EL PASO COMMUNITY COLLEGE PROCEDURE

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CU-4 **Procedure for Response to Allegations of Research Misconduct**

APPROVED: May 22, 2020 **REVISED**:
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AUTHORIZING BOARD POLICY: CU

Classification: Administrative
Vice President or Associate Vice President: Vice President of Research, Accreditation, & Planning
Designated Contact: Director of Institutional Research

OBJECTIVE: To provide a clear, fair and systematic means of handling allegations or suspicions of research misconduct at El Paso Community College (EPCC). The process outlined is intended to carry out this institution's responsibility for research integrity under the Public Health Service (PHS) Policies on Research Misconduct, 42 CFR Part 93.

EPCC is dedicated to the principles of research integrity and the maintenance of the highest standards of research conduct. Research misconduct undermines the public trust and the pursuit of scientific truth. This procedure is patterned after the Sample Policy and Procedures for Responding to Allegations of Research Misconduct on the U.S. Department of Health and Human Service's website http://ori.hhs.gov .

PROCEDURE:

I. General Provisions

A. Definitions

1. *Research misconduct* – fabrication, falsification, or plagiarism in proposing, performing, or reviewing research or in reporting research results.

2. *Fabrication* – making up data or results and recording or reporting them.

3. *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 records or reports.

4. *Plagiarism* - the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.

5. *Research* - a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalized knowledge. Activities which meet this definition constitute research for purposes of this procedure, whether or not they are conducted or supported under a program which is considered research for other purposes. For example, some demonstration and service programs may include research activities.

6. *Office of Research Integrity (ORI)* – branch of the U.S. Department of Health and Human Services (HHS) that oversees at the federal level alleged research misconduct. Applicable federal policies, statues and regulations may be found on its website.

7. *Research Integrity Officer (RIO)* – the institutional official responsible for: (1) assessing allegations of research misconduct to determine whether they fall within the definition of research misconduct, are covered by 42 CFR Part 93, and warrant an inquiry on the basis that the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified; (2) overseeing inquiries and investigations; and (3) other responsibilities described in Section I. D. 3 below. The Director of Institutional Research serves as the Research Integrity Officer.

8. *Deciding Official (DO)* - the institutional official who makes final determinations on allegations of research misconduct and any institutional administrative actions. The Deciding Official will not be the same individual as the Research Integrity Officer and may have no direct prior involvement in

the institution's inquiry, investigation, or allegation assessment. A Deciding Official's appointment of an individual to assess allegations of research misconduct, or to serve on an inquiry or Ad Hoc Inquiry Committee, is not considered to be direct prior involvement. Rights and responsibilities of the Deciding Official are described in Section I.D. 4 of this document. The Vice President of Research, Accreditation & Planning serves as the Deciding Official.

9. *Complainant* – Person(s) bringing allegations of research misconduct. The complainant is responsible for making allegations in good faith, maintaining confidentiality, and cooperating with the inquiry and investigation. See section I. D. 1 for the rights and responsibilities of the complainant.

10. *Respondent* – Person(s) alleged to have committed research misconduct. The respondent is responsible for maintaining confidentiality and cooperating with the conduct of an inquiry and investigation. The rights and responsibilities of the respondent are detailed in Section I. D. 2 of this procedure.

11. *Ad Hoc Inquiry Committee* - The committee is appointed as needed, as discussed in Section I (General Provisions) of College Procedure BH-2 *Committees*. The rights and responsibilities of the Ad Hoc Inquiry Committee are detailed in Section II. H. 3 of this procedure.

B. Standards and Guiding Principles

1. This procedure applies to all allegations of research misconduct (fabrication, falsification and/or plagiarism) in proposing, performing, reviewing or reporting research by any person who, at the time of the alleged research misconduct, was employed by, an agent of, or affiliated by contract of agreement with EPCC, and was involved with (1) Public Health Service supported biomedical or behavioral research, research training or activities related to that research or research training, such as the operation of tissue and data banks and the dissemination of research information, (2) applications or proposals for Public Health Service support for biomedical or behavioral research, research training or activities related to that research or research training, or (3) plagiarism of research records produced in the course of Public Health Service supported research, research training or activities related to that research or research training. This includes any research proposed, performed, reviewed, or reported, or any research record generated from that research, regardless of whether an application or proposal for Public Health Service funds resulted in a grant, contract, cooperative agreement, or other form of Public Health Service support.

2. Research misconduct does not include honest error or honest differences of opinion.

   This procedure does not apply to authorship or collaboration disputes and applies only to allegations of research misconduct that occurred within six years of the date the institution or the Department of Health and Human Services received the allegation(s). This restriction is subject to the subsequent use, health or safety of the public, and grandfather exceptions in 42 CFR Part 93.105(b).

3. Each of the following must be met to support a finding of research misconduct:

   a. There has been significant departure from the accepted practices of the scientific community.
   b. The misconduct was committed intentionally, knowingly, or recklessly.
   c. The allegation has been proven by a preponderance of the evidence.

C. The review process for determining the occurrence of and providing corrective actions for, research misconduct consists of three phases: inquiry, investigation and adjudication and adheres to the principles described below.

1. The process is conducted in the spirit of peer review. Any person involved in the proceeding may obtain legal counsel for advisory purposes only.
2. The goal of the process is to ensure fair treatment of each individual alleged to have committed an act of research misconduct.
3. Inquiry and investigation assumes that individual(s) under investigation are innocent until proven otherwise.
4. Confidentiality will be maintained to the greatest extent possible so that innocent persons will not be harmed.

D. Rights and Responsibilities

1. Complainant

The complainant is responsible for making allegations in good faith, maintaining confidentiality, and cooperating with the inquiry and investigation. The complainant is interviewed at the inquiry stage and given the transcript or recording of the interview for correction. The complainant is also interviewed during an investigation and given the transcript or recording of the interview for correction. The complainant is provided with draft copies of the inquiry and investigation reports for comment. The copy of the inquiry report is provided within a timeframe that permits the inquiry to be completed within 60 business days of its initiation. Comments on the draft investigation report must be submitted within 30 business days of the date on which the complainant received the draft report. The institution includes those comments in the final investigation report.

2. Respondent

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

a. A good faith effort from the Research Integrity Officer to notify the respondent in writing at the time of, or before beginning, an inquiry;
b. An opportunity to comment on the inquiry report and have his/her comments attached to the report;
c. Be notified of the outcome of the inquiry, and receive a copy of the inquiry report that includes a copy of, or refers to, 42 CFR Part 93 and the institution's policies and procedures on research misconduct;
d. Be notified in writing of the allegations to be investigated within a reasonable time after the determination that an investigation is warranted, but before the investigation begins (within 30 business days after the institution decides to begin an investigation), and be notified in writing of any new allegations, not addressed in the inquiry or in the initial notice of investigation, within a reasonable time after the determination to pursue those allegations;
e. 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;
f. Have interviewed during the investigation any witness who has been reasonably identified by the respondent as having information on relevant aspects of the investigation, have the recording or transcript provided to the witness for correction, and have the corrected recording or transcript included in the record of investigation; and
g. Receive a copy of the draft investigation report and, concurrently, a copy of, or supervised access, to the evidence on which the report is based, and be notified that any comments must be submitted within 30 business 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.

The respondent is given the opportunity to admit that research misconduct occurred and that he/she committed the research misconduct. With the advice of the Research Integrity Officer and/or other institutional officials, the Deciding Official may terminate the institution's review of an allegation that has been admitted, if the institution's acceptance of the admission and any proposed settlement is approved by Office of Research Integrity.

As provided in 42 CFR Part 93.314(a), the respondent will have the opportunity to request an institutional appeal if the institution's procedures provide for an appeal.

3. Research Integrity Officer

The Research Integrity Officer will have primary responsibility for implementation of the institution's policies and procedures on research misconduct. A detailed listing of the responsibilities of the Research Integrity Officer is set forth in Appendix A. These responsibilities include the following duties related to research misconduct proceedings:

a. Consult confidentially with persons uncertain about whether to submit an allegation of research misconduct;
b. Keep the Deciding Official and others who need to know apprised of the progress of the review of the allegation of research misconduct;
c. Notify and make reports to the Office of Research Integrity as required by 42 CFR Part 93;
d. Receive allegations of research misconduct;
e. Assess each allegation of research misconduct in accordance with Section II. G. 1. of this procedure to determine whether it falls within the definition of research misconduct and warrants an inquiry;
f. As necessary, take interim action and notify the Office of Research Integrity of special circumstances, in accordance with Section II. F. of this procedure;
g. Sequester research data and evidence pertinent to the allegation of research misconduct in accordance with Section II. G. 3. of this procedure and maintain it securely in accordance with this procedure and applicable law and regulation;
h. Provide confidentiality to those involved in the research misconduct proceeding as required by 42 CFR Part 93.108, other applicable law, and this College procedure;
i. Notify the respondent and provide opportunities for him/her to review/comment/respond to allegations, evidence, and Ad Hoc Inquiry Committee reports in accordance with Section I. D. 2. of this procedure;
j. Inform respondents, complainants, and witnesses of the procedural steps in the research misconduct proceeding;
k. Appoint the chair and members of the Ad Hoc Inquiry Committees, ensure that those committees are properly staffed and that there is expertise appropriate to carry out a thorough and authoritative evaluation of the evidence;
l. Determine whether each person involved in handling an allegation of research misconduct has an unresolved personal, professional, or financial conflict of interest and take appropriate action, including recusal, to ensure that no person with such conflict is involved in the research misconduct proceeding;
m. In cooperation with other institutional officials, take all reasonable and practical steps to protect or restore the positions and reputations of good faith complainants, witnesses, and Ad Hoc Inquiry Committee members and counter potential or actual retaliation against them by respondents or other institutional members;
n. Ensure that administrative actions taken by the institution and the Office of Research Integrity are enforced and take appropriate action to notify other involved parties, such as sponsors, law enforcement agencies, professional societies, and licensing boards of those actions; and
o. Maintain records of the research misconduct proceeding and make them available to the Office of Research Integrity in accordance with Section II. H. 11. of this procedure.

4. Deciding Official

The Deciding Official will receive the inquiry report and after consulting with the Research Integrity Officer and/or other institutional officials, decide whether an investigation is warranted under the criteria in 42 CFR Part 93.307(d). Any finding that an investigation is warranted must be made in writing by the Deciding Official and must be provided to the Office of Research Integrity, together with a copy of the inquiry report meeting the requirements of 42 CFR Part 93.309, within 30 days of the finding. If it is found that an investigation is not warranted, the Deciding Official and the Research Integrity Officer will ensure that detailed documentation of the inquiry is retained for at least 7 years after termination of the inquiry, so that Office of Research Integrity may assess the reasons why the institution decided not to conduct an investigation.

The Deciding Official will receive the investigation report and, after consulting with the Research Integrity Officer and/or other institutional officials, decide the extent to which this institution accepts the findings of the investigation and, if research misconduct is found, decide what, if any, institutional administrative actions are appropriate. The Deciding Official shall ensure that the final investigation report, the findings of the Deciding Official and a description of any pending or completed administrative actions are provided to the Office of Research Integrity, as required by 42 CFR Part 93.315.

II. Process

A. Responsibility to Report Misconduct

All institutional members will report observed, suspected, or apparent research misconduct to the Research Integrity Officer. If an individual is unsure whether a suspected incident falls within the definition of research misconduct, he or she may meet with or contact the Research Integrity Officer to discuss the suspected research misconduct informally, which may include discussing it anonymously and/or hypothetically. If the circumstances described by the individual do not meet the definition of research misconduct, the Research Integrity Officer will refer the individual or allegation to other offices or officials with responsibility for resolving the problem.

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

B. Cooperation with Research Misconduct Proceedings

Institutional members will cooperate with the Research Integrity Officer and other institutional officials in the review of allegations and the conduct of inquiries and investigations. Institutional members, including respondents, have an obligation to provide evidence relevant to research misconduct allegations to the Research Integrity Officer or other institutional officials.

C. Confidentiality

The Research Integrity Officer shall, as required by 42 CFR Part 93.108: (1) limit disclosure of the identity of respondents and complainants to those who need to know in order to carry out a thorough, competent, objective and fair research misconduct proceeding; and (2) except as otherwise prescribed by law, limit the disclosure of any records or evidence from which research subjects might be identified to those who need to know in order to carry out a research misconduct proceeding. A written confidentiality agreement is signed by the Research Integrity Officer and any involved party to ensure that the recipient does not make any further disclosure of identifying information. For written confidentiality agreement please see Appendix B.

D. Protecting complainants, witnesses, and Ad Hoc Inquiry Committee members

Institutional members may not retaliate in any way against complainants, witnesses, or Ad Hoc Inquiry Committee members. Institutional members should immediately report any alleged or apparent retaliation against complainants, witnesses or any other involved party to the Research Integrity Officer, 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.

E. Protecting the Respondent

As requested, and as appropriate, the Research Integrity Officer 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.

During the research misconduct proceeding, the Research Integrity Officer ensures that respondents receive all the notices and opportunities provided for in 42 CFR Part 93 and the policies and procedures of the institution. Legal counsel is allowed in an advisory capacity only.

F. Interim Administrative Actions and Notifying the Office of Research Integrity of Special Circumstances

Throughout the research misconduct proceeding, the Research Integrity Officer will review the situation to determine if there is any threat of harm to public health, federal funds and equipment, or the integrity of the Public Health Service supported research process. In the event of such a threat, the Research Integrity Officer will, in consultation with other institutional officials and the Office of Research Integrity, 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 Research Integrity Officer shall, at any time during a research misconduct

proceeding, notify the Office of Research Integrity immediately if he/she has reason to believe that any of the following conditions exist:

1. Health or safety of the public is at risk, including an immediate need to protect human or animal subjects;
2. Department of Health and Human Services resources or interests are threatened;
3. Research activities should be suspended;
4. There is a reasonable indication of possible violations of civil or criminal law;
5. Federal action is required to protect the interests of those involved in the research misconduct proceeding;
6. The research misconduct proceeding may be made public prematurely, and Department of Health and Human Services action may be necessary to safeguard evidence and protect the rights of those involved; or
7. The research community or public should be informed.

G. Conducting the Assessment and Inquiry

1. Assessment of Allegations

Upon receiving an allegation of research misconduct, the Research Integrity Officer immediately assesses the allegation to determine whether it is sufficiently credible and specific so that potential evidence of research misconduct may be identified, whether it is within the jurisdictional criteria of 42 CFR Part 93.102(b), and whether the allegation falls within the definition of research misconduct in 42 CFR Part 93.103. An inquiry is conducted if these criteria are met.

The assessment period is no more than one week. In conducting the assessment, the Research Integrity Officer does not interview the complainant, respondent, or other witnesses, or gather data beyond any that may have been submitted with the allegation, except as necessary to determine whether the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified. The Research Integrity Officer, on or before the date on which the respondent is notified of the allegation, obtains custody of inventories, and sequesters all research records and evidence needed to conduct the research misconduct proceeding, as provided in Section II. G. 3 of this College procedure.

2. Initiation and Purpose of the Inquiry

If the Research Integrity Officer determines that the criteria for an inquiry are met, he or she immediately initiates the inquiry process. The purpose of the inquiry is to conduct an initial review of the available evidence to determine whether to conduct an investigation. An inquiry does not require a full review of all the evidence related to the allegation.

3. Notice to Respondent; Sequestration of Research Records

At the time of, or before beginning, an inquiry, the Research Integrity Officer makes a good faith effort to notify the respondent in writing, if the respondent is known. If the inquiry subsequently identifies additional respondents, they are notified in writing. On or before the date on which the respondent is notified, or the inquiry begins, whichever is earlier, the Research Integrity Officer takes all reasonable and practical steps to obtain custody of all the research records and evidence needed to conduct the research misconduct proceeding, inventories the records and evidence and sequesters them in a secure manner, except that where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments. The Research Integrity Officer consults with the Office of Research Integrity for advice and assistance as needed.

4. Appointment of the Ad Hoc Inquiry Committee

The Research Integrity Officer, in consultation with other institutional officials as appropriate, appoints an Ad Hoc Inquiry Committee and Ad Hoc Inquiry Committee Chair as soon after the initiation of the inquiry as is practical. The committee is a committee appointed as needed, as discussed in Section I (General Provisions) of College Procedure BH-2 *Committees*. The Ad Hoc Inquiry Committee consists of individuals who do not have unresolved personal, professional, or

financial conflicts of interest with those involved with the inquiry and includes 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. The respondent is notified of the proposed Ad Hoc Inquiry Committee membership and has the opportunity to object to a proposed member based upon a personal, professional, or financial conflict of interest. The period for submitting objections is limited to 10 business days after receiving the notice of Ad Hoc Inquiry Committee membership. The Research Integrity Officer makes the final determination as to whether or not a conflict exists.

5. Charge to the Ad Hoc Inquiry Committee and First Meeting

The Research Integrity Officer will prepare a charge for the Ad Hoc Inquiry Committee that:

a. Sets forth the time for completion of the inquiry;
b. Describes the allegations and any related issues identified during the allegation assessment;
c. 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;
d. States that an investigation is warranted if the Ad Hoc Inquiry Committee determines: (1) there is a reasonable basis for concluding that the allegation falls within the definition of research misconduct and is within the jurisdictional criteria of 42 CFR Part 93.102(b); and, (2) the allegation may have substance, based on the Ad Hoc Inquiry Committee's review during the inquiry.
e. Informs the Ad Hoc 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 procedure and 42 CFR Part 93.309(a).

At the Ad Hoc Inquiry Committee's first meeting, the Research Integrity Officer reviews the charge with the Ad Hoc Inquiry Committee, discusses the allegations, any related issues, and the appropriate procedures for conducting the inquiry, assists the Ad Hoc Inquiry Committee with organizing plans for the inquiry, and answers any questions raised by the Ad Hoc Inquiry Committee. The Research Integrity Officer is present or available throughout the inquiry to advise the Ad Hoc Inquiry Committee as needed.

6. Inquiry Process

The Ad Hoc Inquiry Committee interviews the complainant, the respondent, and key witnesses as well as examining relevant research records and materials. Then the Ad Hoc Inquiry Committee evaluates the evidence, including the testimony obtained during the inquiry. After consultation with the Research Integrity Officer, the Ad Hoc Inquiry Committee members decide whether an investigation is warranted based on the criteria in this College procedure and 42 CFR Part 93.307(d). The scope of the inquiry does not usually include deciding whether misconduct definitely occurred, determining definitely who committed the research misconduct or conducting exhaustive interviews and analyses. However, if a legally sufficient admission of research misconduct is made by the respondent, misconduct may be determined at the inquiry stage if all relevant issues are resolved. In that case, the institution shall promptly consult with the Office of Research Integrity to determine the next steps that should be taken. See Section II. H. 12 of this College procedure.

7. Time for Completion

The inquiry, including preparation of the final inquiry report and the decision of the Deciding Official on whether an investigation is warranted, is completed within 60 business days of initiation of the inquiry, unless the Research Integrity Officer determines that circumstances clearly warrant a longer period. If the Research Integrity Officer approves an extension, the inquiry record will include documentation of the reasons for exceeding the 60-day period. The respondent is notified of the extension.

8. The Inquiry Report

a. Elements of the Inquiry Report

A written inquiry report is prepared that includes the following information: (1) the name and position of the respondent; (2) a description of the allegations of research misconduct; (3) the Public Health Service support, including, for example, grant numbers, grant applications, contracts and publications listing Public Health Service support; (4) the basis for recommending, or not recommending, that the allegations warrant an investigation; (5) any comments on the draft report by the respondent or complainant; (6) the names and titles of the Ad Hoc Inquiry Committee members and experts who conducted the inquiry; (7) a summary of the inquiry process used; (8) a list of the research records reviewed; (9) summaries of any interviews; and (10) whether any other actions should be taken if an investigation is not recommended. Institutional counsel reviews the report for legal sufficiency. Modifications are made as appropriate in consultation with the Research Integrity Officer and the Ad Hoc Inquiry Committee.

b. Notification to the Respondent and Opportunity to Comment

The Research Integrity Officer notifies the respondent whether or not the inquiry found an investigation to be warranted, includes a copy of the draft inquiry report for comment within 10 business days, and includes a copy of, or refers to, 42 CFR Part 93 and the institution's procedures on research misconduct. The Research Integrity Officer notifies the complainant whether or not the inquiry found an investigation to be warranted and provides relevant portions of the inquiry report to the complainant for comment within 10 business days. A confidentiality agreement must be signed by the respondent as a condition for access to the report.

Any comments that are submitted by the respondent or complainant are attached to the final inquiry report. Based on the comments, the Ad Hoc Inquiry Committee revises the draft report as appropriate and prepares it in final form.

c. The Ad Hoc Inquiry Committee delivers the final report to the Research Integrity Officer.

9. Institutional Decision and Notification

a. Decision by the Deciding Official

The Research Integrity Officer transmits the final inquiry report and any comments to the Deciding Official, who determines in writing whether an investigation is warranted. The written Deciding Official recommendation completes the inquiry.

b. Notification to the Office of Research Integrity

Within thirty (30) business days of the Deciding Official's decision that an investigation is warranted, the Research Integrity Officer provides the Office of Research Integrity with the Deciding Official's written decision and a copy of the inquiry report. The Research Integrity Officer also notifies those institutional officials who need to know of the Deciding Official's decision. The Research Integrity Officer must provide the following information to the Office of Research Integrity upon request: (1) the institutional procedure under which the inquiry was conducted; (2) the research records and evidence that were reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and (3) the charges to be considered in the investigation.

c. Documentation of Decision Not to Investigate

If the Deciding Official decides that an investigation is not warranted, the Research Integrity Officer secures and maintains for seven (7) years after the termination of the inquiry sufficiently detailed documentation of the inquiry to permit a later assessment by the Office of Research Integrity of the reasons why an investigation was not conducted. These documents must be provided to the Office of Research Integrity or to other authorized Health and Human Services personnel upon request.

H. Conducting the Investigation

1. Initiation and Purpose

The investigation begins within thirty (30) business days after the determination by the Deciding Official that an investigation is warranted. The purpose of the investigation is to develop a factual record by exploring the allegations in detail and examining the evidence in depth, leading to recommended findings on whether research misconduct has been committed, by whom, and to what extent. The investigation also determines whether there are additional instances of possible research misconduct that would justify broadening the scope beyond the initial allegations. This is particularly important where the alleged research misconduct involves clinical trials or potential harm to human subjects or the general public or if it affects research that forms the basis for public policy, clinical practice, or public health practice. Under 42 CFR Part 93.313 the findings of the investigation must be set forth in an investigation report.

2. Notifying the Office of Research Integrity and the Respondent; Sequestration of Research Records

On or before the date on which the investigation begins, the Research Integrity Officer: (1) notifies the Office of Research Integrity Director of the decision to begin the investigation and provides to the Office of Research Integrity a copy of the inquiry report; and (2) notifies the respondent in writing of the allegations to be investigated. The Research Integrity Officer also gives the respondent written notice of any new allegations of research misconduct within a reasonable amount of time after deciding to pursue allegations not addressed during the inquiry or in the initial notice of the investigation.

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

3. Appointment of the Ad Hoc Inquiry Committee

The Research Integrity Officer, in consultation with other institutional officials as appropriate, appoints an Ad Hoc Inquiry Committee and the Ad Hoc Inquiry Committee Chair as soon after the beginning of the investigation as is practical. The Ad Hoc Inquiry Committee is an ad hoc committee appointed as needed, as discussed in Section I (General Provisions) of College Procedure BH-2 *Committees*. The Ad Hoc Inquiry Committee consists of individuals who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the investigation and includes 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 Ad Hoc Inquiry Committee may also have served on the Ad Hoc Inquiry Committee. To secure the necessary expertise or to avoid conflicts of interest, the Research Integrity Officer may select Ad Hoc Inquiry Committee members from outside the institution. The Research Integrity Officer notifies the respondent in writing of the proposed Ad Hoc Inquiry Committee membership to give the respondent an opportunity to object to a proposed member based upon a personal, professional, or financial conflict of interest. The respondent has 10 business days in which to respond in writing with any objections to Ad Hoc Inquiry Committee composition. The Research Integrity Officer considers the respondent’s objection when deciding on final Ad Hoc Inquiry Committee composition. The Research Integrity Officer, in consultation with other institutional officials as appropriate, makes the final determination of whether a conflict exists.

4. Charge to the Ad Hoc Inquiry Committee and the First Meeting

a. Charge to the Ad Hoc Inquiry Committee

The Research Integrity Officer defines the subject matter of the investigation in a written charge to the Ad Hoc Inquiry Committee that:

1) Describes the allegations and related issues identified during the inquiry;
2) Identifies the respondent;
3) Informs the Ad Hoc Inquiry Committee that it must conduct the investigation as prescribed in Section II. H. 5 of this College procedure;
4) Defines research misconduct;
5) Informs the Ad Hoc Inquiry 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;
6) Informs the Ad Hoc Inquiry Committee that in order to determine that the respondent committed research misconduct it must find that a preponderance of the evidence establishes that: (1) research misconduct, as defined in this procedure, occurred (respondent has the burden of proving, by means of a preponderance of the evidence, any affirmative defenses raised, including honest error or a difference of opinion); (2) the research misconduct is a significant departure from accepted practices of the relevant research community; and (3) the respondent committed the research misconduct intentionally, knowingly, or recklessly; and
7) Informs the Ad Hoc Inquiry Committee that it must prepare or direct the preparation of a written investigation report that meets the requirements of this College procedure and 42 CFR § 93.313.

b. First Meeting

The Research Integrity Officer convenes the first meeting of the Ad Hoc Inquiry Committee to review the charge, the inquiry report, and the prescribed procedures and standards for the conduct of the investigation, including the necessity for confidentiality and for developing a specific investigation plan. The Ad Hoc Inquiry Committee is provided with a copy of this statement of College procedure and 42 CFR Part 93. The Research Integrity Officer is present or available throughout the investigation to advise the Ad Hoc Inquiry Committee as needed.

5. Investigation Process

The Ad Hoc Inquiry Committee and the Research Integrity Officer must:

a. 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;
b. Take reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practical;
c. Interview each respondent, complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the respondent, and record or transcribe each interview, provide the recording or transcript to the interviewee for correction, and include the recording or transcript in the record of the investigation; and
d. 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.

6. Time for Completion

The investigation could be completed within 120 business 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 the Office of Research Integrity. However, if the Research Integrity Officer determines that the investigation will not be completed within this 120-day period, he/she submits to the Office of Research Integrity a written request for an extension, setting forth the reasons for the delay. The Research Integrity Officer files periodic progress reports with the Office of Research Integrity if the Office of Research Integrity grants an extension.

7. The Investigation Report

a. Elements of the Investigation Report

The Ad Hoc Inquiry Committee and the Research Integrity Officer are responsible for preparing a written draft report of the investigation that:

1) Describes the nature of the allegation of research misconduct;
2) Identifies the respondent and includes the respondent's curriculum vitae or resume**.**
2) Describes and documents the Public Health Service support, including, for example, the numbers of any grants that are involved, grant applications, contracts, and publications listing Public Health Service support;
3) Describes the specific allegations of research misconduct considered in the investigation;
4) Includes the institutional procedure under which the investigation was conducted, unless the procedure was provided to the Office of Research Integrity previously;
5) Identifies and summarizes the research records and evidence reviewed and identifies any evidence taken into custody, but not reviewed; and
6) Includes a statement of findings for each allegation of research misconduct identified during the investigation. Each statement of findings must: (1) identify whether the alleged research misconduct was falsification, fabrication, or plagiarism, and whether it was committed intentionally, knowingly, or recklessly; (2) summarize the facts and the analysis that support the conclusion and consider the merits of any reasonable explanation by the respondent, including any effort by respondent to establish by a preponderance of the evidence that he or she did not engage in research misconduct because of honest error or a difference of opinion; (3) identify the specific Department of Health and Public Services support; (4) identify whether any publications need correction or retraction; (5) identify the person(s) responsible for the alleged misconduct; and (6) list any current support or known applications or proposals for support that the respondent has pending with non-Public Health Service federal agencies.

b. Comments on the Draft Report and Access to Evidence

1) Respondent

The Research Integrity Officer gives the respondent a copy of the draft investigation report for comment and, concurrently, a copy of, or supervised access to, the evidence on which the report is based. The respondent has thirty (30) business days from the date he/she received the draft report to submit comments to the Research Integrity Officer. The respondent's comments are included and considered in the final report.

2) Complainant

The Research Integrity Officer gives the complainant a copy of the draft investigation report, or relevant portions of it, for comment. The complainant's comments are submitted within thirty (30) business days after the date on which he/she received the draft report, and the comments are included and considered in the final report.

c. Confidentiality

In distributing the draft report, or portions thereof, to the respondent and complainant**,** the Research Integrity Officer informs the recipient of the confidentiality under which the draft report is made available. The recipients each sign a confidentiality agreement. For written confidentiality agreement please see Appendix B.

8. Decision by the Deciding Official

The Research Integrity Officer assists the Ad Hoc Inquiry Committee in finalizing the draft investigation report, including ensuring that the respondent's and complainant's comments are included and considered, and transmits the final investigation report to the Deciding Official, who determines in writing: (1) whether the institution accepts the investigation report, its findings, and the recommended institutional actions; and (2) the appropriate institutional actions in response to the accepted findings of research misconduct. If this determination varies from the findings of the Ad Hoc Inquiry Committee, the Deciding Official explains, as part of his/her written determination, in detail the basis for rendering a decision different from the findings of the Ad Hoc Inquiry Committee. Alternatively, the Deciding Official may return the report to the Ad Hoc Inquiry Committee with a request for further fact-finding or analysis.

When a final decision on the case has been reached, the Research Integrity Officer will notify both the respondent and the complainant in writing. After informing the Office of Research Integrity, the Deciding Official determines whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the respondent in the work, or other relevant parties should be notified of the outcome of the case. The Deciding Official may postpone disclosure of findings to outside agencies pending results of any appeal as described in the following paragraph. The Research Integrity Officer is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies.

9. Appeals

The respondent may file an appeal which could result in a reversal or modification of the institution's findings of research misconduct. The appeal must be completed within 120 business days after its filing, unless the Office of Research Integrity finds good cause for an extension, based upon the institution's written request for an extension that explains the need for the extension. If the Office of Research Integrity grants an extension, it may direct the filing of periodic progress reports. See 42 CFR Part 93.314.

10. Notice to the Office of Research Integrity of Institutional Findings and Actions

Unless an extension has been granted, the Research Integrity Officer must, within the 120-day period for completing the investigation or the 120-day additional period for completion of any appeal, submit the following to the Office of Research Integrity: (1) a copy of the final investigation report with all attachments and any appeal; (2) a statement of whether the institution accepts the findings of the investigation report or the outcome of the appeal; (3) a statement of whether the institution found misconduct and, if so, who committed the misconduct; and (4) a description of any pending or completed administrative actions against the respondent.

11. Maintaining Records for Review by the Office of Research Integrity

The Research Integrity Officer maintains and provides to the Office of Research Integrity upon request "records of research misconduct proceedings" as that term is defined by 42 CFR Part 93.317. Unless custody has been transferred to Health and Human Services or the Office of Research Integrity has advised in writing that the records no longer need to be retained, records of research misconduct proceedings are maintained in a secure manner for seven (7) years after completion of the proceeding or the completion of any Public Health Service proceeding involving the research misconduct allegation. The Research Integrity Officer is also responsible for providing any information, documentation, research records, evidence or clarification requested by the Office of Research Integrity to carry out its review of an allegation of research misconduct or of the institution's handling of such an allegation.

12. Completion of Cases; Reporting Premature Closures to the Office of Research Integrity

Generally, all inquiries and investigations are carried through to completion, and all significant issues will be pursued diligently. The Research Integrity Officer notifies the Office of Research Integrity in advance if there are plans to close a case at the inquiry, investigation, or appeal stage on the basis that respondent has admitted guilt, a settlement with the respondent has been reached, or for any other reason, except: (1) closing of a case at the inquiry stage on the basis that an

investigation is not warranted; or (2) a finding of no misconduct at the investigation stage, which must be reported to the Office of Research Integrity, as prescribed in this College procedure and 42 CFR Part 93.315.

13. Institutional Administrative Actions

If the Deciding Official determines that research misconduct is substantiated by the findings, he or she decides on the appropriate actions to be taken, after consultation with the College President, the Executive Director of Human Resources, and the Research Integrity Officer. The administrative actions may include:

a. Withdrawal or correction of all pending or published abstracts and papers emanating from the research where research misconduct was found;
b. 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 dismissal in accordance with El Paso Community College Policies DH (Local), DM (Local), DMAA (Legal), and DMAA(Local).
c. Restitution of funds to the grantor agency as appropriate; and
d. Other action appropriate to the research misconduct.

14. Other Considerations

a. Termination or Resignation Prior to Completing Inquiry or Investigation

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

If the respondent, without admitting to the misconduct, elects to resign his or her position after the institution receives an allegation of research misconduct, the assessment of the allegation will proceed, as well as the inquiry and investigation, as appropriate based on the outcome of the preceding steps. If the respondent refuses to participate in the process after resignation, the Research Integrity Officer and any inquiry or Ad Hoc Inquiry Committee will use their best efforts to reach a conclusion concerning the allegations, noting in the report the respondent's failure to cooperate and its effect on the evidence.

b. Restoration of the Respondent's Reputation

Following a final finding of no research misconduct, including the Office of Research Integrity concurrence where required by 42 CFR Part 93, the Research Integrity Officer undertakes, at the request of the respondent, all reasonable and practical efforts to restore the respondent's reputation. Depending on the particular circumstances and the views of the respondent, the Research Integrity Officer 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 are approved by the Deciding Official.

c. Protection of the Complainant, Witnesses and Ad Hoc Inquiry Committee Members

During the research misconduct proceeding and upon its completion, regardless of whether the institution or Office of Research Integrity determines that research misconduct occurred, the Research Integrity Officer undertakes all reasonable and practical efforts to protect the position and reputation of, or to counter potential or actual retaliation against, any complainant who made allegations of research misconduct in good faith and of any witnesses and Ad Hoc Inquiry Committee members who cooperate in good faith with the research misconduct proceeding. The Deciding Official determines, after consulting with the Research Integrity Officer, and with the complainant, witnesses, or Ad Hoc Inquiry Committee members, respectively what steps, if any, are needed to restore their respective positions or reputations or to counter potential or actual retaliation against them. The

Research Integrity Officer is responsible for implementing any steps which the Deciding Official approves.

d. Allegations Not Made in Good Faith

If relevant, the Deciding Official determines whether the complainant's allegations of research misconduct were made in good faith, or whether a witness or Ad Hoc Inquiry Committee member acted in good faith. If the Deciding Official determines that there was an absence of good faith, he/she determines whether or not any administrative action should be taken against the person who failed to act in good faith.

Appendix A

Research Integrity Officer Responsibilities

I. GENERAL

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

- Takes all reasonable and practical steps to foster a research environment that promotes the responsible conduct of research, research training, and activities related to that research or research training, discourages research misconduct, and deals promptly with allegations or evidence of possible research misconduct.

- Has written policies and procedures for responding to allegations of research misconduct and reporting information about that response to ORI, as required by 42 CFR Part 93.

- Complies with its written policies and procedures and the requirements of 42 CFR Part 93.

- Informs its institutional members who are subject to 42 CFR Part 93 about its research misconduct policies and procedures and its commitment to compliance with those policies and procedures.

- Takes appropriate interim action during a research misconduct proceeding to protect public health, federal funds and equipment, and the integrity of the PHS supported research process.

II. NOTICE AND REPORTING TO ORI AND COOPERATION WITH ORI

The RIO has lead responsibility for ensuring that the institution:

- Files an annual report with ORI containing the information prescribed by ORI.

- Sends to ORI with the annual report such other aggregated information as ORI may prescribe on the institution's research misconduct proceedings and the institution's compliance with 42 CFR Part 93.

- Notifies ORI immediately if, at any time during the research misconduct proceeding, it has reason to believe that health or safety of the public is at risk, Health and Human Services resources or interests are threatened, research activities should be suspended, there is reasonable indication of possible violations of civil or criminal law, federal action is required to protect the interests of those involved in the research misconduct proceeding, the institution believes that the research misconduct proceeding may be made public prematurely, or the research community or the public should be informed.

- Provides ORI with the written finding by the responsible institutional official that an investigation is warranted and a copy of the inquiry report, within 30 business days of the date on which the finding is made.

- Notifies ORI of the decision to begin an investigation on or before the date the investigation begins.

- Within 120 business days of beginning an investigation, or such additional days as may be granted by ORI, (or upon completion of any appeal made available by the institution) provides ORI with the investigation report, a statement of whether the institution accepts the investigation's findings, a statement of whether the institution found research misconduct and, if so, who committed it, and a description of any pending or completed administrative actions against the respondent.

- Seeks advance ORI approval if the institution plans to close a case at the inquiry, investigation, or appeal stage on the basis that the respondent has admitted guilt, a settlement with the respondent has been reached, or for any other reason, except the closing of a case at the inquiry stage on the basis that an investigation is not warranted or a finding of no misconduct at the investigation stage.

- Cooperates fully with ORI during its oversight review and any subsequent administrative hearings or appeals, including providing all research records and evidence under the institution's control, custody, or possession and access to all persons within its authority necessary to develop a complete record of relevant evidence.

III. RESEARCH MISCONDUCT PROCEEDINGS

A. General

The RIO is responsible for:

- Promptly taking all reasonable and practical steps to obtain custody of all research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence, and sequester them in a secure manner.

- Taking all reasonable and practical steps to ensure the cooperation of respondents and other institutional members with research misconduct proceedings, including, but not limited to, their providing information, research records and evidence.

- Providing confidentiality to those involved in the research misconduct proceeding as required by 42 CFR Part 93.108, other applicable law, and this College procedure.

- Determining whether each person involved in handling an allegation of research misconduct has an unresolved personal, professional or financial conflict of interest and taking appropriate action, including recusal, to ensure that no person with such a conflict is involved in the research misconduct proceeding.

- Keeping the Deciding Official (DO) and others who need to know apprised of the progress of the review of the allegation of research misconduct.

- In cooperation with other institutional officials, taking all reasonable and practical steps to protect or restore the positions and reputations of good faith complainants, witnesses, and Ad Hoc Inquiry Committee members and to counter potential or actual retaliation against them by respondents or other institutional members.

- Making all reasonable and practical efforts, if requested and as appropriate, to protect or restore the reputation of persons alleged to have engaged in research misconduct, but against whom no finding of research misconduct is made.

- Assisting the DO in implementing his/her decision to take administrative action against any complainant, witness, or Ad Hoc Inquiry Committee member determined by the DO not to have acted in good faith.

- Maintaining records of the research misconduct proceeding, as defined in 42 CFR Part 93.317, in a secure manner for 7 years after completion of the proceeding, or the completion of any ORI proceeding involving the allegation of research misconduct, whichever is later, unless custody of the records has been transferred to ORI or ORI has advised that the records no longer need to be retained.

- Ensuring that administrative actions taken by the institution and ORI are enforced and taking appropriate action to notify other involved parties, such as sponsors, law enforcement agencies, professional societies, and licensing boards, of those actions.

B. Allegation Receipt and Assessment

The RIO is responsible for:

- Consulting confidentially with persons uncertain about whether to submit an allegation of research misconduct.

- Receiving allegations of research misconduct.

- Assessing each allegation of research misconduct to determine if an inquiry is warranted because the allegation falls within the definition of research misconduct, is within the jurisdictional criteria of 42 CFR Part 93.102(b), and is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

C. Inquiry

The RIO is responsible for:

- Initiating the inquiry process if it is determined that an inquiry is warranted.
- At the time of, or before beginning the inquiry, making a good faith effort to notify the respondent in writing, if the respondent is known.
- On or before the date on which the respondent is notified, or the inquiry begins, whichever is earlier, taking all reasonable and practical steps to obtain custody of all research records and evidence needed to conduct the research misconduct proceeding, inventorying the records and evidence and sequestering them in a secure manner, except that where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on the instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments.
- Appointing an Ad Hoc Inquiry Committee and Ad Hoc Inquiry Committee Chair as soon after the initiation of the inquiry as is practical.
- Preparing a charge for the Ad Hoc Inquiry Committee in accordance with the institution's policies and procedures.
- Convening the first meeting of the Ad Hoc Inquiry Committee and at that meeting briefing the Ad Hoc Inquiry Committee on the allegations, the charge to the Ad Hoc Inquiry Committee, and the appropriate procedures for conducting the inquiry, including the need for confidentiality and for developing a plan for the inquiry, and assisting the Ad Hoc Inquiry Committee with organizational and other issues that may arise.
- Providing the Ad Hoc Inquiry Committee with needed logistical support, e.g., expert advice, including forensic analysis of evidence, and clerical support, including arranging witness interviews and recording or transcribing those interviews.
- Being available or present throughout the inquiry to advise the Ad Hoc Inquiry Committee as needed and consulting with the Ad Hoc Inquiry Committee prior to its decision on whether to recommend that an investigation is warranted on the basis of the criteria in the institution's policies and procedures and 42 CFR Part 93.307(d).
- Determining whether circumstances clearly warrant a period longer than 60 business days to complete the inquiry (including preparation of the final inquiry report and the decision of the DO on whether an investigation is warranted), approving an extension if warranted, and documenting the reasons for exceeding the 60-day period in the record of the research misconduct proceeding.
- Assisting the Ad Hoc Inquiry Committee in preparing a draft inquiry report, sending the respondent a copy of the draft report for comment (and the complainant if the institution's policies provide that option) within a time period that permits the inquiry to be completed within the allotted time, taking appropriate action to protect the confidentiality of the draft report, receiving any comments from the respondent (and the complainant if the institution's policies provide that option), and ensuring that the comments are attached to the final inquiry report.
- Receiving the final inquiry report from the Ad Hoc Inquiry Committee and forwarding it, together with any comments the RIO may wish to make, to the DO who will determine in writing whether an investigation is warranted.
- Within 30 business days of a DO decision that an investigation is warranted, providing ORI with the written finding and a copy of the inquiry report and notifying those institutional officials who need to know of the decision.
- Notifying the respondent (and the complainant if the institution's policies provide that option) whether the inquiry found an investigation to be warranted and including in the notice copies of or a reference to 42 CFR Part 93 and the institution's research misconduct policies and procedures.

- Providing to ORI, upon request, the institutional policies and procedures under which the inquiry was conducted, the research records and evidence reviewed, transcripts or recordings of any interviews, copies of all relevant documents, and the allegations to be considered in the investigation.

- If the DO decides that an investigation is not warranted, securing and maintaining for 7 years after the termination of the inquiry sufficiently detailed documentation of the inquiry to permit a later assessment by ORI of the reasons why an investigation was not conducted.

D. Investigation

The RIO is responsible for:

- Initiating the investigation within 30 business days after the determination by the DO that an investigation is warranted.

- On or before the date on which the investigation begins: (1) notifying ORI of the decision to begin the investigation and providing ORI a copy of the inquiry report; and (2) notifying the respondent in writing of the allegations to be investigated.

- Prior to notifying respondent of the allegations, taking all reasonable and practical steps to obtain custody of and sequester in a secure manner all research records and evidence needed to conduct the research misconduct proceeding that were not previously sequestered during the inquiry.

- In consultation with other institutional officials as appropriate, appointing an Ad Hoc Inquiry Committee and Ad Hoc Inquiry Committee Chair as soon after the initiation of the investigation as is practical.

- Preparing a charge for the Ad Hoc Inquiry Committee in accordance with the institution's policies and procedures.

- Convening the first meeting of the Ad Hoc Inquiry Committee and at that meeting: (1) briefing the Ad Hoc Inquiry Committee on the charge, the inquiry report and the procedures and standards for the conduct of the investigation, including the need for confidentiality and developing a specific plan for the investigation; and (2) providing Ad Hoc Inquiry Committee members a copy of the institution's policies and procedures and 42 CFR Part 93.

- Providing the Ad Hoc Inquiry Committee with needed logistical support, e.g., expert advice, including forensic analysis of evidence, and clerical support, including arranging interviews with witnesses and recording or transcribing those interviews.

- Being available or present throughout the investigation to advise the Ad Hoc Inquiry Committee as needed.

- On behalf of the institution, the RIO is responsible for each of the following steps and for ensuring that the Ad Hoc Inquiry Committee: (1) uses diligent efforts to conduct an investigation that includes an examination of all research records and evidence relevant to reaching a decision on the merits of the allegations and that is otherwise thorough and sufficiently documented; (2) takes reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practical; (3) interviews each respondent, complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the respondent, and records or transcribes each interview, provides the recording or transcript to the interviewee for correction, and includes the recording or transcript in the record of the research misconduct proceeding; and (4) pursues diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of any additional instances of possible research misconduct, and continues the investigation to completion.

- Upon determining that the investigation cannot be completed within 120 business days of its initiation (including providing the draft report for comment and sending the final report with any comments to ORI), submitting a request to ORI for an extension of the 120-day period that includes a statement of the reasons for the extension. If the extension is granted, the RIO will file periodic progress reports with ORI.

- Assisting the Ad Hoc Inquiry Committee in preparing a draft investigation report that meets the requirements of 42 CFR Part 93 and the institution's policies and procedures, sending the respondent (and complainant at the institution's option) a copy of the draft report for his/her comment within 30 business days of receipt, taking appropriate action to protect the confidentiality of the draft report, receiving any comments from the respondent (and complainant at the institution's option) and ensuring that the comments are included and considered in the final investigation report.

- Transmitting the draft investigation report to institutional counsel for a review of its legal sufficiency.

- Assisting the Ad Hoc Inquiry Committee in finalizing the draft investigation report and receiving the final report from the Ad Hoc Inquiry Committee.

- Transmitting the final investigation report to the DO and: (1) if the DO determines that further fact-finding or analysis is needed, receiving the report back from the DO for that purpose; (2) if the DO determines whether or not to accept the report, its findings and the recommended institutional actions, transmitting to ORI within the time period for completing the investigation, a copy of the final investigation report with all attachments, a statement of whether the institution accepts the findings of the report, a statement of whether the institution found research misconduct, and if so, who committed it, and a description of any pending or completed administrative actions against the respondent (3) if the institution provides for an appeal by the respondent that could result in a modification or reversal of the DO's finding of research misconduct, ensuring that the appeal is completed within 120 days of its filing, or seeking an extension from ORI in writing (with an explanation of the need for the extension) and, upon completion of the appeal, transmitting to ORI a copy of the investigation report with all attachments, a copy of the appeal proceedings, a statement of whether the institution accepts the findings of the appeal proceeding, a statement of whether the institution found research misconduct, and if so, who committed it, and a description of any pending or completed administrative actions against the respondent.

- When a final decision on the case is reached, the RIO will normally notify both the respondent and the complainant in writing and will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of involved journals, collaborators of the respondent, or other relevant parties should be notified of the outcome of the case.

- Maintaining and providing to ORI upon request all relevant research records and records of the institution's research misconduct proceeding, including the results of all interviews and the transcripts or recordings of those interviews.

Adapted from U.S. Department of Health and Human Service's website http://ori.hhs.gov.

Confidentiality Agreement

For College Procedure: CU-4 *Procedure for Response to Allegations of Research Misconduct*

Research Misconduct Investigation Case Number: _____

Case Initiation Date: _____

List of Concerned Individuals:

Research Integrity Officer: _____

Complainant: _____

Respondent: _____

Ad Hoc Inquiry Committee Members

_____

_____

_____

_____

I agree not to disclose any information concerning Research Misconduct Investigation Case Number ____ to any person(s) who are not listed above. Any data related to this Research Misconduct case and case proceedings must remain completely confidential.

_____	_____	_____
Name	Signature	Date
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