

## PROCEDURES CONCERNING ALLEGATIONS OF MISCONDUCT IN RESEARCH, CREATIVE ACTIVITY, AND SCHOLARSHIP

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This document serves as a companion to the FSU *Policy on Misconduct in Research, Creative Activity, and Scholarship* (Policy 7A-2). Definitions of terms used in this document are specified in the Policy.

The following is a list of acronyms used in this document:

- DO – Deciding Official (for FSU, the Vice President for Research)
- NIH – National Institutes of Health
- ORI – Office of Health and Human Services, Office of Research Integrity
- PHS – Public Health Service
- RIO – Research Integrity Office (for FSU, the Director of Research Compliance Programs)
- VPR – FSU's Vice President for Research

### **Allegation Intake and Assessment**

Research misconduct allegations reported to any University official shall be directed immediately to the RIO. Upon receiving an allegation of research misconduct, the RIO consults in confidence with the VPR/DO and other University personnel as appropriate and applicable, to determine whether the allegation meets the University's definition of research misconduct and if it is sufficiently credible and specific so that potential evidence of research misconduct may be identified. Immediately upon receipt of allegation, the RIO will notify the appropriate individuals that an allegation has been received and that the assessment has begun.

The assessment stage allows the RIO to filter out those cases that are not research misconduct (e.g., authorship disputes) before engaging in lengthy and resource intensive inquiries or investigations.

The RIO will follow assessment requirements of the funding agency as applicable. If the funding agency does not have research misconduct regulations, FSU's policy and procedures will be used as a guide to the proceedings, as appropriate.

#### Assessment Decision Criteria

An Inquiry is warranted if the allegation:

- Fits FSU's definition of research misconduct, and
- Is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

The allegations may be further refined by Inquiry and Investigation Committees.

#### Determination to Conduct an Inquiry

If, after assessing the allegation, the RIO, in consultation with the VPR/DO and other University personnel as appropriate and applicable, determines that the allegation warrants further action and meets the definition of research misconduct as defined in the University's Policy, the RIO initiates the research misconduct proceedings in accordance with the Policy and these Procedures.

#### Determination to Dismiss an Allegation

If, after assessing the allegation, the RIO, in consultation with the VPR/DO and other University personnel as appropriate and applicable, determines that the allegation does not warrant further action and/or does not meet the definition of research misconduct as defined in the Policy, the RIO formally dismisses the allegation. The RIO need not notify the Respondent of such allegations. The RIO need not notify the Claimant of the results of the assessment.

If the VPR/DO, in consultation with other University personnel as appropriate and applicable, decides that an inquiry is not warranted, the RIO shall secure and maintain for 7 years after the termination of the assessment sufficiently detailed documentation of the assessment to permit a later assessment by ORI, or any other pertinent agency as required by regulation, of the reasons why an inquiry was not conducted.

#### Interim Protective Actions

At any time during a research misconduct proceeding, the University shall take appropriate interim actions to protect public health, federal funds and equipment, and the integrity of the research process. The necessary actions will vary according to the circumstances of each case, but examples of actions that may be necessary include terminating or temporarily stopping project activities and expenditures, delaying the publication of project results, providing for closer supervision of one or more researchers/scholars, requiring approvals for actions relating to the activity that did not previously require approval, auditing pertinent records, or taking steps to contact other institutions that may be affected by an allegation of misconduct.

#### Notice to the Respondent

***Depending on the circumstances of the allegation, the steps defined under Sequestration below may need to come before notifying the Respondent than an allegation has been made.***

#### Initial Meeting with Respondent

The RIO and/or the VPR/DO will discuss with the Respondent:

- The allegation.
- The University's Policy and Procedures concerning research misconduct proceedings.
- The Respondent's rights under the Policy, including right to an Advocate.
- Maintaining confidentiality.
- Avoiding retaliation or any act that may appear retaliatory.
- Access to the evidence on which the report is based.
- The Respondent's right to efforts by the University to restore the reputation of the Respondent if the allegation is not confirmed, as appropriate.

### Informing Respondent of the Allegation: Contingencies

If the Respondent makes an admission of misconduct:

- Record the Respondent's statement (alternately, have the Respondent write and sign the admission), detailing where, when, and how the Respondent committed misconduct.
- Sequester records and data immediately (receipts signed by RIO and Respondent), if appropriate.
- Notify the funding agency as soon as possible.

If the Respondent claims to be innocent of the allegations, but can't offer compelling evidence or explanation to establish innocence:

- Go over the allegation in detail and ask what evidence/data the Respondent has related to each part of the allegation.
- Sequester data immediately (receipts signed by RIO and Respondent), if appropriate.
- Continue with proceedings.

### Sequestration

Experience has shown that prompt and complete sequestration of physical evidence of Research Records (as defined in the Policy) is vital for resolving misconduct allegations. Proper evidence management protects the research and those involved. Sequestration of research records should take place concurrent with or prior to notification. Generally, sequester as early as possible after receiving a credible allegation. The RIO will take custody of the evidence, document and inventory the evidence collected, and protect the evidence during the entire proceeding.

### Conducting the Inquiry

The following procedures are to be applied if it is determined that the allegation appears to fit the definition of misconduct in the applicable regulation, and is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

The purpose of the inquiry is to make a preliminary evaluation of the available evidence and testimony of the Respondent, whistleblower, 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 was responsible. The findings of the inquiry should be set forth in an inquiry report.

The Dean, in consultation with the VPR/DO, shall appoint the members of the Inquiry Committee and designate a Chair of the Committee.

### Selecting Committee Members

- An Inquiry Committee normally consists of three faculty members.
- The Committee should include the requisite disciplinary and technical expertise.
- Committee members should be held in high regard.
- The Dean, in consultation with the VPR/DO, may appoint a larger committee or may appoint members from outside the University if deemed warranted by the circumstances of the case.

The Dean will notify the Respondent of the proposed committee membership. The Respondent will have two (2) business days to raise objections to the proposed committee membership based on personal, professional, or financial conflict of interest. The Respondent has an obligation to specifically disclose to the Dean any potential conflicts of interest with the proposed membership. The Dean will make the final determination of whether a conflict exists.

### Conflict of Interest Screening

The screening will consist of a general outline of case to the potential Committee members and discuss potential conflicts such as collaborations, co-authorships, financial conflicts, etc.

### Initial Briefing to the Committee

The RIO will brief the Inquiry Committee as follows:

- Review the University's Policy and Procedures
- Provide and review the Committee's detailed, *written* charge that:
  - Describes the allegations and identifies the Respondent;
  - Defines research misconduct;
  - Informs the committee of the general procedures pursuant to which the inquiry should be conducted;
  - Informs the committee that it must evaluate the evidence and testimony to determine whether, based on a preponderance of the evidence, the allegation appears to fit the definition of misconduct in the applicable regulation, and is sufficiently credible and specific so that potential evidence of research misconduct may be identified.
  - Informs the committee that it must prepare a written inquiry report that meets the requirements of this policy and any applicable federal regulations; and
  - Sets the time for completion of the inquiry.

A copy of the charge will be provided to the Respondent.

- Review the specific allegation for *each instance* of alleged fabrication, falsification, and plagiarism.
- Expert assistance from ORI is available to the Committee if needed, including Rapid Response Technical Assistance (RRTA).
- Review Decision Criteria described above for determining whether an inquiry is warranted.
- Problem area overlaps, if applicable (e.g., research misconduct and authorship/credit dispute, etc.).
- Requirements of the Inquiry Report.

The RIO should insulate the Committee from any administrative influence and ex parte communications with the parties. It is crucial to maintain the integrity of the review process and avoid any appearance of institutional influence over the Committee's deliberations or decision-making.

The Inquiry Committee will be provided with a copy of the University's policy and procedures and any sponsor-specific requirements. The RIO will be present throughout the inquiry to advise the Committee as needed.

### Looking Beyond the Immediate Allegations

Committees should, of course, reach specific findings on each allegation. But once misconduct has been proven to have occurred, the committee is encouraged to widen its review to images or text included in thus far unquestioned scholarly works by that Respondent to see if any of those might be problematic. Some misconduct is a "one-time occurrence," but very often one known instance of misconduct is part of an extensive pattern of fabrication, falsification, or plagiarism by that Respondent. At minimum, the committee should look to see if evidence exists for similar instances of falsification, fabrication, or plagiarism, and/or absence of supporting research data.

### Inquiry Process

The Inquiry Committee and the RIO must:

- Use diligent efforts to ensure that the inquiry is thorough and sufficiently documented and includes examination of all research records and evidence relevant to reaching a decision on the merits of each allegation;
- Take reasonable steps to ensure an impartial and unbiased inquiry to the maximum extent practical;
- Interview each Respondent, Complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the inquiry, including witnesses identified by the Respondent, and record or transcribe each interview, provide the recording or transcript to the interviewee for correction, and include the recording or transcript in the record of the inquiry; and
- Pursue diligently all significant issues and leads discovered that are determined relevant to the inquiry, including any evidence of any additional instances of possible research misconduct, and continue the inquiry to completion.

After consultation with the RIO, the committee members will decide whether an investigation is warranted based on the criteria outlined in these procedures. The scope of the inquiry is not required to and does not normally include deciding whether misconduct definitely occurred, determining definitely who committed the research misconduct, or conducting exhaustive interviews and analyses. However, if a sufficient admission of research misconduct is made by the Respondent, misconduct may be determined at the inquiry stage if all relevant issues are resolved. In that case, the RIO shall promptly consult with the Office of Research Integrity or the pertinent agency to determine the next steps that should be taken.

### Time for Completion

The inquiry should be completed as quickly as possible, but no later than 60 calendar days from the initiation of the inquiry, which in most cases will be the date of the first inquiry committee meeting. If the RIO determines that circumstances clearly warrant a longer period, the RIO, and the funding agency if required, may approve an extension and the inquiry record will include documentation of the reasons for exceeding the 60-day period. The inquiry period includes preparation of the final inquiry report and the decision of the VPR/DO on whether an investigation is warranted.

### Inquiry Committee Decision Criteria

Upon concluding its inquiry, the Inquiry Committee shall decide by majority vote whether sufficient credible evidence exists to warrant a full investigation of any or all of the allegations. An investigation is warranted if the Inquiry Committee determines:

- There is a reasonable basis for concluding that the allegation falls within the University's definition of research misconduct; and
- The allegation may have substance, based on the Committee's review during the Inquiry.

### Inquiry Report

The Inquiry Committee and the RIO are responsible for preparing a written draft report for the Inquiry, which includes basis for recommending, or not recommending, that the allegations warrant an Investigation.

### Elements of the Inquiry Report

A written inquiry report must be prepared that includes the following information:

1. The name and position of the Respondent;
2. A description of the allegations of research misconduct;
3. The external support pertinent to the allegation, including, for example, grant numbers, grant applications, contracts and publications listing the support;
4. The basis for recommending or not recommending that the allegations warrant an investigation;
5. Any comments on the draft report by the Respondent or Complainant;
6. The names and titles of the committee members and experts who conducted the inquiry;
7. A summary of the inquiry process used;
8. A list of the research records reviewed;
9. Summaries of any interviews; and
10. Whether any other actions should be taken if an investigation is not recommended

The RIO should review the report for compliance with FSU and agency policies and regulations governing research misconduct. Modifications should be made as appropriate in consultation with the RIO and the Inquiry Committee.

### Notification to the Respondent and Opportunity to Comment

The RIO shall notify the Respondent whether the inquiry found an investigation to be warranted, include a copy of the draft inquiry report. If the Respondent wants to provide comments on the draft report, those comments must be submitted to the RIO within ten (10) calendar days of Respondent's receipt of the draft report. Any comments that are submitted by the Respondent will be attached to the final inquiry report. Based on the comments, the Inquiry Committee may revise the draft report as appropriate and prepare it in final form. The committee will deliver the final report to the RIO. All members of the Committee must sign the report.

### Institutional Decision and Notification

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

Notifications: Within 30 calendar days of the VPR/DO's decision that an investigation is warranted, the RIO will:

- Provide the pertinent agency, as required by regulation, with the VPR/DO's written decision and a copy of the inquiry report.
- Notify the Respondent and any institutional officials who need to know of the VPR/DO's decision.
- Where PHS funding is involved, the RIO must provide the following information to ORI upon request: (1) the University policies and procedures under which the inquiry was conducted; (2) the research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and (3) the charges to be considered in the investigation.

Except in unusual circumstances, the Complainant will not be informed of the final outcome of the inquiry or investigation. The RIO and VPR/DO shall determine what, if any, information to provide to the Complainant at various stages in the process, balancing the Complainant's legitimate interest in the proceeding, its progress, and its outcome, with the need to safeguard the integrity and confidentiality of the process.

#### Documentation of Decision Not to Investigate

If the VPR/DO, in consultation with other University personnel as appropriate and applicable, decides that an investigation is not warranted, the RIO shall secure and maintain for 7 years after the termination of the inquiry sufficiently detailed documentation of the inquiry to permit a later assessment by ORI, or any other pertinent agency as required by regulation, of the reasons why an investigation was not conducted.

The RIO will notify the Respondent and any institutional officials who need to know of the VPR/DO's decision, and provide the pertinent agency, as required by regulation, with the VPR/DO's written decision and a copy of the inquiry report. No record of the allegation or inquiry is to remain in the accused faculty member's evaluation file.

#### Conducting the Investigation

The investigation must begin within 30 calendar days after the determination by the VPR/DO that an investigation is warranted. The purpose of the investigation is to develop a factual record by exploring the allegations in detail and examining the evidence in depth, leading to recommended findings on whether research misconduct has been committed, by whom, and to what extent. The investigation will also determine whether there are additional instances of possible research misconduct that would justify broadening the scope beyond the initial allegations. The findings of the investigation must be set forth in an investigation report.

#### Notifying the Funding Agency and Respondent

On or before the date on which the investigation begins, the RIO must: (1) if external funding is involved, notify the ORI Director (in the case of PHS funded research) or other pertinent agency (as required by regulation), of the decision to begin the investigation and provide the relevant agency with a copy of the inquiry report; and (2) notify the Respondent in writing of the allegations to be investigated. The RIO must also give the Respondent written notice of any new allegations of research misconduct within a reasonable amount of time of deciding to pursue allegations not addressed during the inquiry or in the initial notice of the investigation.

#### Sequestration of Additional Research Records

The RIO will, prior to notifying Respondent of the investigation, take all reasonable and practical steps to obtain custody of and sequester in a secure manner all research records and evidence needed to conduct the research misconduct investigation that were not previously sequestered during the inquiry. The need for additional sequestration of records for the investigation may occur for any number of reasons, including the University's decision to investigate additional allegations not considered during the inquiry stage or the identification of records during the inquiry process that had not been previously secured. The procedures to be followed for sequestration during the investigation are the same procedures that apply during the inquiry phase.

### Appointment of the Investigation Committee

The Dean, in consultation with the VPR/DO, shall select the members of the Inquiry Committee and designate the Chair of the Committee.

### Selecting Committee Members

- An Investigation Committee normally consists of three faculty members.
- The Committee should include the requisite disciplinary and technical expertise.
- Committee members should be held in high regard.
- Individuals appointed to the Investigation Committee may also have served on the Inquiry Committee.
- The Dean may appoint a larger committee or may appoint members from outside the University if that is deemed warranted by the circumstances of the case.

### Conflict of Interest Screening

The screening will consist of a general outline of case to the potential Committee members and discuss potential conflicts such as collaborations, co-authorships, financial conflicts, etc.

The Dean will notify the Respondent in writing of the proposed committee membership. The Respondent will have two (2) business days to raise objections to the proposed committee membership based on personal, professional, or financial conflict of interest. The Respondent has an obligation to specifically disclose to the Dean any potential conflicts of interest with the proposed membership. The Dean will make the final determination of whether a conflict exists.

### Initial Briefing to the Committee

The RIO will brief the Investigation Committee as follows:

- Review the University's Policy and Procedures
- Provide and review the Committee's detailed, *written* charge that:
  - Describes the allegations and related issues identified during the inquiry and identifies the Respondent;
  - Defines research misconduct;
  - Informs the committee of the general procedures pursuant to which the investigation should be conducted;
  - Informs the committee that it must evaluate the evidence and testimony to determine whether, based on a preponderance of the evidence, research misconduct occurred and, if so, the type and extent of it and who was responsible;
  - Informs the committee that in order to determine that the Respondent committed research misconduct it must find that a preponderance of the evidence establishes

- that: (i) research misconduct, as defined in this policy, 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); (ii) the research misconduct is a significant departure from accepted practices of the relevant research community; and (iii) the Respondent committed the research misconduct intentionally, knowingly, or recklessly;
- Informs the committee that it must prepare a written investigation report that meets the requirements of this policy and any applicable federal regulations; and
  - Sets the time for completion of the investigation.

A copy of the charge will be provided to the Respondent.

- Review the specific allegation for *each instance* of alleged fabrication, falsification, and plagiarism.
- Expert assistance from ORI is available to the Committee if needed, including Rapid Response Technical Assistance (RRTA).
- Problem area overlaps, if applicable (e.g., research misconduct and authorship/credit dispute, etc.).
- Requirements of the Investigation Report.

The RIO should insulate the Committee from any administrative influence and ex parte communications with the parties. It is crucial to maintain the integrity of the review process and avoid any appearance of institutional influence over the Committee's deliberations or decision-making.

The Investigation Committee will be provided with a copy of the University's policy and procedures and any sponsor-specific requirements. The RIO will be present throughout the investigation to advise the Committee as needed.

### Looking Beyond the Immediate Allegations

Committees should, of course, reach specific findings on each allegation. But once misconduct has been proven to have occurred, the committee is encouraged to widen its review to images or text included in thus far unquestioned scholarly works by that Respondent to see if any of those might be problematic. Some misconduct is a "one-time occurrence," but very often one known instance of misconduct is part of an extensive pattern of fabrication, falsification, or plagiarism by that Respondent. At minimum, the committee should look to see if evidence exists for similar instances of falsification, fabrication, or plagiarism, and/or absence of supporting research data.

### Investigation Process

The Investigation Committee and the RIO must:

- Use diligent efforts to ensure that the investigation is thorough and sufficiently documented and includes examination of all research records and evidence relevant to reaching a decision on the merits of each allegation;
- Take reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practical;
- Interview each Respondent, 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 record or transcribe

each interview, provide the recording or transcript to the interviewee for correction, and include the recording or transcript in the record of the investigation; and

- Pursue diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of any additional instances of possible research misconduct, and continue the investigation to completion.

### Time for Completion

The investigation should be completed as quickly as possible, but no later than 120 calendar days from the start of the investigation, including conducting the investigation, preparing the report of findings, providing the draft report for comment and sending the final report to ORI (for PHS funded activities) or other pertinent agencies as required by regulation. However, if the RIO determines that the investigation will not be completed within this 120-day period, he/she will submit to ORI (or other pertinent agency as required by regulation) a written request for an extension, setting forth the reasons for the delay. The RIO will ensure that periodic progress reports are filed with ORI (or other pertinent agency as required by regulation), if ORI/other pertinent agency grants the request for an extension and directs the filing of such reports.

### Investigation Committee Decision Criteria

The Investigative Committee shall determine if misconduct occurred, if the Respondent was responsible for it, and the extent, gravity, and actual and potential consequences of the misconduct. To conclude that misconduct occurred, a majority of the members of the Investigative Committee must find:

- (1) There is a reasonable basis for concluding that the allegation falls within the University's definition of research misconduct; and
- (2) That the misconduct was committed intentionally, knowingly, or recklessly; and
- (3) That the allegation was proven by a preponderance of the evidence.

### The Investigation Report

The Investigation Committee and the RIO are responsible for preparing a written draft report for the Investigation, which includes a statement of findings; i.e., for each separate allegation of research misconduct identified during the Investigation, includes a finding as to whether research misconduct did or did not occur. The RIO will assist the Investigation Committee in finalizing the draft Investigation Report, including ensuring that the Respondent's comments, if any, are included and considered, and transmit the final Investigation Report to the Dean and the VPR/DO.

### Elements of the Investigation Report

At the conclusion of an investigation, the investigation committee prepares a written report that summarizes its findings and recommendations. The required elements of the investigation committee report include:

- Names of investigation committee members;
- Committee charge, i.e. the identification of respondent and a description of allegations;
- Process used to conduct the investigation (i.e., in accordance with the *attached* Florida State University's *Policy ... and Procedures ...*);
- Identifies and summarizes the research records and evidence reviewed;

- A finding as to whether research misconduct occurred for each separate allegation identified during the investigation, and whether it was committed intentionally, knowingly, or recklessly;
- Identification of each finding of research misconduct as plagiarism, falsification, fabrication, or other serious deviation from accepted practices;
- Identification of the individual responsible for each finding of research misconduct;
- Summary of the facts and analysis supporting the conclusion;
- Describes and documents any relevant external support, including, for example, the identification numbers of any grants that are involved, grant applications, contracts, and publications listing the external support;
- Identification of any publications that require correction or retraction; and

#### Comments on the Draft Report and Access to Evidence

- **Respondent:** The RIO must give the Respondent a copy of the draft investigation report for comment. The Respondent will be allowed 30 calendar days from the date he/she received the draft report to submit comments to the RIO. The Respondent's comments must be included and considered in the final report.
- **Confidentiality:** In distributing the draft report to the Respondent, the RIO will inform the recipient of the confidentiality under which the draft report is made available and may establish reasonable conditions to ensure such confidentiality. For example, the RIO may require that the recipient sign a confidentiality agreement.

#### **Institutional Decision**

The VPR/DO, in consultation with other University personnel as appropriate and applicable, will determine: (1) whether the University accepts the investigation report and its findings, and (2) the appropriate institutional actions in response to the accepted findings of research misconduct. If this determination varies from the findings of the Investigation Committee, the VPR/DO, in consultation with other University personnel as appropriate and applicable, will, as part of his/her written determination, explain in detail the basis for rendering a decision different from the findings of the Investigation Committee. Alternatively, the VPR/DO may return the report to the Investigation Committee with a request for further fact-finding or analysis.

When a final decision on the case has been reached, the RIO will notify the Respondent in writing. After informing ORI (in the case of PHS funded activities, or other pertinent agencies as required by regulation), the VPR/DO and the RIO 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.

Except in unusual circumstances, the Complainant will not be informed of the final outcome of the inquiry or investigation. The RIO and VPR/DO shall determine what, if any, information to provide to the Complainant at various stages in the process, balancing the Complainant's legitimate interest in the proceeding, its progress, and its outcome, with the need to safeguard the integrity and confidentiality of the process.

#### Appeals

The Respondent, depending on his or her standing and the severity of the proposed penalty, will have available one or more avenues of appeal from which to choose as delineated in the BOT-UFF Collective Bargaining Agreement, the FSU Constitution, and any other applicable authority, including pertinent funding agency regulations. Such appeal must be made in writing within ten (10) calendar days after notification of the VPR/DO's decision.

#### Notice to ORI or Other Pertinent Agencies of Institutional Findings and Actions

Unless an extension has been granted, the RIO must, within the 120-day period for completing the investigation (or the period for completion of any appeal), submit the following to ORI (in the case of PHS supported activities) or other pertinent agencies as required by regulation:

- A copy of the final investigation report with all attachments (and any appeal);
- A statement of whether the University accepts the findings of the investigation report (or the outcome of the appeal);
- A statement of whether the University found misconduct and, if so, who committed the misconduct;
- A description of any pending or completed administrative actions against the Respondent.

#### Institutional Sanctions

After the University makes a finding of misconduct against one or more Respondents, it typically imposes sanctions (a.k.a. administrative actions) up to and including dismissal against those Respondents. Where dismissal is not sought, the University may place Respondents on probation with specific conditions for specific periods. For example administrative actions may include:

- Withdrawal or correction of all pending or published abstracts and papers emanating from the research where research misconduct was found;
- Withdrawal or correction of any research data deposited in scientific repositories;
- 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;
- Restitution of funds to the grantor agency as appropriate;
- Limiting the kinds of research the Respondent may engage in (e.g., research involving human or animal subjects);
- Requiring that a Respondent's research activities be monitored and approved by others;
- Limiting the Respondent's use of specific internal or external research funds;
- Proscribing the Respondent from supervising junior researchers;
- Other action appropriate to the research misconduct (in consultation with existing internal policies/procedures that may apply to the situation).

Similarly, federal agencies such as PHS may debar convicted Respondents from receiving PHS funds for specific periods or may require that a Respondent's research activities be supervised. Institutions may encounter difficulty—sanctions by funding agencies and legal liability—when they do not enforce administrative actions imposed at the end of misconduct cases.

Where internal appeals of sanctions are allowed, the RIO should assure that institutional procedure and practice allows appeals panels (e.g. tenure and privilege committees) to hear only appeals to the sanctions and not to challenge the finding of misconduct by an expert panel operating under institutional misconduct procedure. Reversing or modifying such a finding of

misconduct by this kind of panel would constitute non-compliance with the PHS regulation and, therefore, a violation of the University's assurance to ORI. (Of course, an institution's misconduct policy and procedures may include appeals of a finding of misconduct on procedural or substantive grounds, or both).

Where a Respondent found responsible for misconduct remains at the University, *and* a federal agency, such as PHS, imposes additional sanctions on the Respondent (e.g., debarment from seeking federal funding for research for a specific period of time), those sanctions must be enforced by the University.

The RIO should create administrative teams appropriate to each specific case to monitor internal and external administrative actions. Such teams might include, for example, a representative from Sponsored Research Administration, the Respondent's department chairperson or dean, or the dean of the graduate school. This team should check to see that the administrative actions are being enforced at regular intervals during the pendency of the probation or debarment and report to the RIO.

The RIO should create an administrative action calendar for each case where such actions are prescribed and check to see that the administrative teams report on schedule that the administrative actions are being enforced.

### **Correcting the Research Record**

There are two goals for any misconduct proceeding: (1) identifying individuals who may be responsible for research misconduct, and (2) restoring the integrity of the research record. Most of the attention of institutions, scholars who study misconduct, and the press, when cases go public, is focused on the Respondent. Arguably, restoring the integrity of the research record is ultimately more important. Retraction of publications and grant proposals which have been plagiarized or which contain fabricated or falsified data is a critical part of that process.

#### Scope of Institutional Review to Correct the Literature

##### Identifying all the affected data and text

Faculty and others chosen to serve on Investigative Committees are typically among the most productive as well as the most trusted researchers in the organization. They are usually, therefore, among the busiest. While willing to provide the necessary, if distasteful, service on an investigative committee, they are eager to get it over with as quickly as possible and to return to their work. Consequently, once committees find enough evidence to reach a determination of misconduct, even on one part of a multi-part allegation, they may be eager to stop. They should not stop until they have considered the possible extent of the misconduct.

##### Looking beyond the Immediate Allegations

ORI will need to address the question of wider possible misconduct and will likely ask for the University's assistance. In the cases of questioned images or plagiarism, ORI can provide advice about technical methods and publicly available software that may make this process easier.

GenBank data (or information in other public data banks) are a very important but often overlooked component of the correction of the literature. One of the products of the questioned research may be gene sequences, protein crystallographic data, etc., that are publicly available from a variety of sources. Overnight, this data can be incorporated as results of new research papers by others seeking to draw new inferences by comparing valid sequences, data, etc., with

what may in fact be in question. Many data banks provide the ability to place innocuous temporary holds on the release of the information as a normal process, since legitimate errors in sequencing are often discovered; and the information is then released when corrected with no alteration in priority. The University should consider placing temporary holds on publicly available data banks that may be tainted by the alleged falsification.

### Retraction

Once the University finds that a Respondent has fabricated or falsified data or plagiarized another's work, it should consider retracting any grant proposals, contracts or publications in which the fabricated, falsified, or plagiarized work is present. RIOs should exercise caution, however, because if the case becomes public, there is often pressure from coauthors and others to rapidly correct the literature. However, premature corrections or retractions can result in incomplete or inaccurate corrections (or statements assigning responsibility) before all of the facts are known. Also, valid components of the research that are not affected by the misconduct may be unfairly jettisoned. Thus, the University may need to work with the journal to determine the appropriate timing for a correction or retraction. Retraction of journal articles is sometimes more difficult since journals may insist that the corresponding and perhaps all the listed authors agree to the retraction. One of these will likely be the Respondent who may be reluctant to cooperate. The RIO may discuss retractions with ORI as needed.

Where ORI does not have jurisdiction or chooses not to make a finding when the University has, the RIO should call the editor directly and initiate a dialogue about possible retraction. The editors, sometimes cautioned by the journal's lawyers, may have concerns about liability if they retract a published article without an author's (Respondent's) permission. On the other hand, journal editors do not want to be embarrassed by letting publications containing fabricated, falsified data or plagiarized data and text remain unretracted after appropriate notice from the University's RIO, acting of course on advice of legal counsel. Sometimes a conversation with an editor can lead to a strategy for retraction.

When the University imposes a sanction less than dismissal for an investigator found responsible for research misconduct in a case where there are publications that need to be retracted, the University may require the Respondent to agree to and cooperate in the retraction as a condition of continued employment. The University may require the Respondent to identify all other places where the data/text in question has appeared so that can be retracted as well.

Finally, the RIO needs to monitor retractions to assure they occur. Articles can have a life of their own on the web after publication. The RIO should exercise due diligence in tracking the articles in question for a year or 18 months and to notify editors and webmasters when they appear without notice that they have been retracted.

### Protecting Whistleblowers

The PHS Regulation requires institutions to undertake "diligent efforts to protect the positions and reputations of those persons who, in good faith, make allegations" (42 C.F.R. § 50.103 (d)(13)). A regulation to protect good faith whistleblowers in scientific misconduct cases is under development. In the meantime, ORI has developed interim guidelines for institutions that have received allegations of retaliation from whistleblowers. Several institutions have used the guidelines in responding to retaliation complaints. Institutions have reported in their Annual Reports that they have taken the following actions to protect whistleblowers: (1) establishing a

policy prohibiting retaliation; (2) creating procedures for investigating retaliation complaints; (3) maintaining confidentiality of the proceedings; (4) cautioning Respondents against retaliating; (5) reminding department chairs and deans about the protections afforded to good faith whistleblowers; (6) monitoring for possible retaliation; (7) imposing sanctions on retaliators; (8) relocating the whistleblowers; (9) informing appropriate officials if a scientific misconduct allegation was made in good faith; and (10) publicly acknowledging that the whistleblower did the "right thing."

Several institutions include a provision in their policies and procedures authorizing disciplinary actions against "bad faith" whistleblowers.

### Retaliation

Retaliation is defined in the regulation at 93.226 as "an adverse action taken against a Complainant, witness, or committee member by an institution or one of its members in response to--

- (a) A good faith allegation of research misconduct; or
- (b) Good faith cooperation with a research misconduct proceeding".

It is among an institution's general responsibilities for compliance under the regulation at 93.300 (D) to protect Complainants, witnesses and committee members from potential or actual retaliation by Respondents and other institutional members.

For additional guidance, see *ORI Guidelines for Institutions and Whistleblowers: Responding to Possible Retaliation Against Whistleblowers in Extramural Research* at <http://ori.hhs.gov/guidelines-whistleblowers>.

### Cooperating with ORI

ORI is responsible for reviewing institutional investigations involving PHS funding to determine "whether the investigation has been performed in a timely manner and with sufficient objectivity, thoroughness, and competence" (42 C.F.R. § 50.104(a)(6)). ORI also has the right "to perform its own investigation at any time prior to, during, or following an institution's investigation" (42 C.F.R. § 50.104(a)(6)). In addition, if a hearing is requested by the Respondent, ORI must present its misconduct findings (which are frequently based on an institutional investigation) before the Departmental Appeals Board (DAB).

Consequently, ORI relies on institutions to inform and cooperate with ORI "with regard to each investigation of possible misconduct" (42 C.F.R. § 50.103(c)(4)). Specific requirements for reporting to ORI are noted in the PHS Regulation.

In addition, an institution is required to provide its policies and procedures to ORI, upon request, and the documentation for any institutional inquiry which concludes that an investigation was not warranted. ORI will provide the University with a copy of its final oversight report on each investigation (or inquiry if ORI has requested submission of the report) conducted by the University and its final report on investigations conducted at the University by ORI.

### Fostering Research Integrity

The University is committed to fostering a research environment that:

- Promotes the responsible conduct of research, research training, and activities related to

that research or research training,

- Discourages research misconduct, and
- Deals promptly with allegations or evidence of possible research misconduct.

The Vice President for Research shall maintain a website accessible by all faculty, staff, and students, containing all relevant University policy statements, generally applicable federal, state and local requirements, and links to specific requirements of the major funding agencies regarding integrity in research and creative activity. This *Policy on Research Misconduct and Creative Activity* is also referenced in the FSU Faculty Handbook.

The University subscribes to [iThenticate](#), which is an intellectual property verification tool that checks documents for originality in order to prevent plagiarism in scholarly works.

The University subscribes to the Collaborative Institutional Training Initiative (CITI Program), which includes a course on the [Responsible Conduct of Research](#) (with a module dedicated to *Research Misconduct*).

### **Implementing Agency Administrative Actions**

The University may be required to assist in implementing administrative actions where, for example, the administrative action affects the submission of grant applications involving an employee who has committed scientific misconduct. The Department of Health and Human Services (HHS) and/or PHS has imposed one or more of the following administrative actions on individuals when scientific misconduct has been found: (1) debarment from receiving Federal grant and contract funds; (2) prohibition from PHS advisory service; (3) certification of sources; (4) certification of data; (5) plan of supervision; (6) retraction of articles; and (7) correction of articles. Institutions may have implementation responsibilities in six actions: 1, 3, 4, 5, 6, and 7.

The administrative actions PHS/HHS may take against Respondents who have a finding of research misconduct made against them include, but are not limited to:

- Clarification, correction, or retraction of the research record.
- Letters of reprimand.
- Imposition of special certification or assurance requirements to ensure compliance with applicable regulations or terms of PHS grants, contracts, or cooperative agreements.
- Suspension or termination of a PHS grant, contract, or cooperative agreement.
- Restriction on specific activities or expenditures under an active PHS grant, contract, or cooperative agreement.
- Special review of all requests for PHS funding.
- Imposition of supervision requirements on a PHS grant, contract, or cooperative agreement.
- Certification of attribution or authenticity in all requests for support and reports to the PHS.
- No participation in any advisory capacity to the PHS.
- Adverse personnel action if the respondent is a Federal employee, in compliance with relevant Federal personnel policies and laws.
- Suspension or debarment under 45 CFR Part 76, 48 CFR Subparts 9.4 and 309.4, or both.
- HHS also may seek to recover PHS funds spent in support of the activities that involved research misconduct.

Which administrative actions, the number of administrative actions, and the length of the administrative actions depends on the seriousness of the misconduct, the impact of the misconduct, and whether the misconduct demonstrates a pattern of behavior. Administrative actions are usually imposed for three years, but have ranged from one year to a lifetime. ORI generally relies on the cooperation of the University where the Respondent is currently employed to assist in implementing administrative actions.

A list of individuals currently under PHS Administrative Actions is available on the PHS Administrative Actions Bulletin Board. Individuals are removed from the bulletin board when the administrative actions expire. The Excluded Parties List System (EPLS) is an electronic, web-based system that identifies all parties excluded from receiving Federal contracts, certain subcontracts, and certain types of Federal financial and non-financial assistance and benefits including researchers who have been debarred for research misconduct.

### **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 University's responsibilities under any applicable federal agency regulations.

If the Respondent, without admitting to the misconduct, elects to resign his or her position after the University 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.

### **Restoration of the Respondent's Reputation**

The PHS Regulation requires the University to undertake "diligent efforts, as appropriate, to restore the reputations of persons alleged to have engaged in misconduct when allegations are not confirmed" (42 C.F.R. § 50.103(d)(13)). These efforts should be undertaken in consultation with the individual against whom allegations were made. Institutions are asked to report in the Annual Report the efforts they have undertaken to restore reputations of exonerated individuals. Past reports have indicated that institutions primarily take three steps to protect/restore reputations: (1) maintain confidentiality of proceedings; (2) inform all persons involved in the proceedings of the outcome; and (3) remove materials concerning the allegation from the personnel file of the exonerated individual.

### **Closing Cases**

Generally, all inquiries and investigations will be carried through to completion and all significant issues will be pursued diligently. The RIO shall notify ORI (or the pertinent agency as required by regulation) in advance if there are plans to close a case 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: (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 (or the pertinent federal agency), as prescribed in this policy.

## **Record Retention**

The RIO must maintain and provide to the pertinent agency as required by regulation and upon request records of research misconduct proceedings. Unless custody has been transferred to the pertinent agency or the pertinent agency 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.

The RIO is also responsible for providing any information, documentation, research records, evidence or clarification requested by ORI or other pertinent agency to carry out its review of an allegation of research misconduct or of the University's handling of such an allegation.

## **Evidence Retention and Return**

The RIO will maintain all records of the research misconduct proceeding for 7 years after completion of the proceeding, or any funding agency proceeding, whichever is later, unless institution has transferred custody of the records and evidence to the funding agency, or the funding agency has advised institution that it no longer needs to retain the records. After 7 years the RIO shall dispose of the evidence by either returning it to the Respondent or destroying it.

## **Annual Report on Possible Research Misconduct**

The University's RIO will submit an Annual Report on Possible Research Misconduct to ORI as required by 42 C.F.R. § 50.103(b). This annual report requests: (1) the name and address of the institutional official responsible for implementing the PHS Regulation; (2) the availability of an administrative process for responding to allegations of scientific misconduct; (3) aggregate information on allegations received and inquiries and investigations conducted; and (4) other activities the University took to meet the requirements of the PHS Regulation during the previous calendar year. If an institution does not submit the required Annual Report, its institutional assurance lapses, and the University is ineligible to apply for or receive PHS research funds.

## **Research Integrity Officer Responsibilities**

### **General**

The Research Integrity Officer (RIO) has lead responsibility for ensuring that the University:

- Takes all reasonable and practical steps to foster a research environment that promotes the responsible conduct of research, research training, and activities related to that research or research training, discourages research misconduct, and deals promptly with allegations or evidence of possible research misconduct.
- Has and complies with its written policies and procedures for responding to allegations of research misconduct and reporting information about that response funding agencies, as required.
- Informs its institutional members who propose, conduct, report, or review research on behalf of the University about its research misconduct policies and procedures and its commitment to compliance with those policies and procedures.
- Takes appropriate interim action during a research misconduct proceeding to protect public health, federal funds and equipment, and the integrity of the research process.

## Notice and Reporting to ORI and Cooperation with ORI

If a PHS-supported award is involved in the proceedings, the RIO has lead responsibility for ensuring that the University:

- Files an annual report with ORI containing the information prescribed by ORI.
- Sends to ORI with the annual report such other aggregated information as ORI may prescribe on the University's research misconduct proceedings and the University's compliance with 42 CFR Part 93.
- Notifies ORI immediately if, at any time during the research misconduct proceeding, it has reason to believe that health or safety of the public is at risk, HHS resources or interests are threatened, research activities should be suspended, there is reasonable indication of possible violations of civil or criminal law, federal action is required to protect the interests of those involved in the research misconduct proceeding, the University believes that the research misconduct proceeding may be made public prematurely, or the research community or the public should be informed.
- Provides ORI with the written finding by the responsible institutional official that an investigation is warranted and a copy of the inquiry report, within 30 calendar days of the date on which the finding is made.
- Notifies ORI of the decision to begin an investigation on or before the date the investigation begins.
- Within 120 calendar days of beginning an investigation, or such additional days as may be granted by ORI, (or upon completion of any appeal made available by the University) provides ORI with the investigation report, a statement of whether the University accepts the investigation's findings, a statement of whether the University found research misconduct and, if so, who committed it, and a description of any pending or completed administrative actions against the Respondent.
- Seeks advance ORI approval if the University plans to close a case at the inquiry, investigation, or appeal stage on the basis that the Respondent has admitted guilt, a settlement with the Respondent has been reached, or for any other reason, except the closing of a case at the inquiry stage on the basis that an investigation is not warranted or a finding of no misconduct at the investigation stage.
- Cooperates fully with ORI during its oversight review and any subsequent administrative hearings or appeals, including providing all research records and evidence under the University's control, custody, or possession and access to all persons within its authority necessary to develop a complete record of relevant evidence.

## Research Misconduct Proceeding

The RIO is responsible for:

- Promptly taking all reasonable and practical steps to obtain custody of all research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence, and sequester them in a secure manner.
- Taking all reasonable and practical steps to ensure the cooperation of Respondents and other institutional members with research misconduct proceedings, including, but not limited to their providing information, research records and evidence.

- Providing confidentiality to those involved in the research misconduct proceeding as required by applicable law and institutional policy.
- Determining whether each person involved in handling an allegation of research misconduct has an unresolved personal, professional or financial conflict of interest and taking appropriate action, including recusal, to ensure that no person with such a conflict is involved in the research misconduct proceeding.
- Keeping the Deciding Official (VPR/DO) and others who need to know apprised of the progress of the review of the allegation of research misconduct.
- In cooperation with other institutional officials, taking all reasonable and practical steps to protect or restore the positions and reputations of good faith Complainants, witnesses, and committee members and to counter potential or actual retaliation against them by Respondents or other institutional members.
- Making all reasonable and practical efforts, if requested and as appropriate, to protect or restore the reputation of persons alleged to have engaged in research misconduct, but against whom no finding of research misconduct is made.
- Assisting the VPR/DO in implementing his/her decision to take administrative action against any Complainant, witness, or committee member determined by the VPR/DO not to have acted in good faith.
- Maintaining records of the research misconduct proceeding in a secure manner for 7 years after completion of the proceeding, or the completion of any funding agency proceeding involving the allegation of research misconduct, whichever is later, unless custody of the records has been transferred to the agency or the agency has advised that the records no longer need to be retained.
- Ensuring that administrative actions taken by the University and ORI are enforced and taking appropriate action to notify other involved parties, such as sponsors, law enforcement agencies, professional societies, and licensing boards, of those actions.

#### Allegation Receipt and Assessment

The RIO is responsible for:

- Consulting confidentially with persons uncertain about whether to submit an allegation of research misconduct.
- Receiving allegations of research misconduct.
- Assessing each allegation of research misconduct to determine if an inquiry is warranted because the allegation falls within the definition of research misconduct, is within the jurisdictional criteria of the University's Policy on Misconduct in Research and Create Activity (Policy) and is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

#### Inquiry

The RIO is responsible for:

- Initiating the inquiry process, in consultation with the VPR/DO, if it is determined that an inquiry is warranted.
- At the time of, or before beginning the inquiry, making a good faith effort to notify the Respondent in writing, if the Respondent is known.
- On or before the date on which the Respondent is notified, or the inquiry begins,

whichever is earlier, taking all reasonable and practical steps to obtain custody of all research records and evidence needed to conduct the research misconduct proceeding, inventorying the records and evidence and sequestering them in a secure manner, except that 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 the instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments.

- Preparing a charge for the Inquiry Committee in accordance with these Procedures.
- Convening the first meeting of the Inquiry Committee to (1) brief the Committee on the allegations, the charge to the Committee, and the appropriate procedures for conducting the inquiry, including the need for confidentiality and for developing a plan for the inquiry, (2) providing Committee members a copy of the University's policies and procedures and pertinent agency regulations.
- Providing the Inquiry Committee with needed logistical support (e.g., expert advice, including forensic analysis of evidence, and clerical support, including arranging witness interviews and recording or transcribing those interviews).
- Being present throughout the inquiry to advise the Committee as needed.
- Determining whether circumstances clearly warrant a period longer than 60 calendar days to complete the inquiry (including preparation of the final inquiry report and the decision of the VPR/DO on whether an investigation is warranted), approving an extension if warranted, and documenting the reasons for exceeding the 60-day period in the record of the research misconduct proceeding.
- Assisting the Inquiry Committee in preparing a draft inquiry report, sending the Respondent a copy of the draft report for comment within a time period that permits the inquiry to be completed within the allotted time, taking appropriate action to protect the confidentiality of the draft report, receiving any comments from the Respondent, and ensuring that the comments are attached to the final inquiry report.
- Receiving the final inquiry report from the Inquiry Committee and forwarding it, together with any comments the RIO may wish to make, to the VPR/DO who will determine in writing whether an investigation is warranted.
- Within 30 calendar days of a VPR/DO decision that an investigation is warranted and notifying those institutional officials who need to know of the decision.
- Notifying the Respondent whether the inquiry found an investigation to be warranted and including in the notice copies of or a reference to the University's research misconduct policies and procedures.
- Providing to the funding agency, upon request, the institutional policies and procedures under which the inquiry was conducted, the research records and evidence reviewed, transcripts or recordings of any interviews, copies of all relevant documents, and the allegations to be considered in the investigation.
- If the VPR/DO decides that an investigation is not warranted, securing and maintaining for 7 years after the termination of the inquiry sufficiently detailed documentation of the inquiry to permit a later assessment by the funding agency of the reasons why an investigation was not conducted.

### Investigation

The RIO is responsible for:

- Initiating the investigation within 30 calendar days after the determination by the VPR/DO that an investigation is warranted.
- On or before the date on which the investigation begins: (1) notifying the funding agency of the decision to begin the investigation and providing the funding agency a copy of the inquiry report, if required; and (2) notifying the Respondent in writing of the allegations to be investigated.
- Prior to notifying Respondent of the allegations, taking all reasonable and practical steps to obtain custody of and sequester in a secure manner all research records and evidence needed to conduct the research misconduct proceeding that were not previously sequestered during the inquiry.
- Preparing a charge for the Investigation Committee in accordance with these Procedures.
- Convening the first meeting of the Investigation Committee to (1) brief the Committee on the charge, the inquiry report, and the procedures and standards for the conduct of the investigation, including the need for confidentiality and developing a specific plan for the investigation; and (2) providing Committee members a copy of the University's policies and procedures and pertinent agency regulations.
- Providing the Inquiry Committee with needed logistical support (e.g., expert advice, including forensic analysis of evidence, and clerical support, including arranging witness interviews and recording or transcribing those interviews).
- Being present throughout the investigation to advise the committee as needed.
- On behalf of the University, the RIO is responsible for each of the following steps and for ensuring that the Investigation Committee:
  1. Uses diligent efforts to conduct an investigation that includes an examination of all research records and evidence relevant to reaching a decision on the merits of the allegations and that is otherwise thorough and sufficiently documented;
  2. Takes reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practical;
  3. 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, and records or transcribes each interview, provides the recording or transcript to the interviewee for correction, and includes the recording or transcript in the record of the research misconduct proceeding; and
  4. Pursues diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of any additional instances of possible research misconduct, and continues the investigation to completion.
- Upon determining that the investigation cannot be completed within 120 calendar days of its initiation (including providing the draft report for comment and sending the final report with any comments to ORI), submitting a request to the funding agency for an extension of the 120-day period that includes a statement of the reasons for the extension.
- Assisting the Investigation Committee in preparing a draft investigation report that meets the requirements of the University's policies and procedures, sending the Respondent a copy of the draft report for his/her comment within 30 calendar days of receipt, taking appropriate action to protect the confidentiality of the draft report, receiving any comments from the Respondent, and ensuring that the comments are included and considered in the final investigation report.

- Assisting the Investigation Committee in finalizing the draft investigation report and receiving the final report from the committee.
- Transmitting the final investigation report to the VPR/DO and:
  1. If the VPR/DO determines that further fact-finding or analysis is needed, receiving the report back from the VPR/DO for that purpose;
  2. If the VPR/DO determines whether or not to accept the report, its findings and the recommended institutional actions, transmitting to the funding agency (if appropriate) within the time period for completing the investigation, a copy of the final investigation report with all attachments, a statement of whether the University accepts the findings of the report, a statement of whether the University found research misconduct, and if so, who committed it, and a description of any pending or completed administrative actions against the Respondent; or
  3. If the University provides for an appeal by the Respondent that could result in a modification or reversal of the VPR/DO's finding of research misconduct, ensuring that the appeal is completed within 120 calendar days of its filing, or seeking an extension from the funding agency in writing (with an explanation of the need for the extension) if applicable, and upon completion of the appeal, transmitting to the funding agency a copy of the investigation report with all attachments, a copy of the appeal proceedings, a statement of whether the University accepts the findings of the appeal proceeding, a statement of whether the University found research misconduct, and if so, who committed it, and a description of any pending or completed administrative actions against the Respondent.
- When a final decision on the case is reached, the RIO will notify the Respondent in writing and will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of involved journals, collaborators of the Respondent, or other relevant parties should be notified of the outcome of the case.