



Applies to: All individuals involved with research activities, including faculty, staff, students, research associates and fellows, post-doctoral fellows, other research trainees, and visitors

Responsible Office

Enterprise for Research, Innovation and Knowledge

POLICY

Issued: 05/29/2008

Revised: 01/01/2026 (minor revision)

The university is committed to maintaining integrity and transparency in **research** endeavors. In carrying out its research mission, all members of the university engaged in research are expected to adhere to the highest standards of research integrity to protect the accuracy and reliability of the **research record** and published results. This policy applies to all research and scholarship conducted within the university community, irrespective of the funding source, if any. In addition, the terms “research” and “scholarship” will be broadly construed, including activities ranging from scientific experimentation to creative expression, regardless of the discipline. Individuals accused of **research misconduct** are presumed innocent of any **allegations** until the contrary has been established by a final decision reached under this policy.

Purpose of the Policy

To promote the university’s compliance with federal regulations and best practices for dealing with research misconduct and to protect the integrity and reputation of the university and its scholars from false or unproven allegations of research misconduct.

Definitions

| Term | Definition |
|---------------------------------|---|
| Allegation | An accusation of falsification, fabrication or plagiarism , received through any means of communication and brought directly to the attention of an institutional official that triggers the procedures described in this policy. |
| Assessment | Initial review to determine if each allegation fits within the definition of research misconduct and if each allegation is credible and specific so that potential evidence of research misconduct may be identified. |
| Complainant | Person who makes an allegation of research misconduct, including those persons who make allegations through the university anonymous reporting line. |
| Complaint | All allegations of research misconduct, one or many, against a specific respondent received at one time or sequentially. |
| Fabrication | Making up data or results and recording or reporting them. |
| 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. |
| Good faith allegations | Allegations of research misconduct that a complainant or witness believes is true and that a reasonable person in that position would likewise believe to be true based on the information known at the time. |
| Home institution | The institution with jurisdiction over a specific allegation because it is the institution where the research misconduct took place and which retains and/or is responsible for the retention of the original research records. |
| Inquiry | Preliminary information gathering and fact-finding to determine if each allegation has substance (i.e., that sufficient evidence exists that research misconduct may have occurred to warrant investigation). |
| Institutional deciding official | University official responsible for final determinations over all research misconduct matters. |
| Institutional record | Records that the institution compiled or generated during the research misconduct proceeding, except records that were not considered or relied on during its review, and other records required by federal regulations. |



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| Term | Definition |
|----------------------------------|---|
| Intentionally | To directly engage in falsification, fabrication, or plagiarism with the intent or purpose of misleading the reader of the research record. |
| Investigation | A formal review of all evidence to determine if research misconduct occurred and by whom, and to recommend appropriate corrective actions and/or sanctions. |
| Knowingly | To engage in falsification, fabrication, or plagiarism with actual knowledge, deliberate ignorance, or plain indifference of the falsification, fabrication, or plagiarism. |
| Plagiarism | The appropriation of the ideas, processes, results, or words of another person, without giving appropriate credit. Includes the verbatim or nearly verbatim copying of sentences and paragraphs from another's work that materially misleads the reader regarding the contributions of the author. Does not include the limited use of identical or nearly identical phrases that describe a commonly used methodology; self-plagiarism; or authorship or credit disputes, including disputes among former collaborators who participated jointly in the development or conduct of a research project. |
| Preponderance of the evidence | Proof by information that, compared with that opposing it, leads to the conclusion that the fact at issue is more probably true than not. |
| Recklessly | To use or allow the use of, through action or inaction, falsified, fabricated or plagiarized data while aware of an increased risk of falsified, fabricated, or plagiarized data being used or generated, or while the risk is so obvious that a typical researcher in the relevant research community should have known. Recklessness is distinguished from negligence, where an individual deviates from ordinary care that a typical researcher in the relevant research community would have exercised, but the individual is unaware that there was a substantial risk of falsification, fabrication or plagiarism. |
| Research | Any systematic investigation, including research development, testing, and reporting, designed to develop or contribute to the body of knowledge in any field. The term encompasses basic research, applied research, and research training activities in areas such as, but not limited to, biomedical and life sciences, natural sciences, engineering, humanities and arts, and social and behavioral sciences. |
| Research misconduct | Fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. A finding of research misconduct requires 1) that there be a significant departure from accepted practices of the relevant research community; 2) the misconduct be committed intentionally, knowingly, or recklessly; and 3) the allegation be proved by a preponderance of the evidence. Research misconduct does not include honest error or differences of opinion. |
| Research record | Any data or results, in any media or format both physical and electronic, which embodies the information resulting from research. A research record includes, but is not limited to, grant or contract applications, whether funded or unfunded; grant or contract progress and other reports; raw or processed laboratory data; laboratory notebooks, notes, or other records; lab meeting reports; correspondence; videos; photographs; X-ray film; slides; biological materials; manufactured equipment or materials; prototypes; models; computer files and printouts; manuscripts and publications; theses; equipment use logs; laboratory procurement records; animal facility records; human and animal subject protocols; clinical research records, including medical charts and patient research files; computer code; musical scores; musical composition; and choreography. |
| Respondent | Person or persons against whom allegations of research misconduct are made or who are thought to be responsible. |
| Research integrity officer (RIO) | University official with the primary responsibility for implementation of the procedures in this policy. |
| Retaliation | An adverse action taken against any individual because they participate in a research misconduct proceeding. |



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Policy Details

- I. Allegation(s)
 - A. Allegations of research misconduct may be filed with the university by anyone, whether associated with the university or not, and may be filed anonymously.
 - B. Allegations must be filed with appropriate university officials and immediately referred to the Office of Research Compliance (ORC) to trigger the procedures described in the policy.
 - C. **Complainants** should file allegations only when they are confident that sufficient credible evidence supports the accusation. Allegations of research misconduct are serious charges. The filing of research misconduct allegations not made in good faith is an abuse of the procedures set forth in this policy and may result in disciplinary action under other university rules or policies.
 - D. Informal requests for information or consultation with the Enterprise for Research, Innovation and Knowledge (ERIK) or any university official concerning research misconduct will not, in and of themselves, be construed as formal charges of research misconduct.
 - E. Complainants are encouraged to consult initially with a supervisor, department chair, dean, or ORC before bringing research misconduct allegations.
 - F. If allegations are made against more than one individual, a separate decision will be reached regarding each individual.
 - G. All allegations that do not meet the definition of research misconduct under this policy will be referred by ORC to the appropriate university office or to the appropriate external entity. See [Referral of Allegations Standard Operating Procedures](#). In such cases, the **research integrity officer (RIO)** in ORC will refer the **complaint** to the appropriate university or external authority for consideration under the applicable policy or regulation and, if necessary, will work with such authorities to coordinate the handling of the matter.
- II. Scope of the Research Misconduct Proceedings
 - A. During a research misconduct proceeding, the university will pursue diligently all significant issues and leads discovered throughout the three phases of the research misconduct proceeding, the **assessment**, the **inquiry**, and the **investigation**, including any evidence of additional allegations of possible research misconduct.
 - B. During any phase of a research misconduct proceeding, additional allegations may arise that are related to an ongoing inquiry or investigation and justify broadening the scope beyond the initial complaint. See [Additional Allegation Intake Standard Operating Procedures](#).
 - C. If the university identifies additional respondents during an inquiry or investigation, the university is not required to conduct a separate inquiry for each new respondent. Each additional respondent will be provided notice of and an opportunity to respond to the allegations.
 - D. If any new allegations arise during the course of an inquiry or investigation, the RIO will notify the **respondent(s)** in writing of the decision to review the new allegation(s). The respondent will be furnished with, or have access to, copies of all documentary evidence regarding the new allegation(s).
 - E. When allegations involve research conducted at multiple institutions and a joint research misconduct proceeding is conducted, one institution must be designated as the lead institution.
 1. The lead institution should obtain research records and other evidence pertinent to the proceeding, including witness testimony, from other relevant institutions.
 2. By mutual agreement, the joint research misconduct proceeding may include committee members from the institutions involved.
 3. The determination of whether further inquiry and/or investigation is warranted, whether research misconduct occurred, and the institutional actions to be taken may be made by the institutions jointly or tasked to the lead institution.



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III. Research Integrity Officer (RIO)

- A. The **institutional deciding official (IDO)** designates RIOs to be responsible for administering this policy for the institution.
- B. University legal counsel may not serve as institutional RIO while acting in the capacity as legal counsel.
- C. A RIO will manage each complaint and, in addition to administering the process of the assessment, inquiry, or investigation, will:
 1. Take all reasonable and practical steps to ensure that all evidence is sequestered either before or at the same time as the institution notifies a respondent of a complaint;
 2. Consult with the university Office of Legal Affairs to ensure that all applicable legal and university policy requirements are satisfied;
 3. Assist the appropriate officials, experts, and committees in carrying out the inquiry and investigation, including assembling evidence and conducting interviews;
 4. Maintain objectivity regarding the veracity of the allegations and throughout the proceedings to achieve consistency and fairness;
 5. Facilitate the inquiry or investigation, and advise university officials, experts, and committees on issues of process and procedures, disciplinary actions, or university rules and policies;
 6. Advise members of the university community in response to requests for information or informal consultation concerning research misconduct;
 7. Keep the IDO informed of any complaints filed and the progress of any initial inquiry or investigation undertaken;
 8. Be responsible for communications with any person or organization outside the university having a legitimate interest in the complaint, including any oversight agency or funding entity;
 9. Be responsible for referring any complaints involving research that was not conducted at the university to the appropriate external entity (see [Referral of Allegations Standard Operating Procedures](#));
 10. Refer relevant matters to the appropriate university authorities during research misconduct proceedings when other university policies are implicated, such as those addressing the use of human subjects, the use and care of laboratory animals, the use and care of hazardous substances, and conflicts of interest;
 11. Inform, within 24 hours, the relevant oversight agency or funding entity (if required), and other appropriate bodies, including the Office of Legal Affairs, law enforcement officials, the Department of Public Safety, and the Office of Human Resources, if the RIO, in consultation with the IDO, believes that possible criminal conduct exists;
 12. File an annual report with the Office of Research Integrity (ORI) in the U.S. Department of Health and Human Services Department containing information specified by ORI on institutional compliance with federal regulations on research misconduct; and
 13. Notify federal funding entities at any time if the RIO, in consultation with the IDO, believe that any of the following conditions exist:
 - a. Health or safety of the public is at risk, including an immediate need to protect human or animal subjects;
 - b. Federal resources or interests, including funds or equipment, are threatened;
 - c. Research activities should be suspended;
 - d. There is indication of possible violations of civil or criminal law;
 - e. Federal action is required to protect the interests of those involved in the research misconduct proceeding;
 - f. The research misconduct proceeding may be made public prematurely to allow the oversight agency or funding entity to take appropriate steps to safeguard evidence and protect the rights of those involved; or
 - g. The research community or public should be informed.



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- D. The RIO has the responsibility and authority to sequester any relevant evidence at any time during a research misconduct proceeding. See [Sequestration & Retention of Records Standard Operating Procedures](#).

IV. Institutional Deciding Official (IDO)

- A. The IDO is responsible for final institutional decisions related to all allegations of research misconduct.
- B. During the proceedings under this policy or any subsequent activities, the IDO may take administrative actions that are, in their judgment, appropriate to protect research funds, materials, equipment, or records, or the legitimate interests of research subjects, patients, clients, or research animals. Such administrative actions will not be deemed disciplinary in nature.

V. Duty to Cooperate

- A. All individuals to whom this policy applies, including respondents and complainants, are obligated to cooperate with all proceedings under this policy.
- B. Such cooperation includes providing research records and other relevant information to the RIO or their designee and sending all correspondence required for the inquiry or investigation through the RIO.
- C. Under 42 C.F.R. §93.105(b), the actual or apparent failure of a respondent to retain research records may, absent extenuating circumstances, be seen as evidence against the respondent in evaluating research misconduct allegations. A respondent's destruction of the research record is evidence of research misconduct when the university establishes by a preponderance of the evidence that the respondent intentionally or knowingly destroyed records after being informed of the research misconduct allegations. A respondent's failure to provide research records documenting the questioned research is evidence of research misconduct where the respondent claims to possess the records but refuses to provide them upon request.

VI. Confidentiality

- A. To the maximum extent possible, within the law and the need to conduct a thorough assessment, inquiry or investigation, all participants in the process must keep confidential all information regarding the allegations and any proceedings under this policy until the university process, including any disciplinary action, has concluded and all avenues of appeal (if pursued) have been exhausted.
- B. Disclosure of the identity of respondents, complainants, and witnesses while conducting the research misconduct proceedings is limited, to the extent possible, to those who need to know, as determined by the university, consistent with a thorough, competent, objective, and fair research misconduct proceeding, and as allowed by law. Those who need to know may include institutional review boards, journals, editors, publishers, co-authors, collaborating institutions, and sanctioning bodies.
- C. Release of information by the university about alleged research misconduct may be required under certain circumstances and will be made in accordance with all applicable laws. Examples include, but are not limited to, the following circumstances:
 - 1. As required by the rules of, or contract with, a funding entity;
 - 2. As required by the need to inform the research community of the conclusions reached in order to protect the integrity of the research involved;
 - 3. As part of a disciplinary sanction imposed;
 - 4. As deemed necessary by the RIO and IDO to protect the legitimate interest of human subjects involved in the research;
 - 5. As deemed necessary by the RIO and IDO, whether or not proceedings external to the university (investigations or oversight review) are ongoing;
 - 6. At the request of the respondent; or
 - 7. As required by law.
- D. The RIO, in consultation with the IDO, is responsible for determining when a release of information is necessary or appropriate. During the course of the research misconduct proceedings, if release of information outside the university is deemed necessary, the respondent may be informed of the release.



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- E. Confidentiality does not prohibit university officials from consulting, on a confidential basis and to the extent necessary, with persons within or outside the university community with relevant experience or expertise to thoroughly investigate the allegations.
- F. Confidentiality does not prohibit university officials from disclosing information, on a need to know basis, to individuals responsible for oversight of the respondent's research activities or to other university officials involved in the questioned research, such as department chairs or deans.
- G. If confidentiality is breached, university officials will take reasonable steps to minimize the damage to reputations that may result from inaccurate or untimely reports.
- H. If information concerning the alleged research misconduct is disclosed in accordance with law (for example, by the respondent or government agency), university officials may comment publicly in connection with such disclosure.

VII. Conflicts of Interest

- A. Conflicts of interest in research misconduct proceedings exist when the financial, personal, or professional relationships of an individual involved in the proceedings may affect the proceedings or the resolution of the allegations. Perceived or actual conflicts of interest are treated identically under this policy. See [Conflicts of Interest \(COI\) Screening Standard Operating Procedures](#).
 - 1. Possible conflicts of interest may include, but are not limited to, co-authorship of work with the respondent or complainant, or professional or personal relationship with the respondent or complainant beyond that of mere friends or colleagues (e.g., current or former student or mentor relationship, direct supervisory or subordinate job relationship, or marital/partner relationship).
 - 2. The subordinate relationship of a respondent or complainant to their dean or chair alone does not constitute a perceived or actual conflict of interest under this policy.
- B. Any individual involved in research misconduct proceedings has an obligation to disclose to the RIO if a conflict of interest arises at any point in the proceedings.
- C. The RIO has the responsibility and authority to evaluate all perceived or actual conflicts of interest. During the handling of the research misconduct proceedings, if conflicts of interest arise for any individual involved in the proceedings, a replacement will be designated and fully informed regarding earlier procedures and evidence secured, and it is not required that the process commence anew. See [Conflicts of Interest \(COI\) Screening Standard Operating Procedures](#).

VIII. Deadlines

- A. Due to the sensitive nature of allegations of research misconduct, each complaint will be resolved as expeditiously as possible. The nature of some complaints may render normal deadlines difficult to meet.
- B. If a procedural deadline set forth in this policy cannot be met during the research misconduct proceeding, the RIO will review and approve, where appropriate, requests for additional time.
- C. If a regulatory deadline set forth in this policy cannot be met, the RIO will file written notice with the oversight agency or funding entity setting out the reasons why the deadline cannot be met.
- D. The term "day" as used in this policy means "calendar day." If the last day of a designated time period falls on a weekend or a day on which the university is closed, the time period will expire at the close of business on the next succeeding business day.

IX. Termination of University Affiliation

- A. If a respondent terminates affiliation with the university before a research misconduct matter is resolved, the proceedings under this policy will continue, to the extent possible, until a final determination is reached.

X. Time Limitations and Subsequent Use

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



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1. Subsequent use exception: The respondent continues or renews any incident of alleged research misconduct that occurred before the six-year limitation through the use of, republication of, or citation to portions of the research record that is alleged to have been fabricated, falsified, or plagiarized for the potential benefit of the respondent. See [Six-Year Time Limitation & the Subsequent Use Exception Standard Operating Procedures](#).
 - a. For research misconduct that initially appears to be subject to the subsequent use exception but is reasonably determined by the university not to be, the university must document its determination that the subsequent use exception does not apply. Such documentation must be retained in accordance with university and federal policies.
2. Health or safety of the public exception: The university, following consultation with the cognizant oversight agency, determines that the alleged research misconduct would possibly have a substantial adverse effect on the health or safety of the public.

XI. Retaliation

- A. The university will not tolerate **retaliation** in any form against any individual who participates in a research misconduct proceeding. Retaliation is a serious violation that can subject the offender to disciplinary action under appropriate university rules or policies.
- B. University officials will diligently attempt to protect the positions and reputations of complainants who submit **good faith allegations**, witnesses, committee members and respondents from any retaliation by other university members.
- C. University officials will take all reasonable and practical steps, to the extent possible, to rectify any injury done to the reputations of complainants, witnesses, or committee members upon a finding of retaliation by respondents or other university members.
- D. Retaliation by university members, as determined by the IDO, will be referred by the IDO for appropriate university disciplinary procedures.

XII. Corrective Actions and Sanctions

- A. Appropriate corrective actions may be imposed by the university at any stage of the proceedings under this policy. A corrective action is taken to address a respondent's undesirable behavior or conduct and achieve performance that is consistent with expected standards of the university. Types of corrective actions include, but are not limited to, counseling, participation in training programs, development of a data management plan, or oversight of research.
- B. Following a finding of research misconduct, a sanction may be imposed by the university. A sanction is a penalty or punishment imposed on the respondent(s) as discipline for findings of research misconduct. Appropriate sanctions will be imposed by the university and will be commensurate with the severity of the research misconduct. Sanctions may include, but are not limited to, verbal or written reprimand, reassignment of duties or privileges, or termination of university affiliation.
- C. The approval and implementation of all recommended corrective actions or sanctions will proceed as follows:
 1. When the respondent is a faculty member, the university will act pursuant to [University Faculty Rule 3335-5-04 and 3335-5-04.2](#).
 2. When the respondent is a graduate student, the Graduate School will act pursuant to the [Graduate School Handbook Section, section C2](#).
 3. When the respondent is an undergraduate student, the University Senate Committee on Academic Misconduct (COAM) will act pursuant to the [Code of Student Conduct](#).
 4. When the respondent is a staff member, the employee's supervisor and Employee and Labor Relations and any other appropriate Human Resources professional, in accordance with [Corrective Action and Involuntary Termination policy](#), [Student Employment policy](#), and/or applicable collective bargaining agreements.



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XIII. Correction of the Research Record

- A. According to federal regulation 42 CFR §93.313(1)(vii), the university has the responsibility to identify whether correction or retraction of published or submitted work is required, to ensure the integrity of the scientific record is maintained.
- B. If research misconduct is found under this policy and falsified, fabricated, or plagiarized research has been published or submitted, including within grant proposals, the respondent must work with the RIO and other university officials or journals, publishers, or editors to correct, retract, or withdraw the research record.
- C. If research misconduct is not found under this policy, but falsified, fabricated, or plagiarized research has been published or submitted, including within grant proposals, due to honest error or for any other reason, the RIO working with the researchers involved will seek to correct, retract, or withdraw the research record.
- D. The university may request correction or retraction of the published work, including data provided to repositories, at any time during the research misconduct proceedings or during a resolution with the respondent(s) when there is clear evidence of falsified, fabricated, or plagiarized research.
- E. The correction or retraction may occur before a final determination of research misconduct against a respondent has been made or if the university finds there are no research records available to support the published or submitted research.

XIV. Rehabilitation

- A. In proceedings where the respondent is not found to have committed research misconduct, the university may, to the extent possible, work with the respondent to rectify any injury done to the reputation of respondent, including providing a letter of the results of the investigation.

XV. Reopened Complaints

- A. Any complaint that has been closed with a determination that research misconduct did not occur may be reopened only if, in the opinion of the RIO in consultation with the IDO, new and potentially significant information of research misconduct, not previously considered, has been presented.

XVI. Official Records of Research Misconduct Proceedings

- A. The official university record of research misconduct proceedings will include all reports, electronic recordings, computer files, documentary evidence, or other relevant matter collected and used by the committee(s) and as described in 42 CFR §93.220.
- B. In all closed research misconduct proceedings the official university record will be kept in the files of ORC.
- C. The official university record will be kept by ORC for a minimum of ten years or as required under the applicable university data and record retention policies or federal requirements.

XVII. This policy, as revised on January 1, 2026, governs all research misconduct proceedings and allegations brought to the institution on or after January 1, 2026. The former version of this policy will continue to govern matters pending prior to January 1, 2026, unless the university determines, in its sole discretion, that this revised policy will apply.



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PROCEDURE

Issued: 05/29/2008

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I. Assessment

- A. When a complaint is filed with, or referred to ERIK, regardless of the source of the complaint, the RIO will initiate an assessment to determine if the complaint fits within the definition of research misconduct under this policy and is sufficiently credible and specific so that potential evidence of research misconduct may be identified.
- B. The RIO will determine, to the extent possible, if each allegation within the complaint is within the six-year time limit as described in Policy Details X. Any allegation that is outside the six-year time limit and does not meet an exception to the six-year time limit will be dismissed from review under this policy. See [Six-Year Time Limitation & Subsequent Use Exception Standard Operating Procedures](#).
- C. The RIO will ensure that the dean of the college in which a respondent is employed is informed of the complaint. The assessment will be conducted by the RIO, in consultation with the dean, and includes a review the information or circumstances giving rise to the alleged research misconduct.
- D. If the complaint does not name a specific respondent, the RIO, in consultation with the dean, will determine, to the extent possible, the roles and responsibilities of the individuals involved in the questioned research in order to name one or more respondents. See [Respondent & Complainant Standard Operating Procedures](#).
- E. The RIO, in consultation with the dean, may, but is not required to, interview the potential respondent(s), complainant(s), or any other witnesses and consult confidentially with the chair of the department(s) involved and others within, or external to, the university with relevant experience or expertise, as long as no conflicts of interest exist.
- F. Every effort will be made to complete the assessment within thirty (30) days, or as soon as practicable, depending on the complexity of the complaint.
- G. The RIO will provide a draft report of the assessment to the dean for concurrence on the proposed actions.
- H. The RIO must promptly sequester all data or other materials relevant to the complaint, on or before the date on which the respondent(s) is notified of the allegations. See [Sequestration & Retention of Records Standard Operating Procedures](#).
 1. The RIO has authority to promptly locate and secure the originals of all research records and other relevant materials if it is believed that such records may become relevant in the course of an inquiry or an investigation of alleged research misconduct.
 2. Supervised access to the research records and other materials will be provided to the investigative bodies looking into the complaint, to the respondent(s), and to any other person who has a legitimate reason, related to the university process, to require access.
 3. If research records exist outside of the university, the RIO has authority to contact the appropriate officials to locate and secure all research records relevant to the complaint.
- I. A report of the assessment will be prepared by the RIO and dean of the college. If the RIO and dean do not concur on the final decision of the assessment, the assessment report will include each decision, and the IDO will make the final determination.
- J. All documentation for an assessment must be retained in accordance with institutional and federal record policies.



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- K. Complaints (or allegations) outside the jurisdiction of the university
 1. The university's jurisdiction encompasses allegations related to all research conducted while a respondent was under the oversight of the university. The university does not have jurisdiction over allegations related to research conducted at another university or another research entity.
 2. If the RIO finds that a complaint, or any allegation within the complaint, is not under the jurisdiction of the university, the RIO will refer the complaint (or allegations) to the appropriate office at the **home institution**. See [Referral of Allegations Standard Operating Procedures](#).
 3. The RIO may consult with any pertinent university official to determine whether the research was conducted at the university, including but not limited to the dean of the relevant college, the chair of the relevant department, the Office of Human Resources, the Graduate School, and/or the Office of Sponsored Programs.
- L. Complaints that fail to indicate possible research misconduct
 1. If the RIO and dean find that all of the allegations within a complaint do not fit within the definition of research misconduct under this policy, or are not sufficiently credible or specific so that potential evidence of research misconduct may be identified, the entire complaint will be dismissed.
 2. The RIO and dean will provide the report of the assessment to the IDO and request concurrence for dismissal of the complaint.
 3. The complainant(s), if known, will be notified if the totality of the complaint is dismissed.
 4. The complainant(s) may appeal in writing to the IDO within seven (7) days of receiving notice of the dismissal of the complaint.
 - a. An appeal of the dismissal of the complaint must be based on new information provided by the complainant(s) that was not already considered during the assessment, or on evidence from the complainant(s) that there was a substantial procedural irregularity during the assessment.
 5. The IDO will decide as soon as possible after receipt of appeal whether to affirm the dismissal or to refer the complaint, or any allegations within the complaint, to an inquiry.
 6. The decision of the IDO is final.
 7. If a complaint is dismissed under this policy, but any allegation within the complaint constitutes a valid grievance under other university policies or rules, the RIO will refer the relevant portions of the complaint to the appropriate university official or direct the complainant(s) to the appropriate university official.
- M. Complaints (or allegations) indicating possible research misconduct
 1. If the RIO and the dean determine that any allegation within a complaint fits within the definition of research misconduct in this policy and is sufficiently credible and specific so that potential evidence of research misconduct may be identified, the RIO will condense the complaint to specific written allegation(s). Any specific allegation within a complaint that does not fit within the definition of research misconduct in this policy or is not sufficiently credible or specific so that potential evidence of research misconduct may be identified, will be dismissed.
 2. The RIO and, as needed, dean will meet with and provide the following to the respondent(s):
 - a. The written allegation(s) and notice that the allegation(s) will be reviewed in an inquiry.
 - b. The policy for handling allegations detailed herein, including the duty to cooperate, confidentiality of the process, and obligation to provide relevant evidence during the process.
 - c. Information regarding consulting personal legal counsel or other appropriate advisors.
 - i. The respondent(s) will be informed that university counsel serves as an advisor to the university and cannot render advice to the respondent(s), but that the respondent(s) may obtain their own legal advisor at any time during the proceedings established by this policy.
 - ii. The respondent(s) will be informed that any person, including other university personnel, can act as an advisor as long as that person's university position does not have any formal role in the process.



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II. Inquiry

- A. If the determination under Procedures I.L. of this policy is that any allegation in a complaint indicates possible research misconduct, an inquiry will be initiated. The purpose of the inquiry is to conduct preliminary information gathering and fact-finding to determine if an allegation has substance to warrant an investigation.
- B. The IDO delegates the authority to conduct an inquiry to the RIO and staff in ORC, in consultation with an appropriate subject matter expert(s) from the research integrity standing committee (RISC), as needed. See [Research Integrity Standing Committee Standard Operating Procedures](#). If the RIO determines that the complexity of the complaint requires additional expertise not available on the RISC or in addition to expertise available on the RISC, consultants outside of the RISC may be used to aid in performing the inquiry.
- C. To the extent it has not already been done, the respondent(s) and complainant(s), if known, will be provided with written notification that an inquiry is being initiated.
- D. The RIO will inform the respondent(s) in writing of the name of any expert(s) who might assist the RIO with the inquiry.
 1. The respondent(s) may, within seven (7) days of receiving the names of the expert(s), file a written objection with the RIO. Such objection may be made on the grounds of a lack of the requisite expertise or possible conflicts of interest of the experts.
 2. The RIO will rule on potential conflicts of interest and, if they are found to have merit, new experts will be identified to avoid the conflict.
- E. If not already done, the RIO will ensure that all relevant research records have been properly sequestered before or immediately after notifying the respondent(s). See [Sequestration & Retention of Records Standard Operating Procedures](#).
- F. The RIO, in consultation with any expert(s), will collect and review evidence that supports or refutes the allegation(s) and determine if each allegation has substance to warrant an investigation. An allegation with insufficient substance to warrant an investigation, or for which credible evidence exists of honest error or difference of opinion, will be dismissed.
- G. The RIO, and the expert as needed, may formally interview the respondent(s) and any other individual that would provide additional information for the institution's review.
 1. The respondent(s) does not have the right to be present at interviews of witnesses or to question such witnesses at this, or any stage, of the research misconduct proceeding.
- H. The respondent(s) may be accompanied by legal counsel or other advisor when interviewed, but the role of counsel or advisor in the process is limited to advising the respondent(s). The counsel or advisor must not be a university representative with any role, or involvement in, the university's research misconduct or disciplinary processes. The respondent(s) may submit any relevant evidence for consideration by the RIO and any expert. The respondent(s) must be furnished with, or have access to, copies of all documentary evidence.
- I. Scope of the inquiry
 1. During the inquiry, additional new allegations may arise that justify broadening the scope of the inquiry beyond the initial complaint. See [Additional Allegation Intake Standard Operating Procedures](#).
 2. The RIO, will determine whether a new allegation relates to an ongoing inquiry. The RIO, in consultation with the expert as needed, will determine whether the new allegation is specific and credible so that potential evidence of research misconduct may be identified and whether the allegation has substance to warrant an investigation. If the new allegation is not specific and credible, the allegation will be dismissed.
 3. If the new allegation involves one or more new respondents related to the ongoing inquiry, the RIO will notify the new respondent about the allegation(s) in writing, sequester additional data if necessary, and determine whether the allegation(s) will be reviewed in the ongoing inquiry.
- J. Time for completion
 1. The inquiry should be completed within ninety (90) days of its initiation, unless circumstances warrant a longer period as determined by the RIO, with the approval from the relevant oversight agency or funding entity, as necessary.



Applies to: All individuals involved with research activities, including faculty, staff, students, research associates and fellows, post-doctoral fellows, other research trainees, and visitors

K. Preliminary and final inquiry reports

1. When the RIO and expert have reached a conclusion as to whether or not each allegation has sufficient substance to warrant an investigation, the RIO will prepare a preliminary inquiry report.
2. The preliminary inquiry report must set forth:
 - a. The names and positions of the respondent(s) and complainant(s);
 - b. A description of the allegation(s);
 - c. A description of any known federal research support and questioned publications listing federal support;
 - d. The names, titles, and positions of any expert and any non-voting consultants;
 - e. Interview transcripts that are relevant to each specific allegation;
 - f. An inventory of sequestered research records or other evidence and a description of the sequestration methods;
 - g. A timeline and procedural history;
 - h. A description of any scientific or forensic analyses conducted;
 - i. The basis and documentary evidence for the final determination that each allegation has, or does not have, sufficient substance to warrant an investigation;
 - j. Potential evidence of honest error or difference of opinion, if any; and
 - k. The reasons for exceeding the ninety (90) days to complete the inquiry, if necessary.
3. The respondent(s) must be provided with the preliminary inquiry report with all documentary evidence for comment. The complainant(s) may be provided with the relevant sections of the preliminary inquiry report specific to their allegation(s), or written notice of the inquiry outcome. See [Respondent & Complainant Standard Operating Procedures](#).
4. Within fourteen (14) days of receiving the preliminary inquiry report, the respondent(s) and complainant(s) may file a written response for consideration by the RIO and any expert. The written response will be reviewed and a final decision made, normally within fourteen (14) days of receiving the response. The preliminary inquiry report will be revised to include the final decision based on a review of the respondent's and complainant's responses, if any.
5. The final inquiry report, including the revised inquiry report and the written response from the respondent(s) and complainant(s), will be forwarded by the RIO to the respondent(s) and the IDO. Sections of the final inquiry report relevant to the allegations raised by the complainant, or a written notice of the inquiry outcome, may be provided to the complainant(s).
6. The decision of the inquiry may be appealed and must be based on new information not already considered during the inquiry, or evidence that a substantial procedural irregularity occurred during the inquiry.
 - a. The respondent(s) may appeal to the IDO within seven (7) days of receiving the final inquiry report only if the decision is that any allegation in a complaint has sufficient substance to warrant an investigation.
 - b. The complainant(s) may appeal to the IDO within seven (7) days of receiving the final inquiry report only if the decision is that the totality of the complaint has insufficient substance to warrant an investigation.

L. IDO review

1. Within seven (7) days of receiving the final inquiry report and any appeal from the respondent(s) or complainant(s), the IDO will review and rule on the decision of the inquiry.
2. If the IDO affirms the decision of the inquiry that the allegation(s) has sufficient substance, and denies any appeal from the respondent(s), the RIO will refer the complaint, the final inquiry report, and all documentary evidence to the investigation committee (IC). The RIO will provide a written notice of the final determination to the respondent(s) and complainant(s).
3. If the IDO does not agree with the decision of the inquiry, the IDO may not reverse the decision, but may refer the matter back to the RIO and any expert for reconsideration. Such reconsideration will normally be completed within fourteen (14) days of the IDO's decision.



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- a. Following reconsideration, if the determination from the inquiry or from the IDO is that any allegation has substance to warrant further investigation, an investigation will be initiated.
- b. The RIO will provide a written notice of the final determination following reconsideration to the respondent(s) and complainant(s).
4. If the entire complaint is dismissed but other concerns were identified during the inquiry, such concerns will be referred by the RIO to the appropriate university official.
 - a. Detailed documentation of inquiries must be retained to permit a later assessment by oversight agencies of the reasons why the institution decided not to investigate.
5. If the final decision from the inquiry is that an investigation is warranted, the RIO will inform any cognizant oversight agency or funding entity of the allegations, as required by contract or law, and will keep the oversight agency or funding entity informed as required.

III. Investigation

- A. The purpose of the investigation is to determine whether each allegation constitutes research misconduct at the preponderance of the evidence standard and to recommend the appropriate corrective actions or sanctions.
- B. To the extent that it has not been done at the assessment or inquiry stages, the RIO will obtain custody of, and sequester in a secure manner, all research records that have become known and are relevant to the investigation.
- C. The IDO will delegate the authority to form an investigation committee (IC) to the RIO, in consultation with the IDO and relevant college dean(s).
 1. The IC will have a minimum of three (3) voting members selected from the research integrity standing committee (RISC).
 2. The IC will have the appropriate expertise to ensure a thorough evaluation of the evidence. The IC may include non-voting consultants, from within or outside of the university, with the appropriate expertise to aid the IC in evaluating the evidence and/or recommending appropriate corrective actions or sanctions.
 3. The IC will select a committee chair.
 4. The RIO will inform the respondent(s) in writing of the names of those appointed as IC members and as consultants.
 5. The respondent(s) may, within seven (7) days of receiving the names of IC members, file a written objection with the RIO. Such objection may only be made on the grounds of a lack of the requisite expertise or possible conflicts of interest of IC members. The RIO will rule on the objection and, if it has merit, will reconstitute the IC, as appropriate and the respondent will be informed.
- D. Investigations will include the following elements.
 1. The IC will examine all the documentation and conduct formal interviews of each respondent, complainant, and any other available person who has reasonably been identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the respondent.
 2. Investigation interviews will be recorded and transcribed. A copy of transcribed interviews will be provided to those interviewed to ensure accuracy and will be included in the institutional record.
 3. The IC will investigate all complaints of research misconduct. If there is more than one (1) respondent involved in a complaint, the IC will make separate determinations as to whether research misconduct occurred for each respondent and separate recommendations of corrective actions or sanctions for each respondent.
 4. The IC will determine by majority vote whether each allegation constitutes research misconduct at the preponderance of the evidence standard. A tie vote will indicate that the allegation fails to meet the preponderance of the evidence standard for a finding of research misconduct.
 5. After the determination that research misconduct occurred or did not occur, the IC will make a recommendation for the appropriate corrective actions or sanctions, including any correction of the research record.



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- E. Scope of the investigation
 1. During the investigation, additional new allegations may arise that justify broadening the scope of the investigation beyond the initial complaint. See [Additional Allegation Intake Standard Operating Procedures](#).
 2. The RIO will assess whether a new allegation meets the definition of research misconduct and if it is specific and credible so that potential evidence of research misconduct may be identified.
 3. If the RIO determines that a new allegation relates to an ongoing investigation, the RIO will notify the respondent(s), and the sitting IC will determine by majority vote whether each new allegation constitutes research misconduct at the preponderance of the evidence standard.
 4. If the RIO determines that a new allegation relates to an ongoing investigation, but the allegation arises after the IC has determined that research misconduct has occurred, or arises after an investigation is concluded with research misconduct findings, the RIO in consultation with the IC chair and the IDO, will review each new allegation for substance and determine the appropriate actions.
 5. If a new allegation related to an ongoing investigation identifies one or more new respondents, the RIO will notify each new respondent about the allegation(s), sequester additional data if necessary, and determine whether the allegation(s) will be reviewed in the ongoing investigation. See [Additional Allegation Intake Standard Operating Procedures](#).
- F. Time requirements
 1. The investigation will commence within 30 days after an inquiry determines that an investigation is warranted.
 2. The investigation will conclude within 180 days of its initiation, unless circumstances warrant a longer period as determined by the RIO, with the approval from the relevant oversight agency or funding entity as required by federal law.
 3. If an investigation cannot be completed within the 180-day period, the RIO will submit a written request for an extension to the relevant oversight agency or funding entity, if required to do so by law or contract, explaining the reasons for delay and the progress of the investigation.
 4. If an investigation takes longer than the 180-day period to complete, the investigation report must include the reasons for exceeding the 180-day period.
- G. Preliminary and final investigation reports
 1. When the IC has reached a conclusion as to whether or not each allegation constitutes research misconduct, it will prepare a preliminary investigation report.
 2. A preliminary investigation report must include the following:
 - a. A description of all the allegations of research misconduct, including any additional allegations addressed during the proceeding;
 - b. A description and documentation of any federal or other funding support;
 - c. The name of the respondent(s) and complainant(s), or list as anonymous;
 - d. The names, positions, and subject matter expertise of the IC members and any non-voting consultants;
 - e. An inventory of the sequestered research records and other relevant documentary evidence considered or relied on by the IC, including transcripts of all interviews conducted and a description of how sequestration was conducted;
 - f. Identification of all research records that allegedly contained the falsified, fabricated, or plagiarized material, including, but not limited to, specific published papers, manuscripts submitted but not accepted for publication (including online publication), grant applications and progress reports, presentations, or posters;
 - g. Any scientific or forensic analyses conducted;
 - h. The institutional policies and procedures under which the investigation was conducted, if not already provided to ORI with the inquiry report;
 - i. For each allegation where research misconduct findings are made, the report must identify the individual(s) who committed the research misconduct; indicate whether the research misconduct was



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falsification, fabrication, and/or plagiarism, whether the research misconduct was committed intentionally, knowingly, or recklessly; and whether the other requirements for a finding of research misconduct have been met, as described in the definition of research misconduct.

3. The preliminary investigation report with a copy of, or supervised access to, documentary evidence will be provided to the respondent(s) for comment and to the IDO.
 - a. The respondent(s) will have thirty (30) days from receipt of the preliminary investigation report to provide written comments to the IC.
 - b. The IC will review the comments and, if necessary, revise the preliminary investigation report.
4. The final investigation report, with written comments from the respondent and the IC's final decisions, is provided to the IDO and the respondent(s). Any written comments from the respondent(s) will be appended to the report.
5. Within seven (7) days, the respondent(s) may appeal the IC decision that research misconduct occurred to the IDO. The appeal must be based on new information not already considered during the investigation, or evidence that a substantial procedural irregularity occurred during the investigation.

H. IDO decision

1. The IDO will review the final investigation report and appeal, if any, and provide written notice of their decision regarding research misconduct and any institutional actions to be taken to the RIO and to the respondent(s).
2. If the respondent files an appeal, and the IDO denies that appeal, all research misconduct findings are final. The RIO will forward the IDO's decision, the final investigation report, and the documentary evidence to the appropriate disciplinary body to administer corrective actions or sanctions as outlined in Policy Details XII.C.
3. If the IDO concurs with an appeal by the respondent and/or does not concur with the IC's determination and/or the recommended corrective actions or sanctions, the RIO will forward the IDO's decision, the final investigation report, and the documentary evidence to the appropriate disciplinary body to administer corrective actions or sanctions as outlined in Policy Details XII.C.

- I. The RIO will forward the IDO's notice of institutional determination and actions along with the final investigation report and documentary evidence to the relevant oversight agency or funding entity, as required by law or contract. If the respondent appeals the institutional finding(s) of research misconduct or institutional actions, and the institutional record has not already been transmitted to the federal oversight agency prior to the appeal, the RIO will wait until the appeal is concluded to transmit the institutional record. If the institutional record has been provided to the federal oversight agency prior to the appeal, the RIO will provide the record of the appeal to the federal oversight agency when the appeal is completed.

- J. The RIO will notify the complainant(s) of the final outcome of the investigation.

IV. Admissions and Resolutions

- A. At any stage of the proceedings under this policy, and consistent with the requirements of the relevant oversight agency or funding entity, the RIO may attempt to resolve a complaint. At the initiation of the resolution process, the university and the respondent will agree to terminate the research misconduct proceedings with an admission to the research misconduct (subject to approval by the funding or oversight agency), or the respondent will accept the university's findings and actions without an admission of research misconduct.
- B. In a resolution, the university will take all actions it deems appropriate as a result of the research misconduct, including but not limited to referral to other university disciplinary processes, or correction or retraction of published papers. See [Admissions & Resolutions Standard Operating Procedures](#).
- C. The RIO will work with the respondent and/or the supervisor of the respondent to thoroughly review the respondent's research record to identify any other potential research misconduct.
- D. The RIO will provide the respondent with a written document listing the full scope of research misconduct findings. A resolution with the respondent may be reached only if the respondent admits to, or accepts the findings of, the full scope of the research misconduct.



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- E. The RIO will inform the relevant oversight agency or funding entity, as required by law or contract, of the full scope of the research misconduct identified. A resolution with the respondent may be reached only if the relevant oversight agency concurs with terminating the research misconduct proceeding.
- F. The RIO will prepare a written document including the admission or the resolution with the respondent, the research misconduct findings, any known federal funding, the procedures that occurred up to the point of resolution, and any recommended actions the university deems appropriate. The written document will be provided to the IDO for concurrence.
 - 1. If an admission occurs during the assessment, the RIO will work with the dean of the respondent’s college.
 - 2. If an admission occurs during an inquiry, the RIO will work with the expert, if any.
 - 3. If an admission occurs during an investigation, the RIO will work with the sitting committee.
- G. In instances where a resolution cannot be reached with the respondent, or where resolution is not approved by the IDO and/or the oversight agency, the research misconduct proceedings will proceed through assessment, inquiry and investigation, as necessary.

Responsibilities

| Position or Office | Responsibilities |
|--|--|
| Complainant | <ol style="list-style-type: none"> 1. File allegations of research misconduct in good faith with appropriate university officials. 2. Cooperate with and maintain confidentiality of all procedures as set forth in the policy. 3. Disclose to RIO any conflict of interest as set forth in the policy. |
| Dean | <ol style="list-style-type: none"> 1. Assist RIO in conducting assessments of complaints. 2. Prepare reports of assessments with RIO. |
| Individuals involved in research misconduct proceedings | <ol style="list-style-type: none"> 1. Cooperate with all proceedings under this policy. 2. Keep confidential all information regarding allegations and proceedings as set forth in the policy. 3. Disclose to RIO any conflict of interest as set forth in the policy. |
| Institutional deciding official (IDO) | <ol style="list-style-type: none"> 1. Designate RIOs responsible for administering research misconduct proceedings as set forth in this policy. 2. Consult with RIO regarding possible criminal conduct or conditions that require notifying funding entities as set forth in the policy. 3. In consultation with RIO, determine when release of information is necessary or appropriate during research misconduct proceedings. 4. Review reports of the assessment, inquiry, and investigation and make final determinations. 5. Make final determinations for all appeals as set forth in the policy. 6. Provide written notice of decisions and any institutional actions to be taken to RIO and respondent(s). 7. Review admissions or resolutions as set forth in the policy. 8. Determine if retaliation has occurred by university members in response to research misconduct proceedings and, if so, refer to appropriate university disciplinary procedures. |
| Investigation committee (IC) | <ol style="list-style-type: none"> 1. Investigate complaints of research misconduct as set forth in the policy. 2. Determine whether each allegation constitutes research misconduct. 3. Make recommendations on appropriate corrective actions or sanctions, including any correction of the research record. 4. Prepare preliminary investigation reports as set forth in the policy. |
| Research integrity officer (RIO) and Office of Research Compliance (ORC) | <ol style="list-style-type: none"> 1. Manage each complaint and administer the process of assessment, inquiry, and investigation as set forth in the policy. 2. Keep confidential all information regarding allegations and proceedings as set forth in the policy. 3. Evaluate all perceived or actual conflicts of interest as set forth in the policy. 4. Correct, retract, or withdraw the research record as necessary if falsified, fabricated, or plagiarized research has been published or submitted, including within grant proposals. 5. At any stage of proceedings, negotiate resolution of complaints as set forth in the policy. 6. Refer complaints or allegations that are not under the university’s jurisdiction to appropriate office at home institution. 7. Retain documentation in accordance with institutional and federal record policies as set forth in the policy and forward as needed. |



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| Position or Office | Responsibilities |
|--|--|
| Research integrity standing committee (RISC) | <ol style="list-style-type: none"> 1. Serve as subject matter expert consultants to the RIO during the inquiry. 2. Serve as investigation committee members and conduct research misconduct proceedings as set forth in the policy. |
| Respondent | <ol style="list-style-type: none"> 1. Cooperate with all proceedings under this policy. 2. Keep confidential all information regarding allegations and proceedings as set forth in the policy. 3. Disclose to RIO any conflict of interest as set forth in the policy. 4. Work with RIO and other university officials or journals, publishers, or editors to correct, retract, or withdraw the research record if falsified, fabricated, or plagiarized research has been published or submitted, including within grant proposals. |
| University official | <ol style="list-style-type: none"> 1. Refer allegations of research misconduct to ORC and work with RIO, as needed, to carry out research misconduct proceedings and corrective actions or sanctions. 2. Maintain confidentiality and, if breached, take reasonable steps to minimize damage to reputations. 3. When respondent is not found to have committed research misconduct, work with respondent to rectify any injury done to reputations to the extent possible or as prescribed by applicable law. 4. Work with RIO to correct, retract, or withdraw the research record if falsified, fabricated, or plagiarized research has been published or submitted, including within grant proposals. |

Resources

Governance Documents

42 C.F.R. Part 93, Public Health Service Policies on Research Misconduct, ecfr.gov/current/title-42/chapter-1/subchapter-H/part-93

Code of Student Conduct, trustees.osu.edu/bylaws-and-rules/code

Corrective Action and Involuntary Termination policy 8.15, hr.osu.edu/policy/policy815.pdf

General Records Retention Schedule, go.osu.edu/retention-schedules

Graduate School Handbook, gradsch.osu.edu/handbook Research Data policy, go.osu.edu/researchdatapolicy

Research Misconduct Standard Operating Procedures,

Additional Allegation Intake, go.osu.edu/additional_allegations

Admissions & Resolutions, go.osu.edu/adm_and_resolutions

Conflict of Interest (COI) Screening, go.osu.edu/coi_screening

Referral of Allegations, go.osu.edu/allegation_referral

Research Integrity Standing Committee (RISC), go.osu.edu/risc

Respondent & Complainant, go.osu.edu/respondent_complainant

Sequestration & Retention of Records, go.osu.edu/sequestration

Six-Year Time Limitation & the Subsequent Use Exception, go.osu.edu/subsequentuseexception

Rules of the University Faculty, Chapter 3335-5-04 Hearing procedures for complaints against faculty members; trustees.osu.edu/bylaws-and-rules/3335-5

Rules of the University Faculty, Chapter 3335-13-08 Research Misconduct, trustees.osu.edu/bylaws-and-rules/3335-13

Student Employment policy 10.10, hr.osu.edu/policy/policy1010.pdf

Contacts

| Subject | Office | Telephone | E-mail/URL |
|---|-------------------------------|--------------|--|
| Policy questions or to file a complaint | Office of Research Compliance | 614-292-9258 | ResearchIntegrity@osu.edu |
| To file an anonymous complaint | Anonymous Reporting Line | 866-294-9350 | ohio-state.ethicspoint.com |

History

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Revised: 03/01/2021



Applies to: All individuals involved with research activities, including faculty, staff, students, research associates and fellows, post-doctoral fellows, other research trainees, and visitors

Revised: 03/11/2025 Minor revision
Revised: 01/01/2026 Minor revision