconduct defined in this policy, and
- b) Preliminary information-gathering and preliminary fact-finding from the Inquiry indicates that the allegation may have substance.

2. Assistance with the Inquiry

In undertaking an inquiry, the RIO may consult confidentially with the respondent's department chair or chair of interdisciplinary programs, or other knowledgeable individuals regarding the allegation. If the allegation involves human subjects research, the RIO will promptly consult with the IRB to determine whether immediate actions are necessary to protect participants, including possible suspension of research activities or additional oversight measures. If the inquiry requires the review of specialized scientific data, or otherwise at the RIO's discretion, the RIO may engage two or more individuals to form an Inquiry Panel, which may include individuals from outside the Western New England University Faculty, to assist with the inquiry and with preparing the Inquiry Report. In convening the panel, the RIO shall:

- a) Select individuals who possess the expertise appropriate to carry out a thorough and authoritative evaluation of the evidence;
- b) Take steps to ensure that no person with an unresolved personal, professional or financial conflict of interest is involved in a research misconduct proceeding. (A conflict of interest exists when an individual has a personal, professional, or financial interest that could reasonably appear to bias their judgement.);
- c) Take confidential testimony from the individual(s) who filed the initial allegation(s) and from the respondent.

The DO shall have no direct participation in the inquiry.

3. Inquiry Report

The RIO will prepare a written Inquiry Report that, at a minimum, shall contain the information set forth in Appendix B. The RIO shall notify the respondent whether the inquiry found that an investigation is warranted and provide the respondent an opportunity to review and comment on the draft Inquiry Report. Any comments received from the respondent shall be attached to the final Inquiry Report. The RIO may also, at his/her discretion, notify the complainant whether the inquiry found that an Investigation is warranted and provide relevant portions of the report to the complainant for comment.

Determination Whether to Conduct an Investigation

The RIO will deliver the Inquiry Report to the DO. The DO will receive the Inquiry Report and, after consulting with the RIO and/or other institutional officials, decide whether an investigation is warranted under the criteria set forth above.

Any finding that an investigation is warranted must be made in writing by the DO and must be provided to the Public Health Service Office of Research Integrity (ORI) and/or any other relevant federal agency or office, as required by law, together with a copy of the Inquiry Report, within 30 days of the DO's decision.

4. Records of Inquiry

Detailed documentation of the inquiry will be retained in a secure manner for at least seven (7) years after completion of the research misconduct proceeding (irrespective of outcome). If it is found that an investigation is not warranted, the DO and the RIO will ensure that sufficient documentation is retained so that the Office of Research Integrity (ORI) or other HHS personnel, if applicable, may assess the decision not to conduct an investigation.

5. Timing of Inquiry

The Inquiry, including preparation of the final Inquiry Report and the decision of the DO on whether an Investigation is warranted, will be completed within sixty calendar days from the

receipt of the allegation, unless the RIO determines that circumstances clearly warrant a longer period. If the RIO approves an extension, the Inquiry Report will include documentation of the reasons for exceeding the 60-day period.

C. Investigation

1. Timing of Investigation

If the inquiry finds that an investigation is warranted, it must begin within thirty days of such finding. An investigation is initiated if the preliminary finding from the inquiry indicates that the allegations may have substance. The investigation must be completed within 120 days of beginning the process, (including conducting the investigation and preparing, receiving comments on, finalizing, and submitting the Investigation Report) unless an extension is granted by ORI. A written request for an extension beyond 120 days must be submitted to ORI as required by law.

2. Notification and Evidentiary Matters

If an investigation is warranted, the RIO shall, within a reasonable amount of time of the determination and before the investigation commences:

- a) notify the respondent(s) in writing of the investigation, including written notice of any allegations not previously addressed; and
- b) to the extent he/she has not already done so at the assessment or inquiry stage, take the actions described under A 2(b) above [sequestration of records].
- c) notify ORI and/or other federal agencies in writing, if applicable, on or before the date the investigation begins, and
- d) send a copy of the investigation report and institutional findings to ORI within the required 120-day period. Appeals will not delay ORI reporting unless ORI grants an extension.
- e) When research involves human participants, the RIO will coordinate with the IRB to ensure that any confiscation of records or evidence does not interfere with ongoing obligations to protect participant safety, privacy, and data confidentiality.

3. Appointment and Charge of the Investigation Committee

If an investigation is warranted, the RIO will appoint an impartial investigative committee in consultation with the DO. The RIO will select only those individuals who possess the expertise appropriate to carry out a thorough and authoritative evaluation of the evidence and who do not have an unresolved personal, professional, or financial conflict of interest with respect to the research misconduct proceeding. The DO shall have no direct involvement in the investigation. The investigative committee shall consist of three to five persons, which may include one or more qualified persons from outside the Western New

England University Faculty. When allegations involve human subjects research, the investigative committee shall include, or have access to, individuals with expertise in human subjects protections and applicable regulatory requirements. The respondent shall be informed of the membership of the investigative committee.

4. Investigation Process

The investigative committee shall undertake a careful and thorough review of the facts of the allegation. This review shall include, as applicable:

- a) Interviewing 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 and recording or transcribing each interview; providing the recording or transcript to the interviewee for correction; and including the recording or transcript in the record of the investigation;
- b) Pursuing diligently all significant issues and leads discovered that are determined relevant to the Investigation, including any evidence of additional instances of possible research misconduct, and continuing the investigation to completion;
- c) Evaluating the evidence and testimony to determine whether, based on a preponderance of the evidence, research misconduct occurred and, if so, the type and extent of it and who was responsible; and
- d) Determining whether a preponderance of the evidence establishes that:
 - (1) Research misconduct, as defined in these Policies and Procedures, occurred (respondent has the burden of proving by a preponderance of the evidence any affirmative defenses raised, including honest error or a difference of opinion);
 - (2) The research misconduct is a significant departure from accepted practices of the relevant research community; and
 - (3) The respondent committed the research misconduct intentionally, knowingly, or recklessly. In addition, the RIO and the investigative committee shall use diligent efforts to ensure that the investigation is thorough and sufficiently documented and includes examination of all research records and evidence relevant to reaching a decision on the merits of each allegation of research misconduct.

The committee shall also take reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practical. The institution has the burden of proving research misconduct by a preponderance of the evidence.

For research involving human participants, the investigation shall also assess whether any data integrity issues, protocol deviations, or other concerns have affected the rights, safety, or welfare of participants, or the validity of informed consent.

5. Informing Respondent

The respondent shall be kept informed of the procedures to be followed and of the nature of the evidence presented and shall be given the opportunity to appear before the investigative committee to respond to the allegations(s).

6. Documentation

The RIO shall use diligent efforts to ensure that the investigation is thorough and sufficiently documented and includes examination of all research records and evidence relevant to reaching a decision on the merits of the allegations.

7. Investigation Report

The investigative committee, under the direction of the RIO, will produce a written Investigation Report, which shall include, at a minimum, the information set forth in Appendix C. The investigative committee will provide the respondent an opportunity to review and comment on the draft Investigation Report and, concurrently, a copy of, or supervised access to, the evidence on which the report is based. The investigative committee may provide the complainant a copy of the draft Investigation Report or relevant portions of that report. Any comments of the respondent or the complainant must be submitted within thirty days of the date on which the draft was provided to the commenter. The investigative committee shall consider all comments received before issuing its final report.

D. Administrative Actions

1. DO Determination

a) The DO will receive the Investigation Report and, after consulting with the RIO and/or other institutional officials, determine in writing the extent to which the University accepts the conclusions in the Investigation Report. If this determination varies from the findings of the investigative committee, the DO will, as part of his/her written determination, explain in detail the basis for rendering a decision different from the findings of the investigative committee. Alternatively, the DO may return the report to the investigative committee with a request for further fact finding or analysis. The determination of the DO will be final unless it is appealed to the president as provided in Section VI.G.

2. Actions Following Conclusion of Investigation

When a final determination has been made by the DO:

- a) The RIO shall notify both the respondent and the complainant in writing and provide the respondent with an opportunity to appeal the ad hoc committee's decision, as affected by the DO's determination;
- b) The DO shall ensure that the final Investigation Report, the findings of the DO, and a

description of any pending or completed administrative actions are provided to ORI and/or any other relevant federal agency or office as required by law;

c) The DO shall determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the respondent in the work, or other relevant parties should be notified of the outcome of the case;

d) The RIO shall ensure compliance with all notification requirements of funding or sponsoring agencies; and the RIO and the DO shall ensure that the University cooperates with any further federal investigations, proceedings, or sanctions.

e) In cases involving human subjects research, the IRB shall review the findings to determine whether additional actions are required, including protocol modification, suspension, or termination; participant notification; or reporting to oversight bodies such as the Office for Human Research Protections (OHRP), if needed.

E. Interim Actions

At any stage in the process, the RIO shall have the authority to take interim action as needed, which may 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, and/or delaying publication. The RIO will immediately notify ORI if there is reason to believe that:

- a) The health or safety of the public is at risk, including an immediate need to protect human or animal subjects, in consultation with the IRB or IACUC;
- b) Federal resources or interests are threatened;
- c) The 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, so that federal action may be taken to safeguard evidence and protect the rights of those involved; or
- g) The research community or public should be informed.

VI. Other Considerations

A. Agency Notification

- 1.** In case of any of the circumstances identified in section V.E. above, the RIO shall notify ORI and/or any other relevant federal agency or office immediately as required by law. Western New England University will cooperate fully with ORI, including providing access to research records, evidence, and institutional personnel.
- 2.** If the investigation process closes prematurely, based on the admission of guilt or settlement agreement with the respondent, or for any other reason, the RIO shall notify ORI and/or any other relevant federal agency or office in advance as required by law.
- 3.** Where applicable, the University will comply with reporting requirements related to human subjects research, including those of the Office for Human Research Protections (OHRP) and other regulatory or sponsoring agencies. Such reporting will be coordinated between the RIO and the IRB.

B. Human Subjects Consideration; Confidentiality; Retaliation; Protection of Respondent's Reputation; Allegations Not Made in Good Faith

1. Human Subjects Consideration

When research misconduct allegations involve human subjects research:

- the IRB will be consulted at all relevant stages to ensure participant protections are maintained;
- the IRB may take independent action to address noncompliance or risks to participants;
- the University will assess whether participants should be notified of findings that may affect their rights, safety, or willingness to continue participation; and
- corrective actions may include re-consent of participants, data monitoring, or other measures as required to ensure compliance with federal regulations and ethical standards.

2. Confidentiality

Throughout the proceedings, the RIO and all participants in the proceedings shall, to the extent possible, 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, except as otherwise prescribed by law, limit the disclosure of any records or evidence from which research subjects might be identified to those who need to know in order to carry out a research misconduct proceeding. The RIO shall also have the option of keeping confidential the identities of witnesses. However,

The identity of respondents and complainants will be disclosed to ORI pursuant to an ORI review of research misconduct proceedings; and

Administrative hearings of the federal Department of Health and Human Services will be

open to the public.

3. Retaliation

Faculty, staff and students may not retaliate in any way against complainants, witnesses, or committee members. Any alleged or apparent retaliation against complainants, witnesses or committee members shall be reported to the RIO, who shall review the matter and, as necessary, make all reasonable and practical efforts to counter any potential or actual retaliation and protect and restore the position and reputation of the person against whom the retaliation is directed.

4. Protection of Reputation

After the proceeding and as appropriate, the RIO and other institutional officials shall make all reasonable and practical efforts to protect or restore the reputation of good faith complainants, witnesses and committee members as well as persons alleged to have engaged in research misconduct but against whom no finding of research misconduct is made.

5. Allegations Not Made in Good Faith

If relevant, the DO will determine whether the complainant's allegations were made in good faith, or whether a witness or committee member acted in good faith. If a complainant, witness or committee member fails to act in good faith, the DO will determine whether any administrative action should be taken against that person.

C. Minutes of Proceedings

Minutes of all proceedings shall be maintained by the RIO and provided as necessary to ORI and/or any other relevant federal agencies or offices as required by law.

D. Time Limit

The period of time for the initial Inquiry and the completion of the Investigation normally shall not exceed 180 days beyond the date when the allegation of research misconduct was first presented to the RIO.

E. Notices

During the research misconduct proceeding, the RIO is responsible for ensuring that respondents promptly receive all the notices and opportunities to present their case provided for in these Policies and Procedures.

F. Participation

Participation by a University faculty or staff member in a research misconduct inquiry,

investigation or remediation plan at the request of the RIO shall be considered part of that faculty or staff member's institutional responsibilities. All such participants must strictly abide by the confidentiality, anti-retaliation, and protection of reputation provisions as well as the guiding principles detailed above.

G. Appeals

Within thirty days of receipt of the investigation committee's final investigation report and the DO's determination, the respondent may appeal to either reverse or modify a finding of research misconduct and/or the sanctions imposed by filing a written notice of appeal with the RIO specifying in detail one or more of the following grounds of appeal:

1. Procedural error in the investigation process that materially affected the outcome;
2. Evidence that was not reasonably available during the investigation and would likely have materially affected the outcome; or
3. Sanctions seriously disproportionate to the gravity of the research misconduct.

The respondent must include with the notice of appeal filed with the RIO all documentation, information, and evidence to be considered in the appeal.

The RIO shall deliver the appeal to the President, along with the investigation report and the DO's determination. The President, upon reviewing the investigation report, the DO's determination, and any supporting evidence necessary, shall make the final decision to uphold, reverse, or modify the findings of research misconduct and/or the related sanctions, in writing, within 120 days of the filing of the appeal. The President, at his/her sole discretion, shall have the authority to charge the investigating committee with additional investigatory actions as deemed necessary to reaching a decision on the appeal, but all activities and the final decision of the President shall be completed within 120 days of the filing of the appeal.

The internal appeals process will not delay ORI notification.

VII. Appendix A: Summary of RIO's Responsibilities

Note: In the event of a conflict between this Appendix A and the provisions of the Policies and Procedures for Responding to Allegations of Research Misconduct, the Policies and Procedures will control.

The RIO will:

- Consult confidentially 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 misconduct and warrants an Inquiry;
- As necessary, take interim action and notify ORI and/or any other applicable government entity, of special circumstances, as required by these Policies and Procedures;
- Sequester research data and evidence pertinent to the allegation of research misconduct and maintain it securely in accordance with these Policies and Procedures and applicable law and regulation;
- Provide confidentiality to those involved in the research misconduct proceeding;
- Notify the respondent and provide opportunities for him/her to review/comment/respond to allegations, evidence, and committee reports as provided in these Policies and Procedures;
- Inform respondents, complainants, and witnesses of the procedural steps in the research misconduct proceeding;
- Appoint the chair and members of the Inquiry Panel (if desired) and Investigative Committee, ensure that those committees are properly staffed and that there is expertise appropriate to carry out a thorough and authoritative evaluation of the evidence;
- Determine whether any person involved in handling an allegation of research misconduct has an unresolved personal, professional, or financial conflict of interest and take appropriate action, including requiring recusal, to ensure that no person with such a conflict is involved in the research misconduct proceeding;
- In cooperation with other institutional officials, take all reasonable and practical steps to protect or restore the positions and reputations of good faith complainants, witnesses, and committee members and counter potential or actual retaliation against them by respondents or other institutional members;
- Keep the DO and others who need to know apprised of the progress of the review of the allegation of research misconduct;
- Notify and make reports to ORI and/or any other government entity as required by these Policies and Procedures;
- During the research misconduct proceeding, ensure that respondents promptly receive all the notices and opportunities to present their case provided for in these Policies and Procedures.
- Ensure that administrative actions taken by the institution and ORI 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;

- Maintain records for 7 years of the research misconduct proceeding and make them available to ORI and in sufficient detail to permit later assessment by ORI as required by law; and
- Take steps to maintain the confidentiality of ongoing research misconduct proceedings, and to protect or restore the reputation of any respondent in cases where no finding of research misconduct is made.

VIII. Appendix B: Contents of Inquiry Report

- The name and position of the respondent;
- A description of the allegations of research misconduct;
- The applicable federal support, including, for example, grant numbers, grant applications, contracts, and publications listing federal support;
- The basis for recommending whether or not the alleged actions warrant an investigation; and
- Any comments on the Inquiry Report by the respondent or the complainant.

In addition, the University must be prepared to provide the following information to the applicable federal agency on request:

- These Policies and Procedures;
- The research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and
- The charges for the investigation to consider.

IX. Appendix C: Contents of Investigation Report

- Allegations. Describe the nature of the allegations of research misconduct.
- Federal support. Describe and document the applicable federal support, including, for example, any grant numbers, grant applications, contracts, and publications listing federal support.
- Institutional charge. Describe the specific allegations of research misconduct for consideration in the investigation.
- Policies and procedures. If not previously provided to the applicable federal agency with the Inquiry Report, include these Policies and Procedures.
- Research records and evidence. Identify and summarize the research records and evidence reviewed, and identify any evidence taken into custody but not reviewed.
- Statement of findings. For each separate allegation of research misconduct identified during the investigation, provide a finding as to whether misconduct did or did not occur, and if so:
 - (1) Identify whether the research misconduct was falsification, fabrication, or plagiarism, and if it was intentional, knowing, or in reckless disregard;
 - (2) Summarize the facts and the analysis which support the conclusion and consider the merits of any reasonable explanation by the respondent;
 - (3) Identify the specific federal support;
 - (4) Identify whether any publications need correction or retraction;
 - (5) Identify the person(s) responsible for the research misconduct; and
 - (6) List any current support or known applications or proposals for support that the respondent has pending with other federal agencies.
- Comments. Include and consider any comments made by the respondent and complainant on the draft Investigation Report.
- Sanctions. Provide recommendations for the sanctions, if any, to be imposed.
- Maintain and provide records. Maintain and provide to ORI upon request all relevant research records and records of the institution's research misconduct proceeding, including results of all interviews and the transcripts or recordings of such interviews.