**WSSU RESEARCH MISCONDUCT POLICY AND PROCEDURES**

## STATEMENT OF POLICY

Consistent with Federal regulations and the policy of the UNC Board of Governors on research misconduct, Winston-Salem State University has created this policy on how the institution will respond to allegations relative to research misconduct.

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Approved By Cabinet – May 21, 2007
Approved BOT – June 15, 2007

# WINSTON-SALEM STATE UNIVERSITY
# RESEARCH MISCONDUCT POLICY AND PROCEDURES

## POLICY

### I. Introduction*

A. General Policy

As a community of scholars in which truthfulness and integrity are fundamental, the University must establish procedures for the investigation of allegations of misconduct of research with due care to protect the rights of those making the allegations, those accused, and the University. Furthermore, federal regulations require the University to have explicit procedures for addressing incidences in which there are allegations of misconduct in research. Therefore, in congruence with the University of North Carolina Policy on Research Misconduct, adopted August 11, 2006, Winston-Salem State University has created its specific policy on how the institution will respond to allegations relative to research misconduct.

In developing a regulation on integrity in scholarship and scientific research, the faculty and administration recognize that researchers and scholars are highly principled. However, since the actions of every individual cannot be accounted for, this regulation represents a mechanism to deal with dishonest behavior. It is not the intention of the regulation to stifle free thinking or limit creativity. It is recognized that research results or findings and theories believed in all honesty to be correct at one time may still be proven wrong in the normal course of scholarly investigation.

In the belief that honesty and integrity are essential to the search for knowledge, it is the policy of Winston-Salem State University that all persons involved in research and scholarship must guard the truth, uphold the highest standards in their research, and protect and ensure the public's trust in Winston-Salem State University, its research, and its researchers. It is clear that misconduct in scholarly research cannot be prevented by university regulation or federal law but only by each individual's firm commitment to academic ideals and integrity. Mentors, project directors, and department and unit heads must stress the importance of such commitment upon faculty, students, staff, and research assistants and associates.

Whenever any Winston-Salem State University faculty member, graduate student, undergraduate student, or any other person involved in research is accused of misconduct in research, the university will conduct an inquiry, make a determination concerning the

* Sections are based on requirements of the PHS regulations codified at 42 CFR Part 93.

truth or falsity of the allegations, and take appropriate disciplinary action. The process of inquiry will be expeditious and protect the rights of all those concerned, including the complainant, the accused, witnesses, and committee members.

B. Scope

This regulation and the associated procedures apply to all individuals at Winston-Salem State University engaged in research, regardless of the sponsor of the research. All pertinent federal regulations—including, but not limited to, the Public Health Service Policy on Research Misconduct, found at 42 CFR Part 93 (effective June 16, 2005); the National Science Foundation regulations concerning research misconduct, found at 45 CFR 689; and the various implementations of the Federal Policy on Research Misconduct published by the Office of Science and Technology Policy in the *Federal Register* on December 6, 2000 (Volume 65, Number 235, Pages 76260-76264)—apply to any research, research-training or research-related grant or cooperative agreement with the relevant federal agency. These regulations apply to any institutional member.[1]

This policy and the associated procedures do not apply to authorship or collaboration disputes and apply only to allegations of research misconduct that occurred within six years of the date the institution or HHS received the allegation, subject to the subsequent use, health or safety of the public, and grandfather exceptions in 42 CFR § 93.105(b).

Misconduct in PHS-funded research will be subject to 42 CFR Part 93.[2] All other misconduct in sponsored research will comply with agency-specific regulations and/or this policy. All misconduct in non-federal sponsored research as well as non-sponsored research will comply with this policy.

These regulations and associated procedures will normally be followed when an allegation of possible misconduct in research is received by an institutional official. Particular circumstances in an individual case may dictate variation from the normal procedure deemed in the best interests of Winston-Salem State University. Any change from normal procedures also must ensure fair treatment to the subject of the inquiry or investigation. Any significant variation must be approved in advance by the Chancellor of Winston-Salem State University.

**PROCEDURES**

Winston-Salem State University has set forth the following procedures in order to comply with the University of North Carolina Policy on Research Misconduct, adopted August 11, 2006, as

[1] 42 CFR § 93.214
[2] 42 CFR § 93.102

well as applicable federal regulations as noted in Winston-Salem State University's Research Misconduct Policy, above.

## II. Definitions

A. *Allegation* means a disclosure of possible research misconduct through any means of communication. The disclosure may be by written or oral statement or other communication to an institutional or HHS official.[3]

B. *Complainant* means a person who in good faith makes an allegation of research misconduct.[4]

C. *Compliance Officer* or *CO* means the institutional official responsible for overseeing inquiries and investigations.

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

E. *Criteria warranting an inquiry* means that an inquiry is warranted if the allegation (1) falls within the definition of research misconduct in this policy, (2) is within 42 CFR § 93.102, and (3) is sufficiently credible and specific so that potential evidence of research misconduct may be identified.[5]

F. *Deciding Official* or *DO* means the institutional official who makes the final determinations on allegations of research misconduct and any responsive institutional actions. The deciding official will have no direct prior involvement in the institution's inquiry, investigation, or allegation assessment.

G. *Evidence* means any document, tangible item, or testimony offered or obtained during a research misconduct proceeding that tends to prove or disprove the existence of an alleged fact.[6]

H. *Fabrication* is making up data or results and recording or reporting them.[7]

I. *Falsification* is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record[8] [i.e., the record of data or results that embody the facts emerging

[3] 42 CFR § 93.201
[4] 42 CFR § 93.203
[5] 42 CFR § 93.307
[6] 42 CFR § 93.208
[7] 42 CFR § 93.103
[8] 42 CFR § 93.103

from the research, and includes but is not limited to, research proposals, progress reports, abstracts, theses, oral presentations, internal reports, journal articles, books, background information, including biographical data, citation of publications or status of manuscripts].

J. *Good faith*, as applied to a complainant or witness, means having a belief in the truth of one's allegation or testimony that a reasonable person in the complainant's or witness's position could have based on the information known to the complainant or witness at the time. An allegation or cooperation with a research misconduct proceeding is not in good faith if it is made with knowing or reckless disregard for information that would negate the allegation or testimony. Good faith as applied to a committee member means cooperating with the purpose of helping an institution meet its responsibilities under 42 CFR Part 93. A committee member does not act in good faith if his/her acts or omissions on the committee are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the research misconduct proceeding. [9]

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

L. *Inquiry* means preliminary information-gathering and preliminary fact-finding that meets the criteria and follows the procedures of 42 CFR §§ 93.307-93.309.[10]

M. *Institutional member* means a person who is employed by, is an agent of, or is affiliated by contract or agreement with an institution. Institutional members may include, but are not limited to, officials, tenured and untenured faculty, teaching and support staff, researchers, research coordinators, clinical technicians, postdoctoral and other fellows, students, volunteers, agents, and contractors, subcontractors, and subawardees, and their employees.[11]

N. *Investigation* means the formal development of a factual record and the examination of that record leading to a decision not to make a finding of research misconduct or to a recommendation for a finding of research misconduct which may include a recommendation for other appropriate actions, including administrative actions.[12]

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[9] 42 CFR § 93.210
[10] 42 CFR § 93.212
[11] 42 CFR § 93.214
[12] 42 CFR § 93.215

O. *Office of Research Integrity* or *ORI* means the office to which the HHS Secretary has delegated responsibility for addressing research integrity and misconduct issues related to PHS-supported activities.[13]

P. *Preponderance of the evidence* means proof by information that, compared with that opposing it, leads to the conclusion that the fact at issue is more probably true than not. It means that a review of the evidence leads to a finding that is more likely than not, or more than 50% likely.[14]

Q. *Public Health Service* or *PHS* means the unit within HHS that includes the Office of Public Health and Science and the following Operating Divisions: Agency for Healthcare Research and Quality, Agency for Toxic Substances and Disease Registry, Centers for Disease Control and Prevention, Food and Drug Administration, Health Resources and Services Administration, Indian Health Service, National Institutes of Health, and the Substance Abuse and Mental Health Services Administration, and the offices of the Regional Health Administrators.[15]

R. *PHS support* means PHS funding, or applications or proposals therefor, for biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or training, that may be provided through: PHS grants, cooperative agreements, or contracts or subgrants or subcontracts under those PHS funding instruments; or salary or other payments under PHS grants, cooperative agreements or contracts.[16]

S. *Plagiarism* is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.[17]

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

[13] 42 CFR § 93.217
[14] 42 CFR § 93.219
[15] 42 CFR § 93.220
[16] 42 CFR § 93.221
[17] 42 CFR § 93.103

support of the report, including the recordings or transcripts of each interview conducted; and (5) the complete record of any appeal within the institution from the finding of research misconduct.[18]

U. *Research misconduct* means fabrication, falsification, or plagiarism, or other practices that seriously deviate from those that are commonly accepted within the research community for proposing, conducting, or reporting research. It does not include honest error or honest differences in interpretations or judgments of data.[19] Research misconduct may also be termed *scientific misconduct*, *misconduct in research*, or *misconduct in science*.

V. *Research record* means the record of data or results that embody the facts resulting from scientific inquiry, including but not limited to, research proposals, laboratory records, both physical and electronic, progress reports, abstracts, theses, oral presentations, internal reports, journal articles, and any documents and materials provided to HHS or an institutional official by a respondent in the course of the research misconduct proceeding.[20] Other examples of research records include but are not limited to grant or contract applications, whether funded or unfunded; grant or contract progress and other reports; laboratory notebooks; notes; correspondence; videos; photographs; X-ray film; slides; biological materials; computer files and printouts; manuscripts and publications; equipment use logs; laboratory procurement records; animal facility records; human and animal subject protocols; consent forms; medical charts; and patient research files. "Data or results" shall be interpreted broadly to encompass all forms of scholarly information about the research at issue without regard to the type of recording or storage media, including, but not limited to, raw numbers, field notes, interviews, notebooks and folders, laboratory observations, computers and other research equipment, CD-ROMs, hard drives, floppy disks, Zip disks, back-up tapes, machine counter tapes, research interpretations and analyses, tables, slides, photographs, charts, gels, individual facts, statistics, tissue samples, reagents, and documented oral representations of research results, as well as any documents and material provided to HHS or an institutional official by a respondent in the course of the research misconduct proceeding.

W. *Research sponsor* means the agency, institution, or organization, if any, that sponsored the research that is the subject of an inquiry or investigation. The research sponsor can be governmental, private, or non-profit in nature. It also includes the Office of Research Integrity of the U. S. Department of Health and Human Services for research that is sponsored by any part of DHHS.

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[18] 42 CFR § 93.317
[19] 42 CFR § 93.103
[20] 42 CFR § 93.224

X. *Respondent* means the person against whom an allegation of research misconduct is directed or who is the subject of a research misconduct proceeding.[21] There can be more than one respondent in any inquiry or investigation.

Y. *Retaliation* means an adverse action taken against a complainant, witness, or committee member by this institution or one of its institutional members in response to (1) a good faith allegation of research misconduct or (2) good faith cooperation with a research misconduct proceeding.[22]

In any inquiry or investigation that involves research sponsored by a federal agency where that federal agency uses a definition of research misconduct that is different from the one in this regulation, the committee must use that agency's definition for purposes of the university's responsibilities to that agency. In carrying out the inquiry or investigation for the university's own purposes, the committee will use either the agency's definition or the definition in section II.U., above.

## III. Roles and Responsibilities

A. Chair of the Appropriate Discipline, Committee or Body, or Equivalent

The chair of the appropriate discipline, committee or body, or equivalent (chair) will discuss allegations confidentially with the complainant and prepare a report to the dean of the appropriate discipline, committee or body, or equivalent (dean) if the allegation seems serious enough to warrant reporting. In addition, the chair's responsibilities will include the following:

- Receive allegations of research misconduct and
- Assess each allegation of research misconduct in accordance with Section V.A. of this policy to determine whether it falls within the definition of research misconduct and warrants an inquiry.

NOTE: If a research misconduct allegation is made involving research within a center or institute, information will be reported to the immediate supervisor of the center or institute director.

B. Complainant

The complainant is responsible for making allegations in good faith, maintaining confidentiality, and cooperating with an inquiry or investigation. As a matter of good practice, the complainant should be interviewed at the inquiry stage and given the transcript or recording of the interview for correction. The complainant must

[21] 42 CFR § 93.225
[22] 42 CFR § 93.226

be interviewed during an investigation, and be given the transcript or recording of the interview for correction.[23]

On the basis of case-by-case determinations, Winston-Salem State University may provide to the complainant for comment: (1) relevant portions of the inquiry report (within a timeframe that permits the inquiry to be completed within sixty [60] days of its initiation); and (2) relevant portions of the draft investigation report. Comments on the draft investigation report must be submitted within thirty (30) days of the date on which the complainant received the draft report. Any comments made by the complainant on the draft investigation report will be considered during the investigation proceeding and included in the final investigation report.

The complainant will have the opportunity to testify before the inquiry and investigation committees, to review all portions of the inquiry and investigation reports pertinent to his/her allegations or testimony, to be informed of all the results of the inquiry and investigation, and to be protected from retaliation. Also, the complainant must be afforded an opportunity to review draft reports including their comments before those reports are officially acted upon, to ensure accuracy of representation. The complainant will be informed of the allegations when an inquiry is opened and will be notified in writing of the final determinations and the resulting administrative actions.

C. Compliance Officer

The Compliance Officer (CO) shall be an institutional official who is qualified to handle the procedural requirements involved and who is sensitive to the varied demands made on those who conduct research, those who are accused of misconduct, and those who report apparent misconduct in good faith.

The CO will have primary responsibility for implementation of the institutional policies and procedures governing research misconduct allegations, including the following specific responsibilities:

- Consult confidentially with persons uncertain about whether to submit an allegation of research misconduct, advise such persons of this policy, and advise that they further discuss with the chair;
- Sequester research data and evidence pertinent to the allegation of research misconduct in accordance with Section V.C. of this policy and maintain it securely in accordance with this policy and applicable law and regulation;
- Assist the inquiry and investigation committees and all institutional personnel in complying with these procedures and with applicable standards imposed by government or external funding sources;

[23] 42 CFR § 93.310(g)

- Notify the respondent, after approval of the Provost and Vice Chancellor for Academic Affairs (Provost) as well as institutional counsel, and provide opportunities for him/her to review/comment/respond to allegations, evidence, and committee reports in accordance with Section V.C. of this policy;[24]
- Inform respondents, complainants, and witnesses of the procedural steps in the research misconduct proceeding;
- Provides the inquiry and investigation committees 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;
- Organize and manage the inquiry and investigative committees and ensure that confidentiality is maintained;
- Keep the Deciding Official (DO) and others who need to know apprised of the progress of the review of the allegation of research misconduct;
- Maintain records of all documents and evidence pertaining to the research misconduct proceeding; and
- Maintain the confidentiality and security of all files.

The CO will prepare all documents necessary to be submitted to the research sponsor and/or the federal agency responsible for research compliance oversight. In the case of non-sponsored research that has already been published or which is under external review, where that research is the subject of an inquiry or investigation, the CO will prepare all necessary documents to be submitted to the publisher or potential publisher.

D. Dean of the Appropriate Discipline, Committee or Body, or Equivalent

The dean of the appropriate discipline, committee or body, or equivalent (dean) will review the report presented by the chair and will forward the report to the Provost and the Dean of the School of Graduate Studies and Research and Chief Research Officer (CRO), with a copy to the CO. In addition, the dean's responsibilities will include the following:

- Consult confidentially with persons uncertain about whether to submit an allegation of research misconduct, advise such persons of this policy, and advise that they further discuss with the chair;
- Receive allegations of research misconduct; and
- Assess each allegation of research misconduct in accordance with Section V.A. of this policy to determine whether it falls within the definition of research misconduct and warrants an inquiry; and
- In consultation with appropriate institutional officials, review reports to determine whether to conduct an investigation, whether misconduct occurred, whether to impose sanctions, and whether to take other appropriate administrative actions.

[24] 42 CFR § 93.304(c); 42 CFR § 93.307(b)

E. Dean of the School of Graduate Studies and Research and Chief Research Officer

The responsibilities of the Dean of the School of Graduate Studies and Research and Chief Research Officer (CRO) will include the following:

- Consult confidentially with persons uncertain about whether to submit an allegation of research misconduct, advise such persons of this policy, and advise that they further discuss with the chair;
- Receive a report of allegation from the dean;
- Review the allegation in consultation with the dean of the appropriate discipline, committee or body, or equivalent, the Director of Sponsored Programs (Director), the CO, and any subject matter experts;
- Upon approval of the Provost, initiate the inquiry process;
- Receive the inquiry and/or investigation report and any written comments made by the respondent and/or the complainant on the draft report(s); and
- In consultation with appropriate institutional officials, review reports to determine whether to conduct an investigation, whether misconduct occurred, whether to impose sanctions, and whether to take other appropriate administrative actions.

F. Deciding Official

The Deciding Official (DO) is the Chancellor of Winston-Salem State University. The DO will make the final decision regarding administrative actions in consultation with the Provost, the CRO, institutional counsel, dean, and/or chair. The DO will also ensure that all administrative actions taken by the institution are enforced.

In addition, the DO, in cooperation with other institutional officials, will take all reasonable and practical steps to protect or restore the positions and reputations of good faith complainants, witnesses, and committee members.

The DO will receive the inquiry report and, after consulting with appropriate institutional officials, will decide whether an investigation is warranted under the criteria in 42 CFR § 93.307(d). Any finding that an investigation is warranted must be made in writing by the DO and must be provided to ORI and/or the appropriate oversight agency or sponsor, together with a copy of the inquiry report meeting the requirements of 42 CFR § 93.309, within thirty (30) days of the finding. If it is found that an investigation is not warranted, the DO will ensure that detailed documentation of the inquiry is retained for at least seven (7) years after termination of the inquiry, so that ORI may assess the reasons why the institution decided not to conduct an investigation.[25]

[25] 42 CFR § 93.309(c)

The DO will receive the investigation report and, after consulting with other appropriate officials, decide the extent to which Winston-Salem State University accepts the findings of the investigation and, if research misconduct is found, decide what, if any, institutional administrative actions are appropriate. The DO shall ensure that the final investigation report, the findings of the DO, and a description of any pending or completed administrative action are provided to ORI and/or the appropriate oversight agency or sponsor, as required by 42 CFR § 93.315.

G. Director of Sponsored Programs

The responsibilities of the Director of Sponsored Programs (Director) include the following:

- Consult confidentially with persons uncertain about whether to submit an allegation of research misconduct, advise such persons of this policy, and advise that they further discuss with the chair;
- As necessary, take interim action and notify ORI of special circumstances, in accordance with Section IV.F. of this policy;
- Notify and make reports to ORI as required by 42 CFR Part 93;
- Take appropriate action to notify other involved parties, such as sponsors and professional societies, of those actions; and
- Make records of the research misconduct proceeding available to ORI and/or the appropriate oversight agency or sponsor in accordance with Section VIII.E. of this policy.

If the research is federally funded, the Director will report to the research sponsor as required by applicable regulations. The Director will also keep the research sponsor apprised of any developments during the course of the inquiry or investigation that may affect current or potential federal funding for the individual(s) under investigation. The research sponsor will be provided with the information to ensure appropriate use of federal funds and otherwise protect the public interest.

In the case of a non-federal sponsor of research where that research is the subject of an inquiry or investigation, the Director will keep the non-federal sponsor informed as to the inquiry and investigation as appropriate under the circumstances.

In the case of non-sponsored research that has already been published or which is under external review, where that research is the subject of an inquiry or investigation, the Director will keep the publisher of that research or potential publisher of that research informed as to the inquiry and investigation as appropriate under the circumstances.

The Director will officially transmit all documents necessary to be submitted to the research sponsor and/or the federal agency responsible for research compliance oversight.

In the case of non-sponsored research that has already been published or which is under external review, where that research is the subject of an inquiry or investigation, the Director will officially transmit all documents necessary to be submitted to the publisher or potential publisher.

H. Institutional Counsel

Institutional counsel will assist the CO with sequestering research data and evidence pertinent to the allegation of research misconduct in accordance with Section V.C. of this policy and maintain it securely in accordance with this policy and applicable law and regulation. Institutional counsel will also ensure that the process and all administrative actions are conducted in accordance with legal requirements.

In addition, institutional counsel, in cooperation with other institutional officials, will take all reasonable and practical steps to protect or restore the positions and reputations of good faith complainants, witnesses, and committee members. In the event of a finding of research misconduct, institutional counsel will notify involved parties such as law enforcement agencies and licensing boards of the resulting administrative actions taken by the institution.

I. The Provost and Vice Chancellor for Academic Affairs

The Provost and Vice Chancellor for Academic Affairs (Provost) will receive the inquiry and/or investigation report and any written comments made by the respondent or the complainant on the draft report. The Provost, along with the CRO, dean, and/or other subject matter experts will review the report to determine whether to conduct an investigation, whether misconduct occurred, whether to impose sanctions, and whether to take other appropriate administrative actions. The recommendation(s) will be prepared and submitted to the DO.

Other responsibilities of the Provost will include the following:

- Provide confidentiality to those involved in the research misconduct proceeding as required by 42 CFR § 93.108, other applicable law, and institutional policy;
- Appoint the chair and members of the inquiry and investigation committees, ensure that those committees are properly staffed and that there is expertise appropriate to carry out a thorough and authoritative evaluation of the evidence;
- Determine whether each person involved in handling an allegation of research misconduct has an unresolved personal, professional, or financial conflict of

interest and take appropriate action, including recusal, to ensure that no person with such conflict is involved in the research misconduct proceeding; and

- 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.

J. Public Safety

The Department of Public Safety will assist the CO with sequestering research data and evidence pertinent to the allegation of research misconduct in accordance with Section V.C. of this policy and maintain it securely in accordance with this policy and applicable law and regulation.

K. Respondent

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

- A good faith effort from the CO to notify the respondent in writing at the time of or before beginning an inquiry;[26]
- An opportunity to comment on the inquiry report and have his/her comments attached to the report;[27]
- Be notified of the outcome of the inquiry, and receive a copy of the inquiry report that includes a copy of, or refers to, 42 CFR Part 93 and the institution's policies and procedures on research misconduct;[28]
- Be notified in writing of the allegations to be investigated, within a reasonable time after the determination that an investigation is warranted, but before the investigation begins (within thirty [30] days after the institution decides to begin an investigation), and be notified in writing of any new allegations, not addressed in the inquiry or in the initial notice of investigation, within a reasonable time after the determination to pursue those allegations;[29]
- Be interviewed during the investigation, have the opportunity to correct the recording or transcript, and have the corrected recording or transcript included in the record of the investigation;[30]
- Have interviewed during the investigation any witness who has been reasonably identified by the respondent as having information on relevant aspects of the investigation, have the recording or transcript provided to the witness for correction, and have the corrected recording or transcript included in the record of investigation;[31] and
- Receive a copy of the draft investigation report and, concurrently, a copy of, or supervised access to, the evidence on which the report is based, and be notified that any comments must be submitted within thirty (30) days of the date on which the copy was received and that the comments will be considered by Winston-Salem State University and addressed in the final report.[32]

The respondent will be informed in writing of the allegations when an inquiry is opened and will be notified in writing of the final determinations and the resulting administrative actions. The respondent may be interviewed by the inquiry and investigation committees. The respondent will also have the opportunity to be interviewed by and to present

[26] 42 CFR § 93.304(c); 42 CFR § 93.307(b)
[27] 42 CFR § 93.304(e); 42 CFR § 93.307(f)
[28] 42 CFR § 93.308(a)
[29] 42 CFR § 93.310(c)
[30] 42 CFR § 93.310(g)
[31] 42 CFR § 93.310(g)
[32] 42 CFR § 93.304(f); 42 CFR § 93.312(a)

evidence to the inquiry and investigation committees, to review the draft inquiry and investigation reports, and to have the advice of legal counsel or a non-lawyer personal adviser (who is not a principal or witness in the case) and may bring the counsel or personal adviser to interviews or meetings on the case.

The respondent shall be given the opportunity to admit that research misconduct occurred and that he/she committed the research misconduct. With the advice of the Provost, institutional counsel, and CRO, the DO may terminate Winston-Salem State University's review of an allegation that has been admitted if the institution's acceptance of that admission and any proposed settlement is approved by ORI and/or the appropriate oversight agency or sponsor.

If the respondent is not found guilty of research misconduct, he/she has the right to receive institutional assistance in restoring his or her reputation.

## IV. General Policies and Principles

A. Responsibility to Report Misconduct

All employees or individuals associated with Winston-Salem State University will report observed, suspected, or apparent research misconduct to the chair of the unit where the respondent is employed/appointed. Any official who receives an allegation of research misconduct must report it immediately to the chair of the unit where the respondent is employed/appointed. If an individual is unsure whether a suspected incident falls within the definition of research misconduct, he or she may meet with or contact the chair of the unit where the respondent is employed/appointed to discuss the suspected research misconduct informally, which may include discussing it anonymously and/or hypothetically. If the circumstances described by the individual do not meet the definition of research misconduct, the chair will refer the individual or allegation to other offices or officials with responsibility for resolving the problem.

At any time, any individual may have confidential discussions and consultations about concerns of possible misconduct with the chair, dean, CRO, Director, and/or CO and will be advised regarding appropriate procedures for reporting allegations. These appropriate procedures begin with consultation with the chair of the appropriate discipline, committee or body, or equivalent unit head. If for any reason the respondent cannot discuss the concerns of possible misconduct with the chair, then the discussions will begin with the dean of the appropriate discipline, committee or body, or equivalent unit head.

B. Cooperation with Research Misconduct Proceedings

Institutional employees will cooperate with institutional officials in the review of allegations and the conduct of inquiries and investigations. Employees have an obligation to provide relevant evidence to institutional officials regarding research misconduct allegations.

C. Confidentiality

The Provost shall, as required by 42 CFR § 93.108: (1) limit disclosure of the identity of respondents and complainants to those who need to know in order to carry out a thorough, competent, objective, and fair research misconduct proceeding; and (2) 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 Provost will use written confidentiality agreements or other mechanisms to ensure that the recipient does not make any further disclosure of identifying information.

Winston-Salem State University may provide confidentiality for witnesses when circumstances indicate that the witnesses may be harassed or may otherwise need protection.

D. Protecting Complainants, Witnesses, and Committee Members

The CO will monitor the treatment of individuals who bring allegations of misconduct and those who cooperate in inquiries or investigations. Any instances of retaliation will be referred to the Provost for appropriate action. The Provost will ensure that these persons will not be retaliated against in the terms and conditions of their employment or other status at the institution. Employees should immediately report any alleged or apparent retaliation to the CO.

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

E. Protecting the Respondent

As requested and as appropriate, the Provost and other institutional officials shall make all reasonable and practical efforts to protect or restore the reputation of persons alleged

to have engaged in research misconduct, but against whom no finding of research misconduct is made.[33]

Inquiries and investigations will be conducted in a manner to ensure fair treatment to the respondent(s) in the inquiry or investigation and confidentiality to the extent possible without compromising public health and safety or failing to thoroughly carrying out the inquiry or investigation.

During the research misconduct proceeding, the CO is responsible for ensuring that respondents receive all the notices and opportunities provided for in 42 CFR Part 93 and the policies and procedures of the institution. Respondents may consult with legal counsel or a non-lawyer personal adviser (who is not a principal or witness in the case) to seek advice and may bring the counsel or personal adviser to interviews or meetings on the case.

### F. Interim Administrative Actions and Notifying ORI and/or the Appropriate Oversight Agency or Sponsor of Special Circumstances

Throughout the research misconduct proceeding, the CO will review the situation to determine if there is any threat of harm to public health, federal funds and equipment, or the integrity of the PHS-supported research process. In the event of such a threat, the Provost will, in consultation with the CO, other institutional officials and ORI, take appropriate interim action to protect against the threat.[34] If other sponsors are involved, the appropriate oversight agency or sponsor will be consulted as well. Interim action might include additional monitoring of the research process and the handling of federal funds and equipment, reassignment of personnel or of the responsibility for the handling of federal funds and equipment, additional review of research data and results, or delaying publication. The Director shall, at any time during a research misconduct proceeding, notify ORI immediately if he/she has reason to believe that any of the following conditions exist:

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

[33] 42 CFR § 93.304(k)
[34] 42 CFR § 93.304(h)

- The research community or public should be informed.[35]

If other sponsors are involved and if these or similar conditions exist, the appropriate oversight agency or sponsor will be notified.

## V. Conducting the Assessment and Inquiry

### A. Assessment of Allegations

Upon receiving an allegation of research misconduct, the chair will immediately assess the allegation to determine whether it is sufficiently credible and specific so that potential evidence of research misconduct may be identified, whether it is within the jurisdictional criteria of 42 CFR § 93.102(b), and whether the allegation falls within the definition of research misconduct in this policy and 42 CFR § 93.103.[36] An inquiry must be conducted if these criteria are met.

If the allegation warrants further inquiry, the chair will prepare and submit a written report to the dean. The report will note whether federal or other outside support or applications for funding are involved and whether the allegation falls under this regulation's definition of research misconduct.

After review, the dean will submit the report to the CRO, who will review the allegation in consultation with the dean, Director, CO, and any subject matter experts. If it is determined that the allegation falls under the university's definition of research misconduct, and that there is sufficient evidence to warrant an investigation, the CRO, with the approval of the Provost, will immediately initiate the inquiry process.

If, at any time during the preliminary assessment, inquiry, or investigation proceedings, reasonable indication of possible criminal violations is found, or if the case involves immediate health hazards or the need to protect federal funds, equipment or individuals affected by the proceedings, the alleged incident will be publicly reported. In this case, after consultation with appropriate institutional officials, the Director will notify ORI (for PHS-funded research) or other oversight office(s), as appropriate, within 24 hours. A copy of this communication will be provided to the DO, Provost, institutional counsel, CRO, and dean.

The assessment period should be brief, preferably concluded within a week, if possible. In conducting the assessment, the chair, along with the dean, need not interview the complainant, respondent, or other witnesses, or gather data beyond any that may have been submitted with the allegation, except as necessary to determine whether the allegation is sufficiently credible and specific so that potential evidence of research

[35] 42 CFR § 93.318
[36] 42 CFR § 93.307(a)

misconduct may be identified. The CO shall, on or before the date on which the respondent is notified of the allegation, obtain custody of, inventory, and sequester all research records and evidence needed to conduct the research misconduct proceeding, as provided in paragraph C. of this section.

B. Initiation and Purpose of the Inquiry

If it is determined that the criteria for an inquiry are met, the CRO with the approval of the Provost will immediately initiate the inquiry process. The purpose of the inquiry is to conduct an initial review of the available evidence to determine whether to conduct an investigation. An inquiry does not require a full review of all the evidence related to the allegation.[37]

The findings of the inquiry will be set forth in an inquiry report created by the inquiry committee that will be forwarded to the Provost, CRO, and dean, who will consider the committee's recommendation(s) and determine whether an investigation is warranted.

C. Notice to Respondent; Sequestration of the Research Records

At the time of or before beginning an inquiry, the CO must make a good faith effort to notify the respondent in writing, if the respondent is known. If the inquiry subsequently identifies additional respondents, they must be notified in writing. On or before the date on which the respondent is notified, or the inquiry begins, whichever is earlier, the CO must 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, 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 such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments.[38] The Director and the CO may consult with ORI and/or the appropriate oversight agency or sponsor for advice and assistance in this regard. In the case of non-sponsored research, this consultation may be with the publisher or potential publisher in the case of work under submission.

The Office of Legal Affairs, the Division of Information Resources, the Department of Public Safety, and any other administrative units will assist the CO in sequestering research records when appropriate. The sequestration of research records should take place before or concurrently with notification to the respondent that an inquiry has been initiated.

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[37] 42 CFR § 93.307(c)
[38] 42 CFR § 93.305; 42 CFR § 93.307(b)

When feasible and appropriate, the Director and the CO will work with the affected laboratories (and/or research sites) and the researcher to enable ongoing research to continue.

D. Appointment of the Inquiry Committee

After receiving recommendations from the CRO and dean, the Provost will appoint an inquiry committee and committee chair. The inquiry committee will consist of at least three (3) persons, including the committee chair. The inquiry committee must consist of individuals who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the inquiry and should include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, and conduct the inquiry.[39] These individuals may be scientists, subject matter experts, administrators, lawyers, or other qualified persons, and they may be from inside or outside the institution. At least one of the committee members should be from the research community of the respondent and one should be a peer of the respondent.

The CO will notify the respondent of the proposed committee membership in ten (10) calendar days of the initiation of the inquiry or as soon thereafter as practical. If the respondent submits to the Provost a written objection to any appointed member of the inquiry committee or expert based on bias or conflict of interest within ten (10) calendar days, the Provost will determine whether to replace the challenged member or expert with a qualified substitute.

E. Charge to the Committee and the First Meeting

The Provost, with the assistance of institutional counsel and the CO, will prepare a charge that will be given to the inquiry committee that:

- Sets forth the time for completion of the inquiry;
- Describes the allegations and any related issues identified during the allegation assessment;
- States that the purpose of the inquiry is to conduct an initial review of the evidence, including the testimony of the respondent, complainant, and key witnesses, to determine whether an investigation is warranted, not to determine whether research misconduct definitely occurred or who was responsible;
- States that an investigation is warranted if the committee determines: (1) there is a reasonable basis for concluding that the allegation falls within the definition of research misconduct and is within the jurisdictional criteria of 42 CFR §

[39] 42 CFR § 93.304(b)

93.102(b); and, (2) the allegation may have substance, based on the committee's review during the inquiry;

- Informs the inquiry committee that they are responsible for preparing or directing the preparation of a written report of the inquiry that meets the requirements of this policy and 42 CFR § 93.309(a).

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

F. Inquiry Process

The inquiry committee will normally interview the complainant, the respondent, and key witnesses as well as examining relevant research records and materials. Then the inquiry committee will evaluate the evidence, including the testimony obtained during the inquiry. The committee members will decide whether an investigation is warranted based on the criteria in this policy and 42 CFR § 93.307(d). The inquiry process is not intended to decide whether misconduct definitely occurred, determine definitely who committed the research misconduct, or conduct exhaustive interviews and analyses. However, if a legally 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 institution shall promptly consult with ORI and/or the appropriate oversight agency or sponsor to determine the next steps that should be taken. See Section III.K.

G. Time for Completion

The inquiry, including preparation of the final inquiry report and the decision of the DO on whether an investigation is warranted, must be completed within sixty (60) calendar days of initiation of the inquiry, unless the Provost determines that circumstances clearly warrant a longer period. If the Provost approves an extension, the inquiry record must include documentation of the reasons for exceeding the 60-day period.[40] The CO will notify the respondent of the extension.

## VI. Inquiry Report

A. Elements of the Inquiry Report

A written inquiry report must be prepared within thirty (30) days of finding that an investigation is warranted that includes the following information: (1) the name and

[40] 42 CFR § 93.307(g)

position of the respondent; (2) a description of the allegations of research misconduct; (3) the PHS support, including, for example, grant numbers, grant applications, contracts and publications listing PHS 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.[41] In the case of non-PHS-sponsored research, grant numbers and other information as appropriate will be included in the inquiry report.

The inquiry report should also include: the names and titles of the committee members and experts who conducted the inquiry; a summary of the inquiry process used; a list of the research records reviewed; summaries of any interviews; a description of the evidence in sufficient detail to demonstrate whether an investigation is warranted or not; and what other actions should be taken if an investigation is not recommended.

Institutional counsel should review the report for legal sufficiency. Modifications should be made as appropriate in consultation with the Provost, institutional counsel, and the inquiry committee.
The institution must provide the following information to ORI upon request: (1) the institutional policies and procedures under which the inquiry was conducted; (2) the research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and (3) the charges for the investigation to consider.

B. Notification to the Respondent and Opportunity to Comment

The CO, after approval by the Provost, shall notify the respondent in writing regarding whether the inquiry found an investigation to be warranted, include a copy of the draft inquiry report for comment within ten (10) days, and include a copy of or refer to 42 CFR Part 93 and the institution's policies and procedures on research misconduct.[42] The institution may notify the complainant in writing regarding whether the inquiry found an investigation to be warranted and provide relevant portions of the inquiry report to the complainant for comment within ten (10) days. The Provost may establish reasonable conditions for review to protect the confidentiality of the draft report, such as a confidentiality agreement.

Any comments that are submitted will be attached to the final inquiry report. Based on the comments, the inquiry committee may revise the draft report as appropriate and prepare it in final form. The committee will deliver the final inquiry report to the Provost, copying the CRO, dean, Director, and institutional counsel.

C. Institutional Decision and Notification

[41] 42 CFR § 93.309(a)
[42] 42 CFR § 93.308(a)

1. Decision by Deciding Official

The Provost will transmit the final report, prepared by the inquiry committee, and any comments to the DO, who will make the determination in writing of whether findings from the inquiry provide sufficient evidence of possible research misconduct to justify conducting an investigation. The inquiry is completed when the DO makes this determination, which will be made within sixty (60) calendar days of the first meeting of the inquiry committee. Any extension of this period will be based on good cause and recorded in the inquiry file.[43] See Section V.G. in this policy.

2. Notification to ORI and/or the Appropriate Oversight Agency or Sponsor

Within 30 calendar days of the DO's decision that an investigation is warranted, the Director will provide ORI with the DO's written decision and a copy of the inquiry report. The CO will also notify those institutional officials who need to know of the DO's decision. The Director will provide the following information to ORI upon request: (1) the institutional policies and procedures under which the inquiry was conducted; (2) the research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and (3) the charges to be considered in the investigation.[44]

In the case of non-PHS-funded research and/or publications resulting from such research, the Director will provide information to the appropriate oversight agency, sponsor, publisher, or potential publisher, as required.

3. Documentation of Decision Not to Investigate

If the DO decides that an investigation is not warranted, the CO shall secure and maintain for seven (7) years after the termination of the inquiry sufficiently detailed documentation of the inquiry to permit a later assessment by ORI of the reasons why an investigation was not conducted. These documents must be provided to ORI or other authorized HHS personnel upon request.[45]

In the case of non-PHS-funded research and/or publications resulting from such research, the Director will provide information to the appropriate oversight agency, sponsor, publisher, or potential publisher, as required.

## VII. Conducting the Investigation

A. Initiation and Purpose

[43] 42 CFR § 93.307(g)
[44] 42 CFR § 93.309(a) and (b)
[45] 42 CFR § 93.309(c)

The investigation must begin within thirty (30) calendar days after the determination by the DO that an investigation is warranted.[46] 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. This is particularly important when the alleged research misconduct involves clinical trials or potential harm to human subjects or the general public or if it affects research that forms the basis for public policy, clinical practice, or public health practice. The findings of the investigation will be set forth in an investigation report.

B. Notifying ORI and Respondent; Sequestration of the Research Records

On or before the date on which the investigation begins, the Director will notify ORI and/or the appropriate oversight agency or sponsor of the decision to begin the investigation and provide ORI and/or the appropriate oversight agency or sponsor with a copy of the inquiry report. The CO will notify the respondent in writing of the allegations to be investigated. The CO will also give the respondent written notice of any new allegations of research misconduct within a reasonable amount of time after deciding to pursue allegations not addressed during the inquiry or in the initial notice of the investigation.[47]

The CO will, prior to notifying respondent of the allegations, take all reasonable and practical steps to obtain custody of and sequester in a secure manner all research records and evidence needed to conduct the research misconduct proceeding that were not previously sequestered during the inquiry. Where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments. The need for additional sequestration of records for the investigation may occur for any number of reasons, including the institution's decision to investigate additional allegations not considered during the inquiry stage or the identification of records during the inquiry process that had not been previously secured. The procedures to be followed for sequestration during the investigation are the same procedures that apply during the inquiry. The Office of Legal Affairs, the Division of Information Resources, the Department of Public Safety, and any other appropriate administrative units will assist the CO in sequestering research records.[48]

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[46] 42 CFR § 93.310(a)
[47] 42 CFR § 93.310(b) and (c)
[48] 42 CFR § 93.310(d)

C. Appointment of the Investigation Committee

The Provost will appoint an investigation committee and the committee chair within ten (10) calendar days of receiving recommendations from the CRO and dean. The investigation committee will consist of five to seven individuals who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the investigation and will include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation, interview the respondent and complainant, and conduct the investigation.[49] External scholars or scientist may be appointed to the committee where warranted by the nature of the research. Individuals appointed to the investigation committee may not have served on the inquiry committee.

The CO will notify the respondent of the proposed committee membership within five (5) calendar days. The respondent will be given the opportunity to object to a proposed member based upon a personal, professional, or financial conflict of interest. If the respondent submits to the Provost a written objection to any appointed member of the investigation committee or expert based on bias or conflict of interest within ten (10) calendar days, the Provost will determine whether to replace the challenged member or expert with a qualified substitute.

D. Charge to the Committee and the First Meeting

1. Charge to the Committee

The Provost, with the assistance of institutional counsel and the CO, will define the subject matter of the investigation in a written charge to the committee that:

- Describes the allegations and related issues identified during the inquiry;
- Identifies the respondent;
- Informs the committee that it must conduct the investigation as prescribed in paragraph E. of this section;
- Shares the definition of research misconduct with the committee;
- 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: (1) research misconduct, as defined in this policy, occurred (respondent has the burden of proving by a

[49] 42 CFR § 93.310(f)

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; and

- Informs the committee that it must prepare or direct the preparation of a written investigation report that meets the requirements of this policy and 42 CFR § 93.313.

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

2. First Meeting

The Provost, with the assistance of institutional counsel and the CO, will convene the first meeting of the investigation committee to review the charge, the inquiry report, and the prescribed procedures and standards for the conduct of the investigation, including the necessity for confidentiality and for developing a specific investigation plan. The investigation committee will be provided with a copy of this policy and, where PHS funding is involved, the PHS regulation (42 CFR Part 93). In the case of research funded by other sponsors and/or subject to other oversight agencies, regulations related to those sponsors and/or agencies will apply. The CO and institutional counsel will be present or available throughout the investigation to advise the committee as needed.

E. Investigation Process

The investigation committee and other institutional officials, as appropriate, will:

- 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;[50]
- Take reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practical;[51]
- 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,

[50] 42 CFR § 93.310(e)
[51] 42 CFR § 93.310(f)

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;[52] 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.[53]

F. Time for Completion

The investigation is to be completed within one hundred twenty (120) days of initiating it, including conducting the investigation, preparing the report of findings, providing the draft report for comment, and sending the final report to ORI. However, if the Provost determines that the investigation will not be completed within this 120-day period, the Director will submit to ORI a written request for an extension, setting forth the reasons for the delay. A copy of this written request will be provided to the DO, Provost, CRO, dean, and Director. The Director will ensure that periodic progress reports are filed with ORI, if ORI grants the request for an extension and directs the filing of such reports.[54]

In the case of non-PHS-funded research and/or publications resulting from such research, the Director will provide information to the appropriate oversight agency, sponsor, publisher, or potential publisher, as required.

## VIII. Investigation Report

A. Elements of the Investigation Report

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

- Describes the nature of the allegation of research misconduct, including identification of the respondent;
- Describes and documents the PHS support, including, for example, the numbers of any grants that are involved, grant applications, contracts, and publications listing PHS support;
- Describes the specific allegations of research misconduct considered in the investigation;
- Includes the institutional policies and procedures under which the investigation was conducted, unless those policies and procedures were provided to ORI previously;

[52] 42 CFR § 93.310(g)
[53] 42 CFR § 93.310(h)
[54] 42 CFR § 93.311

- Identifies and summarizes the research records and evidence reviewed and identifies any evidence taken into custody but not reviewed;
- Includes a statement of findings for each allegation of research misconduct identified during the investigation;
  - Each statement of findings must: (1) identify whether the research misconduct was falsification, fabrication, or plagiarism, and whether it was committed intentionally, knowingly, or recklessly; (2) summarize the facts and the analysis that support the conclusion and consider the merits of any reasonable explanation by the respondent, including any effort by respondent to establish by a preponderance of the evidence that he or she did not engage in research misconduct because of honest error or a difference of opinion; (3) identify the specific PHS support; (4) identify whether any publications need correction or retraction; (5) identify the person(s) responsible for the misconduct; and (6) list any current support or known applications or proposals for support that the respondent has pending with non-PHS federal agencies.[55] In the case of non-PHS-sponsored research, grant numbers and other information as appropriate will be included in the investigation report.

The final report must include any comments made by the respondent or complainant on the draft report.[56]

B. Comments on the Draft Report and Access to Evidence

1. Respondent and Complainant

The CO, with the approval of the Provost and institutional counsel, will provide the respondent and complainant with a copy of the draft investigation report for comment and, concurrently, with a copy of, or supervised access to, the evidence on which the report is based. Respondent's legal counsel may attend any supervised access to the evidence. The respondent and complainant will be allowed thirty (30) days from the date they received the draft report to submit comments to the CO. The respondent's and complainant's comments must be included and considered in the final report.[57]

2. Confidentiality

In distributing the draft report, or portions thereof, to the respondent and complainant, the CO will inform the recipient of the confidentiality under which the draft report is made available. Prior to releasing the report, the respondent and

[55] 42 CFR § 93.313(f)
[56] 42 CFR § 93.313
[57] 42 CFR § 93.312(a) and (b); 42 CFR § 93.313(g)

complainant may be required to sign a confidentiality statement prepared by institutional counsel if suggested by the Provost and institutional counsel.

The investigation report, prepared by the investigation committee, will be the foundation of a final report provided to the research sponsor and/or, as appropriate, the federal agency with jurisdiction over the case, within one hundred twenty (120) calendar days of the initiation of the investigation. In the case of non-sponsored research that has been published or that is presently under review with a potential publisher, the final report shall be provided to the publisher or potential publisher of the research. This final report will be written upon the completion of the investigation and be submitted for final decision by the DO. This final report must describe the policies and procedures under which the investigation was conducted, how and from whom information was obtained relevant to the investigation, the findings, and the basis for the findings, and it must include the actual text or an accurate detailed summary of the research misconduct. A copy of the final report will also be submitted by the CO to the Provost, CRO, dean, and Director.

C. Decision by Deciding Official

The CO will assist the investigation committee in finalizing the draft investigation report, including ensuring that the respondent's and complainant's comments are included and considered. The Provost will transmit the final investigation report to the DO, who, in consultation with the Provost, CRO, institutional counsel, dean, and/or chair, will make in writing the final determination: (1) whether the institution accepts the investigation report, its findings, and the recommended institutional actions; 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 DO 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. Such explanation must also be included in the institution's letter transmitting the report to the research sponsor and, as appropriate, the applicable oversight agency. In the case of non-sponsored published or submitted research, such explanation must also be included in the institution's letter transmitting the report to the publisher or potential publisher. The DO's explanation must be consistent with the definition of research misconduct, the institution's policies and procedures, and the evidence reviewed and analyzed by the investigation committee. Alternately, the DO may return the report to the investigation committee with a request for further fact-finding or analysis.

When a final decision on the case has been reached, the CO will normally notify both the respondent and the complainant in writing. After ORI and/or the appropriate oversight agency or sponsor are informed, the DO will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the respondent in the work, or other relevant parties should be notified of the outcome of the

case. The Director is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies. Institutional counsel and/or other appropriate institutional officials will be responsible for notifying other entities.

The DO's written determination, together with the investigation committee's report, constitutes the final investigation report for purposes of research sponsor review. In the case of non-sponsored research that has been published or submitted for publication consideration, the DO's written determination, together with the investigation committee's report, constitutes the final investigation report for purposes of publisher or potential publisher review.

### D. Notice to ORI and/or the Appropriate Oversight Agency or Sponsor of Institutional Findings and Actions

Unless an extension has been granted, the Director will, within the 120-day period for completing the investigation, submit the following to ORI and/or the appropriate oversight agency or sponsor: (1) a copy of the final investigation report with all attachments; (2) a statement of whether the institution accepts the findings of the investigation report; (3) a statement of whether the institution found misconduct and, if so, who committed the misconduct; and (4) a description of any pending or completed administrative actions against the respondent.[58]

In the case of non-sponsored research that has been published or that is under external review, upon the final approval of the DO, the Director will submit the final report to the publisher or potential publisher of the research.

### E. Maintaining Records for Review by ORI and/or the Appropriate Oversight Agency or Sponsor

The CO will maintain and the Director will provide to ORI and/or the appropriate oversight agency or sponsor upon request "records of research misconduct proceedings" as that term is defined by 42 CFR § 93.317. Unless custody has been transferred to HHS and/or the appropriate oversight agency or sponsor, or ORI and/or the appropriate oversight agency or sponsor has advised in writing that the records no longer need to be retained, records of research misconduct proceedings must be maintained in a secure manner for seven (7) years after completion of the proceeding or the completion of any PHS proceeding involving the research misconduct allegation.[59] The Director is also responsible for providing any information, documentation, research records, evidence or clarification requested by ORI and/or the appropriate oversight agency or sponsor to carry out its review of an allegation of research misconduct or of

[58] 42 CFR § 93.315
[59] 42 CFR § 93.317(b)

the institution's handling of such an allegation.[60] In the case of non-PHS-sponsored research, the same record retention policy will apply.

## IX. Requirements for Reporting to Research Sponsor

Generally, all inquiries and investigations will be carried through to completion and all significant issues will be pursued diligently. The Director must notify ORI and/or the appropriate oversight agency or sponsor 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, if 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 and/or the appropriate oversight agency or sponsor, as prescribed in this policy and 42 CFR § 93.315.

In the case of non-sponsored published or submitted research, the provisions applicable for reporting in this section to the research sponsor shall apply in total with regard to the publisher or potential publisher of the research.

Per 42 CFR § 93.318 and Section IV.F. above, the Director will promptly advise ORI and/or the appropriate oversight agency or sponsor of any developments during the course of an investigation that disclose facts that may affect current or potential federal funding for individual(s) under investigation or any developments that ORI and/or the appropriate oversight agency or sponsor need(s) to know to ensure appropriate use of federal funds and otherwise protect the public interest.

## X. Institutional Administrative Actions

If the DO, in consultation with the Provost, CRO, institutional counsel, dean, and/or chair, determines that the alleged misconduct is substantiated by the findings, he/she will decide on the appropriate actions to be taken. These actions may include, but are not limited to:

- Withdrawal or correction of all pending or published abstracts and papers emanating from the research where research misconduct was found;
- Removal of the responsible person from the particular project, letter of reprimand, special monitoring of future work, probation, suspension, salary reduction, or initiation of steps leading to possible rank reduction or termination of employment;
- Restitution of funds to the sponsor as appropriate; and/or
  - Other action appropriate to the misconduct including, but not limited to, letters of reprimand; the imposition of special certification or assurance

[60] 42 CFR § 93.300(g); 42 CFR § 93.403(b) and (d)

requirements to ensure compliance with applicable regulations or terms of an award; suspension or termination of an active award; written warning; demotion; suspension; salary reduction; dismissal or other serious discipline according to the appropriate policy applicable to students, faculty or staff.

With respect to administrative actions or discipline imposed upon employees, the Institution shall comply with all relevant personnel policies and laws. With respect to administrative actions or discipline imposed upon students, the institution shall comply with all relevant student policies and codes.

## XI. Other Considerations

### A. Termination or Resignation Prior to Completing Inquiry or Investigation

The termination of the respondent's institutional employment, by resignation or otherwise, before or after an allegation of possible research misconduct has been reported, will not preclude or terminate the research misconduct proceeding or otherwise limit any of the institution's responsibilities under 42 CFR Part 93.

If the respondent, without admitting to the misconduct, elects to resign his or her position after the institution receives an allegation of research misconduct, the assessment of the allegation will proceed, as well as the inquiry and investigation, as appropriate based on the outcome of the preceding steps. If the respondent refuses to participate in the process after resignation, the DO, Provost, institutional counsel, CRO, Director, CO, dean, chair, 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.

### B. Restoration of the Respondent's Reputation

Following a final finding of no research misconduct, including ORI concurrence where required by 42 CFR Part 93, the Provost, institutional counsel, and any other appropriate institutional officials will, at the request of the respondent, undertake all reasonable and practical efforts to restore the respondent's reputation.[61] Depending on the particular circumstances and the views of the respondent, the Director and the CO, with the approval of the Provost and institutional counsel, will consider notifying those individuals aware of or involved in the investigation of the final outcome, publicizing the final outcome in any forum in which the allegation of research misconduct was previously publicized, and expunging all reference to the research misconduct allegation from the respondent's personnel file. Any institutional actions to restore the respondent's reputation must first be approved by the DO.

[61] 42 CFR § 93.304(k)

C. Protection of the Complainant, Witnesses, and Committee Members

During the research misconduct proceeding and upon its completion, regardless of whether the institution or ORI and/or the appropriate oversight agency or sponsor determines that research misconduct occurred, the Provost will undertake all reasonable and practical efforts to protect the position and reputation of, or to counter potential or actual retaliation against, any complainant who made allegations of research misconduct in good faith and of any witnesses and committee members who cooperate in good faith with the research misconduct proceeding.[62] The DO will determine, after consulting with the Provost, institutional counsel, and with the complainant, witnesses, or committee members, respectively, what steps, if any, are needed to restore their respective positions or reputations or to counter potential or actual retaliation against them. The Provost is responsible for implementing any steps that the DO approves.

D. Allegations Not Made in Good Faith

If relevant, the DO will determine whether the complainant's allegations of research misconduct were made in good faith, or whether a witness or committee member acted in good faith. If the DO determines that there was an absence of good faith, he/she, in consultation with the Provost, institutional counsel, CRO, dean, and chair, will determine what, if any, administrative action should be taken against the person(s) who failed to act in good faith.

Effective Date: This policy becomes effective on the date adopted by the Board of Trustees.

Michelle Howard-Vital
Interim Chancellor

Adopted this 15th day of June, 2007.

Kevin A. Myatt
Chairman, Board of Trustees
Winston-Salem State University

Earline Richardson

[62] 42 CFR § 93.304(l)

Secretary, Board of Trustees
Winston-Salem State University

**WSSU RESEARCH MISCONDUCT**
**POLICY AND PROCEDURES**

Approved By Cabinet – May 21, 2007

## Appendix

## Misconduct in Research Procedures and Responsibilities

| Action/Responsibility | Person Responsible |
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| **I. General** | |
| The following individuals have the responsibility for ensuring that the Institution: | |
| 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. | Winston-Salem State University |
| Has written policies and procedures for responding to allegations of research misconduct and reporting information about that response to ORI, as required by 42 CFR Part 93. | Winston-Salem State University |
| Complies with its written policies and procedures and the requirements of 42 CFR Part 93. | All employees or individuals associated with Winston-Salem State University, Section IV. A. Page 13. |
| Informs its institutional members who are subject to 42 CFR Part 93 about its research misconduct policies and procedures and its commitment to compliance with those policies and procedures. | The CO. Section III.C. Page 7. |
| Takes appropriate interim action during a research misconduct proceeding to protect public health, federal funds and equipment, and the integrity of the PHS supported research process. | The Provost, in consultation with the CO, and other institutional officials and ORI. Section IV. F. Page 15. |

| Action/Responsibility | Person Responsible |
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| **II. Notice and Reporting to ORI and Cooperation with ORI** | |
| Files an annual report with ORI containing the information prescribed by ORI. | The Director. Section III.G. Page 10. |
| Sends to ORI with the annual report such other aggregated information as ORI may prescribe on the institution's research misconduct proceedings and the institution's compliance with 42 CFR Part 93. | The Director. Section III.G. Page 10. |

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| 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 institution believes that the research misconduct proceeding may be made public prematurely, or the research community or the public should be informed. | The Director. Section III.G. Page 10. |
| 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 days of the date on which the finding is made. | The Director. Section III.G. Page 10. |
| Notifies ORI of the decision to begin an investigation on or before the date the investigation begins. | The Director. Section III.G. Page 10. |
| Within 120 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 institution), provides ORI with the investigation report, a statement of whether the institution accepts the investigation's findings, a statement of whether the institution found research misconduct and, if so, who committed it, and a description of any pending or completed administrative actions against the respondent. | The Director. Section III.G. Page 10. |
| Seeks advance ORI approval if the institution 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. | The Director. Section III.G. Page 10. |

| **Action/Responsibility** | **Person Responsible** |
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| **III. Research Misconduct Proceeding** | |
| **A. General** | |
| Promptly takes all reasonable and practical steps to obtain custody of all research records and evidence needed to conduct the research misconduct proceeding, inventories the records and evidence, and sequesters them in a secure manner. | The CO, Section V.C. Page 17. |
| Takes 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. | The CO, Section III. C. Page 7 |
| Provides confidentiality to those involved in the research misconduct proceeding as required by 42 CFR 93.108, other applicable law, and institutional policy. | The Provost, Section III. I. Page 11 |
| Determines whether each person involved in handling an allegation of research misconduct has an unresolved personal, professional or financial conflict of interest and takes appropriate action, including recusal, to ensure that no person with such a conflict is involved in the research misconduct proceeding. | The Provost, Section III. I. Page 11 |
| Keeps the Deciding Official (DO) and others who need to know apprised of the progress of the review of the allegation of research misconduct. | The CO, Section III. C. Page 7 |

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| In cooperation with other institutional officials, takes 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. | The Provost, Section III. I. Page 11 |
| Makes 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. | Deciding Official, Section III. F. Page 9. Institutional Counsel, Section III. H. Page 11. The Provost, Section III. I. Page 11 |
| Assists the DO in implementing his/her decision to take administrative action against any complainant, witness, or committee member determined by the DO not to have acted in good faith. | The Provost, Institutional Counsel, CRO, dean, and chair. Section XI. D. Page 30 |
| Maintains records of the research misconduct proceeding, as defined in 42 CFR 93.317, in a secure manner for 7 years after completion of the proceeding, or the completion of any ORI proceeding involving the allegation of research misconduct, whichever is later, unless custody of the records has been transferred to ORI or ORI has advised that the records no longer need to be retained. | The CO. Section VIII. E. Page 27. |
| Ensures that administrative actions taken by the institution and ORI are enforced and takes appropriate action to notify other involved parties, such as sponsors, law enforcement agencies, professional societies, and licensing boards, of those actions. | Institutional Counsel, Section III. H. Page 11. The Director. Section III.G. Page 10. |

| **B. Allegation Receipt and Assessment** | |
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| Consults confidentially with persons uncertain about whether to submit an allegation of research misconduct. | The Chair, CO, Dean, CRO, Director, Provost, Section III. A, C, D, E, G, I. Pages 6-11. |
| Receives allegations of research misconduct. | The Chair, Section III. A. Page 6. |
| Assesses 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 42 CFR 93.102 (b), and is sufficiently credible and specific so that potential evidence of research misconduct may be identified. | The Chair, Dean, CRO, Director, CO, any subject matter experts, Section V.A. Page 16. |

| **C. Inquiry** | |
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| Initiates the inquiry process if it is determined that an inquiry is warranted. | The CRO with the approval of the Provost. Section V. B. Page 16 |
| At the time of, or before initiating the inquiry, makes a good-faith effort to notify the respondent in writing, if the respondent is known. | The CO. Section V.C. Page 17. |
| On or before the date on which the respondent is notified, or the inquiry is initiated, whichever is earlier, takes all reasonable and practical steps to obtain custody of all research records and evidence needed to conduct the research misconduct proceeding, inventories the records and evidence, and sequesters 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. | The CO, the Office of Legal Affairs, the Division of Information Resources, the Department of Public Safety, and any other administrative units. Section V. C. Page 17. |

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| Appoints an inquiry committee and committee chair as soon after the initiation of the inquiry as is practical. | The CRO, the Dean, and the Provost. Section V.D. Page 17. |
| Prepares a charge for the inquiry committee in accordance with the institution's policies and procedures. | The Provost, the Institutional Counsel, and the CO. Section V. E. Page 18 |
| Convenes the first meeting of the inquiry committee and at that meeting briefing 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, and assists the committee with organizational and other issues that may arise. | The Provost, Institutional Counsel and the CO. Section V. E. Page 18 |
| Provides 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. | The CO. Section III. C. Page 8. |
| Continues to be available or present throughout the inquiry to advise the committee as needed and consults with the committee prior to its decision on whether to recommend that an investigation is warranted on the basis of the criteria in the institution's policies and procedures and 42 CFR 93.307 (d). | Institutional Counsel, the CO Section V. E. Page 18. |
| Determines whether circumstances clearly warrant a period longer than 60 days to complete the inquiry (including preparation of the final inquiry report and the decision of the DO on whether an investigation is warranted), approves an extension if warranted, and documents the reasons for exceeding the 60-day period in the record of the research misconduct proceeding. | The Provost. Section V.G. Page 19. |
| Assists the inquiry committee in preparing a draft inquiry report, sends the respondent a copy of the draft report for comment (and the complainant if the institution's policies provide that option) within a time period that permits the inquiry to be completed within the allotted time, takes appropriate action to protect the confidentiality of the draft report, receives any comments from the respondent (and the complainant if the institution's policies provide that option), and ensures that the comments are attached to the final inquiry report | The CO, after approval by the Provost. Section VI. B. Page 20 |
| Receives the final inquiry report from the inquiry committee and forwards it, together with any comments the Provost may wish to make, to the DO, who will determine in writing whether an investigation is warranted. | The Provost. Section VI. C.1. Page 20. |
| Within 30 days of a DO decision that an investigation is warranted, provides ORI with the written finding and a copy of the inquiry report and notifies those institutional officials who need to know of the decision. | The Director. Section VI. C.2. Page 20. |
| Notifies the respondent whether the inquiry found an investigation to be warranted and includes in the notice copies of or a reference to 42 CFR Part 93 and the institution's research misconduct policies and procedures.<br><br>Notifies the respondent if additional information becomes available that substantially expands the scope of the misconduct inquiry. | The CO. Section VII. B. Page 21<br><br>The Chair of the committee, Section VII. D. Page 23 |
| Provides to ORI, 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 charges to be considered in the investigation. | The Director, Section VII. B. Page 21 |
| If the DO decides that an investigation is not warranted, secures and maintains for seven (7) years after the termination of the inquiry sufficiently detailed documentation of the inquiry to permit a later assessment by ORI of the reasons why an investigation was not conducted. | The CO and the Director. Section VIII. E. Page 27. |

| D. Investigation | |
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| Initiates the investigation within 30 calendar days after the determination by the DO that an investigation is warranted. | The Provost. Section VII.C. Page 22. |
| On or before the date on which the investigation begins: (1) notifies ORI of the decision to begin the investigation and providing ORI a copy of the inquiry report; and (2) notifies the respondent in writing of the allegations to be investigated. | The Director. Section VII. B. Page 21. |
| Prior to notifying respondent of the allegations, takes 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. | The CO, The Office of Legal Affairs, the Division of Information Resources, the Department of Public Safety, and any other administrative units. Section VII. B. Page 22. |
| In consultation with other institutional officials as appropriate, appoints an investigation committee and committee chair as soon after the initiation of the investigation as is practical | The Provost. Section VII.C. Page 22. |
| Prepares a charge for the investigation committee in accordance with the institution's policies and procedures. | The Provost, with the assistance of institutional counsel and the CO. Section VII. D. 1. Page 22. |
| Convenes the first meeting of the investigation committee and at that meeting: (1) briefs 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) provides committee members with a copy of the institution's policies and procedures and 42 CFR Part 93. | The Provost, the Institutional Counsel and the CO. Section VII. D. 2. Page 23. |
| Provides the investigation committee with needed logistical support, e.g., expert advice, including forensic analysis of evidence, and clerical support, including arranging interviews with witnesses and recording or transcribing those interviews. | The CO. Section III. C. Page 8. |
| Continues to be available or present throughout the investigation to advise the committee as needed. | The CO and Institutional Counsel. Section VII. D. 2. Page 23. |
| On behalf of the institution, the CO 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. | The investigation committee and other institutional officials, as appropriate. Section VII. E. Pages 23-24. |
| Upon determining that the investigation cannot be completed within 120 days of its initiation (including providing the draft report for comment and sending the final report with any comments to ORI), submits a request to ORI for an extension of the 120-day period that includes a statement of the reasons for the extension. If the extension is granted, the Director will file periodic progress reports with ORI. | The Director. Section VII. F. Page 24. |

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| Assists the investigation committee in preparing a draft investigation report that meets the requirements of 42 CFR Part 93 and the institution's policies and procedures, sends the respondent (and complainant at the institution's option) a copy of the draft report for his/her comment within 30 days of receipt, takes appropriate action to protect the confidentiality of the draft report, receives any comments from the respondent (and complainant at the institution's option), and ensures that the comments are included and considered in the final investigation report. | The investigation committee and the CO. Section VIII. A. Page 24. |
| Transmits the draft investigation report to institutional counsel for a review of its legal sufficiency. | The CO. Section VIII. B. 2. Page 26 |
| Assists the investigation committee in finalizing the draft investigation report and receiving the final report from the committee. | The CO. Section VIII. B. 2. Page 26 |
| Transmits the final investigation report to the DO and: (1) if the DO determines that further fact-finding or analysis is needed, receives the report from the DO for that purpose; (2) if the DO determines whether or not to accept the report, its findings and the recommended institutional actions, transmits to ORI within the time period for completing the investigation, a copy of the final investigation report with all attachments, a statement of whether the institution accepts the findings of the report, a statement of whether the institution found research misconduct, and if so, who committed it, and a description of any pending or completed administrative actions against the respondent. | (1).The Provost, Section VIII. C. Page 26. (2). The Director, Section VIII. C. Page 26. |
| When a final decision on the case is reached, the CO will normally notify both the respondent and the complainant in writing and the DO 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. | The CO, the DO, the Director and Institutional Counsel. Section VIII. C. Page 26-27. |
| Maintains and provides to ORI upon request all relevant research records and records of the institution's research misconduct proceeding, including the results of all interviews and the transcripts or recordings of those interviews. | The CO and the Director. Section VIII. E. Page 27. |