

## Plymouth State University Statement of Policy and Procedures for Responding to Allegations of Research Misconduct

### 1. Introduction

**1.1** Plymouth State University (PSU) is committed to assuring the integrity of research conducted under its auspices and has put in place policies and procedures that define misconduct, outline the process for investigating allegations, and explain the consequences of committing misconduct.

### 2. Definitions

**2.1 Advocacy:** The presence of an individual providing support and consultation to the respondent throughout the misconduct proceedings. An advocate may include an individual such as a personal advisor whom the respondent selects to serve in this role, and who may accompany them to meetings throughout the proceedings. An advocate will not be legal counselors or active participants in the process but may request a recess/opportunity to caucus during the formal proceedings in order to provide advocacy as needed. Individuals may select a collective bargaining unit representative as an advocate on their behalf, if they so wish.

**2.2 Agency:** A public or private organization providing funds to support research.

**2.3 Allegation:** A disclosure of possible research misconduct through any means of communication and brought directly to the attention of a PSU official.

**2.4 Assessment:** A consideration of whether an allegation of research misconduct appears to fall within the definition of research misconduct, and is sufficiently credible and specific so that potential evidence of research misconduct may be identified. This initial step is conducted by the RIO in order to determine if an inquiry is required. The assessment only involves the review of readily accessible information relevant to the allegation.

**2.5 Complainant:** An individual who in good faith makes an allegation of research misconduct.

**2.6 Conflict of interest:** The real or apparent interference of one individual's interests with the interests of another individual, where potential bias may occur due to prior or existing personal or professional relationships, including financial connections. Members of an inquiry committee are not deemed to have a conflict of interest solely because of their role at PSU and the relationship that such role creates with the respondent or the complainant (e.g., a college Dean is not deemed to have a conflict merely because they are the Dean of the college of a respondent who is a faculty member). Examples of problem situations include having:

**2.6.1** A family relationship with the respondent or complainant;

**2.6.2** A professional relationship with the respondent or complainant, e.g., as a consultant or collaborator on the work in which scholarly misconduct has been alleged;

**2.6.3** A known personal relationship with the respondent or complainant, either as close friends or open antagonists; or

**2.6.4** Having collaborated recently on a project related to the work in which scholarly misconduct has been alleged.

**2.6.5** If there is a question as to whether a conflict of interest exists, the Deciding Official should be consulted.

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

**2.8** Evidence: Anything offered or obtained during a scholarly misconduct proceeding that tends to prove or disprove the existence of an alleged fact. Evidence includes documents, whether in hard copy or electronic form, information, tangible items, and testimony.

**2.9** Fabrication: Making up data or results and recording or reporting them.

**2.10** Falsification: 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.

**2.11** Good faith:

**2.11.1** Good faith as applied to a complainant or witness means having a reasonable belief in the truth of one's allegations 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 knowledge or reckless disregard for information that would negate the allegation or testimony.

**2.11.2** Good faith as applied to an institutional or committee member means cooperating with the research misconduct proceeding by impartially carrying out the duties assigned impartially for the purpose of helping PSU meet its responsibilities. An institutional or committee member does not act in good faith if their acts or omissions during the research misconduct proceedings are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the research misconduct proceeding.

**2.12** Inquiry: Preliminary information-gathering and preliminary fact-finding to determine whether an allegation or suspected research misconduct warrants an investigation.

**2.13** Institutional Record: For PHS-supported activities, the institutional record is described in [42 CFR 93.220](#).

**2.14 Intentionally:** To act intentionally means to act with the aim of carrying out the act.

**2.15 Investigation:** The formal development of a factual record and the examination of that record to determine if research misconduct has occurred, and, if so, to determine the responsible individual and the seriousness of the research misconduct.

**2.16 Knowingly:** To act knowingly means to act with awareness of the act.

**2.17 ORI:** The Office of Research Integrity, the office within the U.S. Department of Health and Human Services (DHHS) that is responsible for addressing scientific misconduct and research integrity issues related to U.S. Public Health Service-supported activities.

**2.18 PHS:** The Public Health Service of the U.S. Department of Health and Human Services, and any components of the PHS to which the authority involved may be delegated, including the National Institutes of Health (NIH).

**2.19 Plagiarism:** The appropriation of another person's ideas, processes, results, or words without giving appropriate credit.

**2.19.1** Plagiarism includes the unattributed verbatim or nearly verbatim copying of sentences and paragraphs from another's work that materially misleads the reader regarding the contributions of the author. It does not include the limited use of identical or nearly identical phrases that describe a commonly used methodology.

**2.19.2** Plagiarism does not include self-plagiarism or authorship or credit disputes, including disputes among former collaborators who participated jointly in the development or conduct of a research or scholarship project. Self-plagiarism and authorship disputes do not meet the definition of research misconduct.

**2.20 Preponderance of the evidence:** Proof by evidence that, compared with evidence opposing it, leads to the conclusion that the fact at issue is more likely true than not.

**2.21 Recklessly:** To act recklessly means to propose, perform, or review research or scholarship, or report research or scholarship results, with indifference to a known risk of fabrication, falsification, or plagiarism.

**2.22 Regulation:** Any regulation applicable to an externally supported grant or contract or to the handling of research misconduct allegations related to such grant, contract, or research performed under it.

**2.23 Research:** A systematic experiment, study, evaluation, demonstration, or survey designed to develop or contribute to general knowledge (basic research) or specific knowledge (applied research) by establishing, discovering, developing, elucidating, or confirming information or underlying mechanisms related to biological causes, functions, or effects; diseases; treatments; or related matters to be studied.

**2.24 Research Integrity Officer (RIO):** The PSU official responsible for administering this written

policy and procedures for addressing allegations of research misconduct. The PSU RIO is the Associate Provost or their designee.

**2.25** Research misconduct: Fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. It does not include honest error or differences of opinion.

**2.26** Research record: The record of data or results that embody the facts resulting from research inquiry in either physical or electronic form. Examples of items, materials or information that may be considered part of the research record include, but are not limited to, research proposals, raw data, processed data, clinical research records, laboratory records, study records, laboratory notebooks, progress reports, manuscripts, abstracts, theses, records of oral presentations, online content, lab meeting reports, and journal articles.

**2.27** Respondent: The individual against whom an allegation of research misconduct is directed or who is the subject of a research misconduct proceeding.

**2.28** Retaliation: An adverse action taken against a complainant, witness, or committee member by an institution or one of its members in response to: (a) A good faith allegation of research misconduct; or (b) Good faith cooperation with a research misconduct proceeding.

### 3. Scope

**3.1** This policy is intended to carry out PSU's responsibilities under the PHS Policies on Research Misconduct (42 CFR 93), as well as the corresponding policies on research misconduct of a variety of federal funding agencies.

**3.2** This policy applies to allegations of research misconduct involving a person who, at the time of the alleged research misconduct, was employed by, was an agent of, or was affiliated by contract or agreement with PSU. As such, the policy applies to all members of the PSU community, including, but not limited to, faculty, staff, and graduate and undergraduate students.

**3.3** This policy applies only to research misconduct occurring within six (6) years of the date that PSU receives an allegation of scholarly misconduct, except if the activity is supported by PHS.

**3.4** If the activity is supported by PHS, this policy applies only to scholarly misconduct occurring within six (6) years of the date that DHHS or PSU received an allegation except in the following situations:

**3.4.1** The respondent continues or renews any incident of alleged scholarly misconduct that occurred before the six-year limitation through the use of, republication of, or citation to the portion(s) of the scholarly record (e.g., processed data, journal articles, funding proposals, data repositories) alleged to have been fabricated, falsified, or plagiarized for the potential benefit of the respondent.

**3.4.1.1** When the respondent uses, republishes, or cites to the portion(s) of the scholarly record that is alleged to have been fabricated, falsified, or plagiarized, in

submitted or published manuscripts, submitted PHS grant applications, progress reports submitted to PHS funding components, posters, presentations, or other scholarly records within six (6) years of when the allegations were received by HHS or an institution, this exception applies.

**3.4.1.2** For research misconduct that appears subject to the subsequent use exception, PSU must document their determination that the subsequent use exception does not apply. Such documentation must be retained in accordance with section 9.

**3.4.2** Exception for the health or safety of the public. If ORI or PSU, following consultation with ORI, determines that the alleged scholarly misconduct, if it occurred, would possibly have a substantial adverse effect on the health or safety of the public, this exception applies.

**3.5** This policy should not be construed to limit the rights of any member of the PSU community, including those outlined in the University System of New Hampshire (USNH) Policy Manual (for employees), documents on student rules, rights and responsibilities (for students), and any applicable collective bargaining agreements or handbook. The collective bargaining agreement will control in any conflict with this policy.

#### 4. Requirements for Findings of Research Misconduct

**4.1** A finding of research misconduct requires that:

**4.1.1** There be a significant departure from accepted practices of the relevant research community; and,

**4.1.2** The misconduct be committed intentionally, knowingly, or recklessly; and,

**4.1.3** The allegation be proven by a preponderance of the evidence.

#### 5. Evidentiary Standards

**5.1** A PSU finding of research misconduct must be proved by a preponderance of the evidence.

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

**5.3** The respondent has the burden of going forward with and proving, by a preponderance of the evidence, all affirmative defenses raised. In determining whether PSU has carried the burden of proof imposed by this part, the finder of fact shall give due consideration to admissible, credible evidence of honest error or difference of opinion presented by the respondent.

**5.4** The respondent has the burden of going forward with and proving, by a preponderance of the evidence, any mitigating factors relevant to a decision to impose administrative actions after a research misconduct proceeding.

## **6. Confidentiality**

### **6.1** The RIO shall:

**6.1.1** Make all reasonable and practical efforts to maintain confidentiality, consistent with federal regulations, state regulations, such as the Whistleblowers' Protection Act, and institutional policy.

**6.1.2** 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 as allowed by law. Those who need to know may include institutional review boards, journals, editors, publishers, co-authors, and collaborating institutions. This limitation on disclosure of the identity of respondents, complainants, and witnesses no longer applies once PSU has made a final determination of research misconduct findings. If the activity is supported by PHS, PSU must disclose the identity of respondents and complainants, or other relevant individuals to ORI.

**6.2** Except as otherwise prescribed by law, confidentiality must be maintained for any records or evidence from which research subjects might be identified. Disclosure is limited to those who need to know in order to carry out a research misconduct proceeding.

**6.3** This section does not prohibit PSU from managing published data or acknowledging that data may be unreliable.

**6.4** The RIO should use written confidentiality agreements or other mechanisms to ensure that the recipient does not make any further disclosure of identifying information.

## **7. Rights and Responsibilities**

### **7.1** Research Integrity Officer (RIO)

**7.1.1** The RIO will have primary responsibility for implementation of this policy. The RIO will be a PSU official who is well qualified to handle the procedural requirements involved and is sensitive to the varied demands made on those who conduct research, those who are accused of scholarly misconduct, and those who report apparent scholarly misconduct in good faith.

**7.1.2** The RIO will appoint the inquiry and investigation committee as provided in this policy and ensure that necessary and appropriate expertise is secured to carry out a thorough and authoritative evaluation of the relevant evidence in research misconduct proceeding. The RIO will attempt to ensure that confidentiality is maintained.

**7.1.3** The RIO will assist committee members and all PSU personnel in complying with these procedures and with applicable standards imposed by government or external funding sources. The RIO is also responsible for maintaining files of all documents and evidence, and for the confidentiality and the security of the files.

**7.1.4** As required by regulation, the RIO will report to external funding sources and keep such funding sources apprised of any developments during the course of the stage one or stage two investigation that may affect current or potential funding for the individual(s) under investigation or that the funding sources needs to know to ensure appropriate use of external funds and otherwise protect the public interest.

## **7.2 Complainant**

**7.2.1** The complainant is responsible for making allegations in good faith, maintaining confidentiality, and cooperating with the inquiry and investigation.

**7.2.2** 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 be interviewed during an investigation and be given the transcript or recording of the interview for correction.

## **7.3 Respondent**

**7.3.1** The respondent is responsible for maintaining confidentiality and cooperating with the conduct of an inquiry and investigation.

**7.3.2** The RIO will notify the respondent in writing at the time of or before beginning an inquiry. The respondent will have an opportunity to comment on the inquiry report and have their comments attached to the report. The respondent will be notified of the outcome of the inquiry, and receive a copy of the inquiry report , as well as applicable external funding agency research misconduct policies (in the case of externally sponsored projects) and PSU's policies and procedures on research misconduct.

**7.3.3** The RIO will notify the respondent 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) calendar days after PSU decides to begin an investigation). The respondent will also 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.

**7.3.4** The respondent will 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.

**7.3.5** The RIO will provide to the respondent 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) calendar days of the date on which the copy was received and that the comments will be considered by the

institution and addressed in the final report.

**7.3.6** The respondent may have an advocate present at meetings related to the misconduct proceedings. The presence of such an advocate will be for consultation and support; the advocate will not be an active participant in the process and shall not provide formal legal “representation” for the respondent. Any participant in a formal proceeding may request a recess/opportunity to caucus during the proceedings in order to allow for advocacy as needed.

#### **7.4 Deciding Official**

**7.4.1** The DO will receive the inquiry report and after consulting with the RIO or other institutional officials, will decide whether an investigation is warranted. Any determination that an investigation is warranted must be made in writing by the DO and provided to the pertinent external agency as required by regulation, within thirty (30) calendar days of the finding.

**7.4.1.1** If the DO decides that an investigation is not warranted, the DO and the RIO will ensure that detailed documentation of the inquiry is retained for at least seven (7) years after termination of the inquiry, so that any pertinent external agency, as required by regulation, may assess the reasons why the institution decided not to conduct an investigation.

**7.4.2** The DO will receive the investigation report and, after consulting with the RIO or other institutional officials, decide whether research misconduct occurred, whether to impose sanctions, or whether to take any other administrative actions.

**7.4.3** The DO shall ensure that the final investigation report, the findings of the DO, and a description of any pending or completed administrative actions are provided to any pertinent external agency, as required by regulation.

### **8. Reporting**

**8.1** All PSU members will report observed, suspected, or apparent research misconduct to the RIO. If an individual is unsure whether a suspected incident falls within the definition of research misconduct, they may contact the RIO to discuss the suspected research misconduct informally, which may include discussing it anonymously or hypothetically. If the circumstances described by the individual do not meet the definition of research misconduct, the RIO will refer the individual or allegation to other offices or officials with responsibility for addressing the problem.

**8.2** At any time, a member of the PSU community may have confidential discussions and consultations about concerns of possible misconduct with the RIO and will be counseled about appropriate procedures for reporting allegations.

**8.3** PSU members will cooperate with the RIO and other institutional officials in the review of allegations and the conduct of inquiries and investigations. PSU members, including respondents, have an obligation to provide evidence relevant to research misconduct allegations to the RIO or

other institutional officials.

**8.4** PSU members may not retaliate in any way against complainants, witnesses, or committee members. PSU members should immediately report any alleged or apparent retaliation against complainants, witnesses, or committee members to the RIO, who shall review the matter and, as necessary, make all reasonable and practical efforts to counter any potential or actual retaliation and protect and restore the position and reputation of the person against whom the retaliation is directed.

**8.5** As requested, and as appropriate, the RIO 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.

**8.6** During the research misconduct proceeding, the RIO is responsible for ensuring that respondents receive all the notices and opportunities provided by pertinent external agency regulations and the policies and procedures of the institution.

**8.6.1** Respondents may consult with an advocate (who is not a principal or witness in the case) to seek advice and may bring the advocate to interviews or meetings on the case (see section 7.3.6).

**8.7** Throughout the research misconduct proceeding, the RIO will review the situation to determine if there is any threat of harm to public health, sponsor funds and equipment, or the integrity of the externally supported research process. In the event of such a threat, the RIO will, in consultation with other institutional officials and the pertinent external agency, take appropriate interim action to protect against any such threat. Interim action might include additional monitoring of the research process and the handling of federal funds and equipment, reassignment of personnel or of the responsibility for the handling of federal funds and equipment, additional review of research data and results or delaying publication. The RIO shall, at any time during a research misconduct proceeding, notify the pertinent external agency immediately if they have reason to believe that any of the following conditions exist:

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

**8.7.2** Sponsor resources or interests are threatened.

**8.7.3** Research activities should be suspended.

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

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

**8.7.6** Federal action may need to be taken to safeguard evidence.

**8.7.7** The research misconduct proceeding may be made public prematurely and sponsor

agency action may be necessary to safeguard evidence and protect the rights of those involved; or

**8.7.8** The research community or public should be informed.

## **9. Records and Evidence**

**9.1** PSU will promptly take all reasonable and practical steps to obtain all the research records and other evidence, which may include copies of data or other evidence so long as those copies are substantially equivalent in evidentiary value, needed to conduct the scholarly misconduct proceeding; inventory the records and other evidence; and sequester them in a secure manner. Where the records or other evidence encompass scientific instruments shared by multiple users, PSU may obtain copies of the data or other evidence from such instruments, so long as those copies are substantially equivalent in evidentiary value to the instruments.

**9.1.1** Whenever possible, PSU must obtain the research records or other evidence:

**9.1.1.1** Before or at the time the institution notifies the respondent of the allegation.

**9.1.1.2** Whenever additional items become known or relevant to an investigation.

**9.2** Where appropriate, PSU will give the respondent copies of, or reasonable, supervised access to, the records that are sequestered, subject to the need for confidentiality and the due process rights of all parties.

**9.3** PSU will maintain the research or scholarship records and evidence as required by this policy.

**9.4** In PHS-supported activities, ORI or other authorized DHHS personnel will be given access to records upon request.

**9.5** The RIO must maintain and provide to ORI (in the case of PHS funding) or other pertinent external agency as required by regulation upon request records of research misconduct proceedings. Unless custody has been transferred to HHS or ORI, or other pertinent external agency, has advised in writing that the records no longer need to be retained, records of research misconduct proceedings must be maintained in a secure manner for seven (7) years after completion of the proceeding or the completion of any PHS proceeding involving the research misconduct allegation.

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

## **10 Process**

**10.1** An allegation of research misconduct shall be handled through several procedural stages: reporting, assessment, inquiry, investigation, determination, and administration of sanctions if

warranted, as described below.

**10.2** If PSU identifies additional respondents during an inquiry or investigation, it is not required to conduct a separate inquiry for each new respondent. However, each additional respondent must be provided notice of and an opportunity to respond to the allegations as stated in this policy.

**10.3** When allegations involve research conducted at multiple institutions, one institution must be designated as the lead institution if a joint misconduct proceeding is conducted. In a joint misconduct proceeding, the lead institution should obtain research records and other evidence pertinent to the proceeding, including witness testimony, from the other relevant institutions. By mutual agreement, the joint misconduct proceeding may include team members from the institutions involved. The determination of whether further investigation is warranted, whether research misconduct occurred, and the recommendation for institutional actions to be taken may be made by the institutions jointly or tasked to the lead institution. Determinations about whether to impose sanctions and/or whether to take other appropriate administrative actions with respect to individual respondents will be made by the DO and other appropriate administrators at the respondents' respective institutions.

**10.4** In certain circumstances, PSU may use the services of a consortium, organization, or individual that the institution reasonably determines to be qualified by practice and experience to conduct scholarly misconduct proceedings.

**10.4.1** A consortium, organization, or individual acting on behalf of PSU must follow the requirements of this policy in conducting misconduct proceedings.

**10.5** A representative from the USNH General Counsel's Office shall advise the RIO, committees, and institutional officials throughout the stages of a research misconduct proceeding on procedural and legal matters.

**10.6** The respondent should be given the opportunity to admit that research misconduct occurred and that they committed the research misconduct. With the advice of the RIO and/or other institutional officials, the DO may terminate the institution's review of an allegation that has been admitted, provided the institution has received from any relevant funding agency any required approval of institutional acceptance of the admission and any proposed settlement (see section 11).

**10.7** 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 any applicable federal agency regulations. If the respondent, without admitting to the misconduct, elects to resign their position after the institution receives an allegation of research misconduct, the assessment of the allegation will proceed, as well as the inquiry and investigation, as appropriate based on the outcome of the preceding steps. If the respondent refuses to participate in the process after resignation, the RIO and any inquiry or investigation committee will use their best efforts to reach a conclusion concerning the allegations, noting in the report the respondent's failure to cooperate and its effect on the evidence.

## **11. Completing the Research Misconduct Process in PHS-Supported Activities**

**11.1** Generally, all inquiries and investigations will be carried through to completion and PSU will pursue diligently all significant issues. For PHS-supported activities, if PSU plans to close an assessment, inquiry, investigation, or appeal on the basis that the respondent has admitted to committing research misconduct or a settlement with the respondent has been made, PSU must notify ORI in advance.

**11.2** A respondent's admission of research misconduct must be made in writing and signed by the respondent. An admission must specify the falsification, fabrication, and/or plagiarism that occurred, and which research records were affected. The admission statement must meet all elements required for a research misconduct finding (see section 4 of this policy) and must be provided to ORI before PSU closes its research misconduct proceeding. PSU must also provide a statement to ORI describing how it determined that the scope of the misconduct was fully addressed by the admission and confirmed the respondent's culpability.

**11.2.1** After consulting with PSU on its basis for closing a case, ORI may conduct an oversight review of PSU's handling of the case and take appropriate action including:

**11.2.1.1** Approving or conditionally approving closure of the case;

**11.2.1.2** Directing the institution to complete its process;

**11.2.1.3** Directing the institution to address deficiencies in the institutional record;

**11.2.1.4** Referring the matter for further investigation by HHS; or

**11.2.1.5** Taking a compliance action.

## **12. Assessment**

**12.1** The purpose of an assessment is to determine whether an allegation warrants an inquiry.

**12.2** Upon receiving an allegation of research misconduct, the RIO will within fifteen (15) calendar days assess the allegation to determine whether the allegation:

**12.2.1** Falls within the definition of research misconduct as defined in this policy; and

**12.2.2** Is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

**12.3** An inquiry must be conducted if the allegation meets the criteria in 12.2.1 and 12.2.2. and the RIO must:

**12.3.1** Document the assessment;

**12.3.2** Promptly sequester all research records and other evidence, consistent with section 9 of this policy; and

**12.3.3** Notify the respondent in writing that a report of alleged research misconduct has been made and that it will be referred to an inquiry.

**12.4** If the RIO or another designated institutional official determines that requirements for an inquiry are not met, they must keep sufficiently detailed documentation of the assessment to permit a later review of the reasons why the institution did not conduct an inquiry.

### **13. Inquiry**

**13.1** The purpose of the inquiry is to conduct an initial review of the available evidence to determine whether an allegation warrants an investigation. An inquiry does not require a full review of all the evidence related to the allegation.

**13.2** At the time of or before beginning an inquiry, the RIO must make a good faith effort to notify in writing the presumed respondent, if any. If the inquiry subsequently identifies additional respondents, the RIO will notify them in writing. Only allegations specific to a particular respondent are to be included in the notification to that respondent. If additional allegations are raised, the respondent(s) must be notified in writing of the additional allegations raised against them.

**13.3** On or before the date on which the respondent is notified, or the inquiry begins, whichever is earlier, the RIO must take all reasonable and practical steps to obtain custody of all the research records and evidence consistent with section 9 of this policy.

**13.4** The RIO, in consultation with other institutional officials, as appropriate, will appoint an inquiry committee and committee chair as soon after the initiation of the inquiry as is practical. The inquiry committee must consist of individuals who do not have unresolved personal, professional, or financial conflicts of interest with those involved in 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.

**13.5** The RIO shall be responsible for notifying the respondent of the proposed committee membership to give the respondent an opportunity to object to a proposed member based upon a personal, professional, or financial conflict of interest. Objections must be filed within ten (10) calendar days. The institution will make the final determination of whether a conflict exists.

**13.6** The RIO will prepare a charge for the inquiry committee that:

**13.6.1** Sets forth the time for completion of the inquiry;

**13.6.2** Describes the allegations and any related issues identified during the allegation assessment;

**13.6.3** 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;

**13.6.4** States that an investigation is warranted if the committee determines:

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

**13.6.4.2** The allegation may have substance, based on the committee's review during the inquiry.

**13.6.5** 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, any federal regulations, and any sponsor-specific requirements.

**13.6.6.** Explains that the scope of the inquiry is not required to and does not normally include deciding whether misconduct definitely occurred, determining definitely who committed the research misconduct or conducting exhaustive interviews and analyses.

**13.7** 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. After consultation with the RIO and institutional counsel, the committee members will decide whether an investigation is warranted based on the criteria in this policy and any pertinent external agency regulations.

**13.8** An investigation is warranted if:

**13.8.1** There is a reasonable basis for concluding that the allegation falls within the definition of research misconduct as defined in this policy; and

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

**13.9** 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 or pertinent external agency to determine the next steps that should be taken. See section 11.

**13.10** Communication of findings

**13.10.1** 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 ninety (90) calendar days of initiation of the inquiry, unless the RIO determines that circumstances clearly warrant a longer period. If the RIO approves an extension, the inquiry record must include

documentation of the reasons for exceeding the 90-day period. In such instances, the respondent will be notified of the extension.

**13.10.2** The inquiry committee will prepare a written inquiry report that includes, but is not limited to, the following information:

**13.10.2.1** The name and position of the respondent;

**13.10.2.2** A description of the allegations of research misconduct;

**13.10.2.3** Any external agency support, including, for example, grant numbers, grant applications, contracts and publications listing the external agency support;

**13.10.2.4** The basis for recommending or not recommending that the allegations warrant an investigation;

**13.10.2.5** Any comments on the draft report by the respondent or complainant;

**13.10.2.6** The names and titles of the committee members and experts who conducted the inquiry;

**13.10.2.7** A summary of the inquiry process used;

**13.10.2.8** A list of the research records reviewed;

**13.10.2.9** Summaries of any interviews;

**13.10.2.10** Notation of any potential evidence of honest error or difference of opinion;  
and

**13.10.2.11** Whether any other actions should be taken if an investigation is not recommended.

**13.10.3** PSU legal counsel will review the draft report for legal sufficiency. Modifications will be made as appropriate in consultation with the RIO and the inquiry committee.

**13.10.4** The RIO will provide the respondent with an opportunity to review and comment on the inquiry report and will attach any comments received to the report. The respondent will have ten (10) calendar days to provide their comments to the RIO.

**13.10.5** Any comments that are submitted by the respondent or complainant will be attached to the final inquiry report. Based on the comments, the inquiry committee may revise the draft report as appropriate and prepare it in final form. The committee will deliver the final report to the RIO.

**13.10.6** In distributing the draft report, or portions thereof, to the respondent, the RIO will inform the recipient of the confidentiality under which the draft report is made available and

may establish reasonable conditions to ensure such confidentiality.

**13.10.6.1** The RIO will notify the respondent whether the inquiry found an investigation to be warranted. The notice will include a copy of the inquiry report, any agency-specific regulations, and PSU's policy and procedures on research misconduct.

**13.10.6.2** The RIO and DO shall determine what, if any, information to provide to the complainant at various stages in the process, balancing the complainant's legitimate interest in the proceeding, its progress, and its outcome, with the need to safeguard the integrity and confidentiality of the process.

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

### **13.11** Concluding an inquiry

**13.11.1** Within thirty (30) calendar days of the DO's decision that an investigation is warranted, the RIO will provide ORI or other pertinent external agency with the DO's written decision and a copy of the inquiry report. The RIO will also notify those institutional officials who need to know of the DO's decision. Where PHS support is involved, the RIO must provide to ORI information stipulated in 42 CFR 93.309.

**13.11.2** If the DO decides that an investigation is not warranted, the RIO 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 or any other pertinent external agency as required by regulation of the reasons why an investigation was not conducted.

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

**13.11.4** 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 they will determine whether any administrative action should be taken against the person who failed to act in good faith.

## **14.** Investigation

**14.1** 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.

**14.2** The investigation must begin within thirty (30) calendar days after the determination by the DO that an investigation is warranted.

**14.2.1** On or before the date on which the investigation begins, the RIO must notify the respondent in writing of the allegations to be investigated.

**14.2.2** The RIO must also give the respondent written notice of any new allegations of research misconduct within a reasonable amount of time of deciding to pursue allegations not addressed during the inquiry or in the initial notice of the investigation.

**14.2.3** If PSU identifies additional respondents during the investigation, PSU may but is not required to conduct a separate inquiry for each new respondent. If any additional respondent(s) are identified during the investigation, the RIO must notify them of the allegation(s) and provide them an opportunity to respond.

**14.2.4** If an investigation involves multiple respondents, the investigation committee must create separate investigation reports and make research misconduct determinations for each respondent.

**14.3** On or before the date on which the investigation begins, the RIO must notify ORI (in the case of PHS-supported research) or other pertinent external agency, as required by regulation, of the decision to begin the investigation and provide the relevant external agency a copy of the inquiry report.

**14.4** The RIO will, prior to notifying the 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. 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 in section 9 of this policy.

**14.5** The RIO, in consultation with other institutional officials as appropriate, will appoint an investigation committee and the committee chair as soon after the beginning of the investigation as is practical.

**14.5.1** The investigation committee must consist of individuals who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the investigation and should 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. Individuals appointed to the investigation committee may not have served on the inquiry committee.

**14.5.2** The RIO will notify the respondent in writing of the proposed committee membership. The respondent will have ten (10) calendar days to object to a proposed member based upon a personal, professional, or financial conflict of interest. The institution will make the final determination of whether a conflict exists.

**14.5.3** The RIO will define the subject matter of the investigation in a written charge to the committee that:

**14.5.3.1** Describes the allegations and related issues identified during the inquiry;

**14.5.3.2** Identifies the respondent;

**14.5.3.3** Informs the committee that it must conduct the investigation as prescribed in sections 14.6;

**14.5.3.4** Defines research misconduct;

**14.5.3.5** 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;

**14.5.3.6** 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:

**14.5.3.6.1** Research misconduct, as defined in this policy, occurred (respondent has the burden of proving by a preponderance of the evidence any affirmative defenses raised, including honest error or a difference of opinion);

**14.5.3.6.2** The research misconduct is a significant departure from accepted practices of the relevant research community; and

**14.5.3.6.3** The respondent committed the research misconduct intentionally, knowingly, or recklessly.

**14.5.3.7** Informs the committee that it must prepare or direct the preparation of a written investigation report that meets the requirements of this policy and the pertinent external agency regulations.

**14.6** The investigation committee and the RIO must:

**14.6.1** 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.

**14.6.2** Take reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practical, including participation of persons with appropriate scientific expertise who do not have unresolved personal, professional, or financial conflicts of interest relevant to the investigation.

**14.6.3** 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.

**14.6.3.1** Record and transcribe each interview.

**14.6.3.2** Number any exhibits shown to the interviewee during the interview and refer to them by that number during the interview.

**14.6.3.3** Provide the transcript to relevant interviewee for correction.

**14.6.3.4** Include the transcript with any corrections and numbered exhibits in the record of the investigation.

**14.6.3.5** The respondent must not be present during the witnesses' interviews but must be provided with a transcript of the interview with redactions as appropriate to maintain confidentiality.

**14.6.4** 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. If additional allegations are raised, the respondent(s) must be notified in writing of the additional allegations raised against them.

## **14.7** Communication of findings

**14.7.1** The investigation is to be completed within one hundred and eighty (180) calendar days of beginning it, including conducting the investigation, preparing the report of findings, providing the draft report for comment and sending the final report to ORI (for PHS-supported projects) or other pertinent external agencies as required by regulation.

**14.7.1.1** If the RIO determines that the investigation will not be completed within this 180-day period, they will submit to ORI (or other pertinent external agencies as required by regulation) a written request for an extension, setting forth the reasons for the delay. If an extension is granted, the RIO will ensure that periodic progress reports are filed with ORI (or other pertinent external agencies as required by regulation).

**14.7.2** The investigation committee and the RIO will prepare a written draft report of the investigation for each respondent that includes, but is not limited to, the following:

**14.7.2.1** Description of the nature of the allegation of research misconduct, including

any additional allegations addressed during the research misconduct proceeding.

**14.7.2.2** Description and documentation of any pertinent external agency support, including, for example, the numbers of any grants that are involved, grant applications, contracts, and publications listing the external agency support.

**14.7.2.3** Description of the specific allegations of research misconduct considered in the investigation of the respondent.

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

**14.7.2.5** The institutional policies and procedures under which the investigation was conducted, unless those policies and procedures were provided to ORI or pertinent external agency previously.

**14.7.2.6** Steps taken to sequester scholarly records and other evidence, and to provide an inventory of said records and other evidence considered or relied upon in the investigation, including manuscripts and funding proposals.

**14.7.2.7** Transcripts of all interviews conducted.

**14.7.2.8** Any scientific or forensic analyses conducted.

**14.7.2.9** Any comments made by the respondent and complainant on the draft investigation report and the investigation committee's consideration of those comments.

**14.7.2.10** A statement for each separate allegation identified during the investigation of whether the investigation committee recommends a finding of research misconduct.

**14.7.2.11** For each recommended finding of research misconduct for an allegation, the report must:

**14.7.2.11.1** Identify the individual(s) who committed the research misconduct.

**14.7.2.11.2** Identify whether the research misconduct was falsification, fabrication, or plagiarism.

**14.7.2.11.3** Identify whether the research misconduct was committed intentionally, knowingly, or recklessly.

**14.7.2.11.4** State whether the other requirements for a finding of research misconduct have been met.

**14.7.2.11.5** 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 they did not engage in research misconduct because of honest error or a difference of opinion.

**14.7.2.11.6** Identify the specific external agency support.

**14.7.2.11.7** Identify whether any publications need correction or retraction.

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

**14.7.2.13** List of any current support or known applications or proposals for support that the respondent has pending with non- federal agencies.

**14.7.3** PSU legal counsel will review the draft investigation report for legal sufficiency.

**14.7.4** The RIO must give the respondent a copy of the draft investigation report for comment and, concurrently, a copy of, or supervised access to the research records and evidence on which the report is based. The respondent will be allowed thirty (30) calendar days from the date they received the draft report to submit comments to the RIO. The respondent's comments must be included and considered in the final report.

**14.7.4.1** In distributing the draft report, or portions thereof, to the respondent, the RIO will inform the recipient of the confidentiality under which the draft report is made available and may establish reasonable conditions to ensure such confidentiality. The RIO may require that the recipient sign a confidentiality agreement.

**14.7.5** The RIO will assist the investigation committee in finalizing the draft investigation report, including ensuring that the respondent's comments are included and considered, and transmit the final investigation report to the DO.

## **14.8** Determination

**14.8.1** The DO will determine in writing:

**14.8.1.1** Whether the institution found research misconduct and, if so, who committed the misconduct; and

**14.8.1.2** A description of recommended institutional actions.

**14.8.2** If this determination varies from the findings of the investigation committee, the DO will, as part of their written determination, explain in detail the basis for rendering a decision different from the findings of the investigation committee. The DO may return the report to the investigation committee with a request for further fact-finding or analysis.

**14.8.3** When a final decision on the case has been reached, the RIO:

**14.8.3.1** Will normally notify both the respondent and the complainant in writing. After informing ORI or pertinent external agency, 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.

**14.8.3.2** Is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies.

**14.9** Concluding an investigation

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

**15.** Appeals

**15.1** Within thirty (30) calendar days of receipt of the committee's final investigation report, the respondent may appeal to either reverse or modify the institution's findings of research misconduct by filing a written notice of appeal with the RIO specifying in detail one or more of the following grounds of appeal:

**15.1.1** Procedural error in the investigation process that materially affected the outcome.

**15.1.2** Evidence that was not reasonably available during the investigation and would likely have materially affected the outcome.

**15.1.3** Sanctions that are seriously disproportionate to the gravity of the research misconduct.

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

**15.3** The RIO shall deliver the appeal to the PSU President, along with the investigation report.

**15.4** The PSU President, upon reviewing the investigation report and any supporting evidence necessary, shall make the final decision to uphold, reverse, or modify the findings of research misconduct, in writing, within one hundred and twenty (120) calendar days of the filing of the appeal. The President, at their sole discretion, shall have the authority to charge the investigating committee with additional investigatory actions as deemed necessary to reaching a decision on

the appeal, but all activities and the final decision of the President shall be completed within one hundred and twenty (120) calendar days of the filing of the appeal.

**15.5** For PHS-supported activities, if a respondent appeals PSU's finding(s) of research misconduct or institutional actions, PSU will promptly notify ORI.

**15.5.1** If PSU has not transmitted its investigation report to ORI prior to the appeal, PSU will wait until the appeal is concluded to do so.

**15.5.2** If PSU has transmitted the investigation report to ORI prior to the appeal, PSU will notify ORI of the appeal and provide ORI a complete record of the appeal once the appeal is concluded.

## **16. Institutional Administrative Actions**

**16.1** If the DO determines that research misconduct is substantiated by the findings, they will decide on the appropriate actions to be taken, after consultation with the RIO and other institutional officials. The administrative actions may include, but are not limited to:

**16.1.1** Withdrawal or correction of all pending or published abstracts and papers emanating from the research where research misconduct was found;

**16.1.2** Removal of the responsible person from the particular project, letter of reprimand, special monitoring of future work, probation, suspension, salary reduction, or initiation of steps leading to possible rank reduction or termination of employment;

**16.1.3** Restitution of funds to the grantor agency as appropriate; or

**16.1.4** Other action appropriate to the research misconduct.

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