Title/Subject: RESEARCH INTEGRITY AND MISCONDUCT

Applies to: ☒Faculty ☒Staff ☒Students ☒Student Employees ☐Visitors ☒Contractors

Effective Date of This Revision: April 9, 2024

Policy Owner: Office of Research and Graduate Studies (ORGS)

I. Introduction

A. General Policy [i]

It is the policy of Central Michigan University ("CMU") to require its faculty and other researchers to observe the higher standards of professional conduct in all of their scholarly, research and creative activities. The enterprise of academic research relies upon the trust and confidence of the entire academic community and the public at large in the integrity of the academic research process. Unethical behavior in research and creative activities represents a breach of confidence among faculty and other researchers and undermines the advancement of knowledge. It also undermines the confidence that the public and research subjects should have in the reliability of CMU. For these reasons, CMU considers Research Misconduct, as defined below, a betrayal of fundamental scholarly, research and creative principles, and shall deal promptly with all instances of possible Research Misconduct.

B. Scope and Application

1. This policy and the associated procedures ("Policy") apply to all research activities conducted under the auspices of CMU, whether or not they are externally funded. This Policy applies to any individual paid by, holding an appointment from, or affiliated with CMU, such as faculty members, post-doctoral fellows, trainees, technicians and other staff members, guest researchers, independent contractors, graduate students and undergraduate students (the latter subject to Section I.B.2 below). Such persons are subject to this Policy regardless of whether their research is conducted on or through the main campus in Mount Pleasant, Michigan, online, through Innovation and Online centers, or elsewhere.

2. This policy shall apply to students involved in the following research and creative endeavors:

    a. Those conducted jointly with a CMU faculty member or with any person from another university.

    b. Those externally funded under a grant or contract to CMU or internally funded by CMU.

    c. Those expected (imminently or eventually) to be published, presented, or shared with the broader academic community outside the student's classroom.

    d. Those done in conjunction with a thesis or dissertation, and

    e. Those done in conjunction with a graduate Plan B paper, which also satisfy 2.a, 2.b, or 2.c above.

    Except as noted above, this policy does not apply to a student's class assignments, independent study projects, Plan B papers, or directed research work that is not expected to be submitted for publication, presentation or sharing with a community of scholars other than the members of the class.

In cases where it is unclear whether this policy or a different university policy must be followed for an allegation of Research Misconduct against a student, the Vice President for Research and Innovation (VPRI) shall have the responsibility for determining which policy shall apply.

3. The VPRI is responsible for coordinating and implementing this Policy, disseminating this Policy to all faculty and to others involved in research or creative endeavors, maintaining all documents and records relating to this Policy, and obtaining and keeping current any and all assurances of compliance with federal and state regulations pertaining to Research Misconduct. The VPRI may rely upon the services of other CMU administrative staff as necessary to implement this Policy.

4. In addition to cases involving Research Misconduct, this Policy may, in the discretion of either the VPRI or Executive Vice President/Provost, be used to review allegations of possible noncompliance with legal and ethical standards applicable to the use of human subjects, animals, recombinant DNA in research, and other regulated research activities.

5. Particular circumstances in individual cases may dictate variation from the usual procedures when deemed to be in the best interests of CMU and/or required by relevant federal regulations or agency procedures. Any significant variation from this Policy and associated procedures must be approved in advance by both the Provost and General Counsel.

6. Nothing in this policy is intended to diminish or waive an individual's rights under any applicable collective bargaining agreement to which CMU is a party, or other university policies and procedures.

7. Except as stated explicitly herein, nothing in this policy is intended to diminish or waive CMU's rights to conduct its inquiry/investigation into an allegation of Research Misconduct.

II. Definitions [ii]

A. *Complainant* means the individual(s) who submits an allegation of Research Misconduct.

B. *Dean* means the Dean of any academic college of CMU, the Senior Vice Provost of Academic Affairs, the Dean of Libraries, or an equivalent senior officer in instances of a Complaint against an individual or individuals outside an academic college, or their designee.

C. *Good Faith*, as applied to a Complainant or witness, means having a belief in the truth or one's allegations or statements that a reasonable person in the Complainant's or witness's positions could have based on the information known to the Complainant or witness at the time. An allegation or statement is not in good faith if made with knowing or reckless disregard for information that would negate the allegation or statement. Good Faith, as applied to an Investigation committee member, means cooperating with the research misconduct proceeding by carrying out the duties assigned impartially for the purpose of helping CMU meet its responsibilities under this Policy A committee member does not act in good faith if they act on the committee are dishonest or influenced by personal, professional, or financial conflicts of interest.

D. *HHS* means the U.S. Department of Health and Human Services, the parent agency of the Public Health Service ("PHS") and the National Institutes of Health ("NIH").

E. *Inquiry* means preliminary information-gathering and preliminary fact-finding to determine whether an allegation or apparent instance of Research Misconduct has substance and if an Investigation is warranted.

F. *Investigation* means the formal development of a factual record and the examination of that record leading to a finding with respect to Research Misconduct.

G. *Office of Research Integrity* ("ORI") means the office to which the Secretary of HHS has delegated responsibility for addressing research integrity and misconduct issues related to PHS activities.

H. *Preponderance of the Evidence* means proof by information that, compared with the information opposing it, leads to the conclusion that the fact at issue is more probably true than not.

I. *Research Misconduct* means fabrication, falsification, or plagiarism in proposing, performing, or reviewing research or in reporting research results. CMU also defines Research Misconduct to include: misappropriation of funds pertaining to research improper assignment of authorship or inventorship; failure to appropriately collect, maintain or protect Research Records; or other practices that seriously deviate from those that are commonly accepted by members of the wider relevant research discipline for proposing, conducting or reporting research and creative endeavors, including but not limited to failure to receive approval from, or failure to adhere to protocols approved by the CMU Institutional Review Board ("IRB"), Institutional Animal Care and Use Committee ("IACUC"), or Institutional Biosafety Committee ("IBC"). It does not include honest error or differences of opinion, A finding of Research Misconduct requires that the misconduct be committed intentionally, knowingly or recklessly.

1. *Fabrication* is making up data or results and recording or reporting them.

2. *Falsification* is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the Research Record.

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

4. *Misappropriation of Funds* is the use of research funds (a) for purposes not appropriately related to the supported research, or (b) in ways prohibited by the internal or external funding source.

5. *Improper Assignment of Authorship or Inventorship* is:

   a. Excluding as authors or inventors individuals who have made an identifiable, substantive contribution to work, when such exclusion is inconsistent with the accepted standards of the relevant discipline or with patent law;

   b. Including as authors or inventors individuals who have not made an identifiable, substantive contribution to a work, when such inclusion is inconsistent with the accepted standards of the relevant discipline or with patent law;

   c. Submitting publications without the concurrence of all authors;

   d. Claiming the work of another person as one's own; or

   e. Presenting one's own work in substantially the same way in more than one publication or venue without proper acknowledgement of any prior presentation, inclusive of content presentation in different languages.

6. *Failure to Appropriately Collect, Maintain or Protect Research Records* is the destruction, absence of, or Respondent's failure to provide Research Records adequately documenting the questioned research.

J. *Research Record* or *Record* means any data, document, computer file, compact disc, computer diskette, or any other written or non-written account or object that reasonably may be expected to provide evidence or information regarding the proposed, conducted, or reported 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; laboratory notebooks; notes; correspondence; videos; photographs; X-ray film; slides; biological materials; computer files and printouts; computer code; manuscripts and publications; equipment use logs; laboratory procurement records; animal faculty records; human and animal subject protocols; consent forms; medical charts; and patient research files.

K. *Respondent* means the person against whom an allegation of Research Misconduct is directed or who is subject of a Research Misconduct proceeding.

L. *Retaliation* means an adverse action taken against a Complainant, witness or committee member by CMU or one of its employees or students in response to a Good Faith allegation of Research Misconduct or Good Faith cooperation with a Research Misconduct proceeding.

III. General Procedures and Principles

A. Responsibility to Report Misconduct

Individuals subject to this Policy who become aware of a possible incident of Research Misconduct shall immediately report the information in the manner described in Section IV.A below.

B. Confidentiality

Allegations of Research Misconduct, and proceedings conducted under this Policy, may be damaging to the professional reputations of persons involved. Accordingly, person subject to this Policy who make, receive or learn of an allegation of Research Misconduct shall at all times comply with regulations applicable to the confidentiality of investigations into Research Misconduct. [iii]

CMU will protect the disclosure of the identity of the Complaint and Respondent during the Inquiry to the extent permitted by law. However, if the matter is referred to an Investigation Committee and the Complainant's testimony is required or if ORI conducts a review of the Research Misconduct proceedings in question, anonymity may no longer be possible.

The VPRI shall establish reasonable conditions to ensure the confidentiality of such information.

C. Protecting the Complainant

Persons subject to this Policy who receive or learn of an allegation of Research Misconduct shall treat the Complainant with fairness and respect and shall take reasonable steps to protect the position and reputation of the Complainant and other individuals who cooperate with the Inquiry or Investigation against Retaliation. Any alleged or apparent Retaliation should be reported to the VPRI.

D. Protecting the Respondent

Persons subject to this Policy who receive or learn of an allegation of Research Misconduct shall treat the Respondent with fairness and respect and shall take reasonable steps to ensure that these procedures are followed. When a Respondent has been exonerated, CMU shall make reasonable efforts to restore their reputation, to the extent that harm may have been done. This may be accomplished through communication with members of the academic community who are aware of the matter, publicizing the final outcome in forums in which the allegation of Research Misconduct was previously publicized,

expunging reference to the allegations from Respondent's personnel file, or through other steps worked out in coordination with the Respondent.

E. Responding to Allegations

In responding to allegations of Research Misconduct, the VPRI and any other CMU official with an assigned responsibility for handling such allegations shall take immediate steps and make diligent efforts to ensure that the following functions are performed:

1. Any assessment, Inquiry or Investigation is conducted in a timely, objective, thorough and competent manner.

2. The Executive Director, Faculty Personnel Services is notified when the allegation involves a CMU faculty member. The Director of Employee Relations/HR is notified when the allegation involves a CMU staff member. The Office of Student Conduct is notified when the allegation is a CMU student.

3. Reasonable precautions are taken to avoid bias and real or apparent conflicts of interest on the part of those involved in conducting the Inquiry or Investigation. Specifically, reasonable steps shall be taken to ensure that VPRI, members of Investigation Committees, and experts have no bias and no personal, professional or financial conflict of interest with the Respondent, Complainant, or the case in question. In making this determination, consideration shall be given to whether the individual (or any members of their immediate family) has any of the following involvements with the Respondent or Complainant: financial involvement; coauthor on a publication; collaborator or co-investigator; party to a scientific controversy; supervisory or mentor relationship. Consideration shall also be given to whether there is any other circumstance that might appear to compromise the individual's objectivity in reviewing the allegations.

4. Immediate notification is provided to ORI (in cases involving PHS-funded research) and/or other federal research sponsors supporting the research in question (to the extent required by those sponsors' regulations) if the health or safety of the public is at risk, including an immediate need to protect human or animal subjects; HHS or other federal 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; CMU believes the research misconduct proceeding may be made public prematurely so that appropriate steps may be taken to safeguard evidence and protect the rights of those involved; the research community or public should be informed; there is an immediate need to protect the interests of the Complainant or Respondent as well as their co-investigators and associates, if any; or the allegation involves an issue that could be publicly sensitive (e.g., a clinical trial).

5. Immediate notification is provided to CMU bodies charged with ensuring compliance with research regulations (e.g., the IRB, IACUC, IBC), non-federal research sponsors, and other third parties, when such notification is deemed to be warranted by the VPRI.

6. Interim administrative actions are taken, as appropriate, to protect federal funds and the public good and interest, and to ensure that the purposes of the federal financial assistance are carried out.

F. Cooperation by Persons Subject to Policy

Persons subject to this Policy, as defined in Section I.B, are expected to cooperate fully with the VPRI and other CMU officials in the review of allegations and the conduct of Inquiries and Investigations. Employees and students are expected to disclose any and all evidence within their possession or knowledge to the VPRI or other CMU officials on Research Misconduct allegations. Further, CMU officials, employees, and students shall cooperate fully and completely with federal research sponsors in their conduct of Inquiries and Investigations, their oversight of CMU Inquiries and Investigations, and any follow up actions.

G. Access to Attorneys and Advisers and Additional Representation

Respondents may consult with their own legal counsel or non-lawyer personal advisor (who is not a participant or witness in the case) to seek advice, but, except as provided in a collective bargaining contract, employee handbook or student code of conduct, such counsel or advisor shall not participate in meetings with the VPRI or Investigation Committee without the prior approval of the VPRI.

Where the Respondent is a member of a collective bargaining unit, in a case under this Policy they shall have the right to have a representative of the applicable collective bargaining unit present during interviews in which they may be asked or required to be involved, as provided under the applicable collective bargaining agreement.

H. Evidentiary Standards

In accordance with federal regulations [iv], the following standards and burdens of proof apply to finings of Research Misconduct under this Policy:

1. *Burden of Proof* –

   a. CMU has the burden of proof for making a finding of Research Misconduct.

   b. The Respondent has the burden of providing any affirmative defenses, including honest error or differences of opinion, and providing any mitigation factors that the Respondent wants the VPRI or Investigation Committee to consider. Regardless of whether the Respondent catties their burden of proving honest error or difference of opinion, evidence submitted by the Responded on that issue shall be considered in determining whether a finding of Research Misconduct has been established.

2. *Standard of Proof* – A finding of Research Misconduct must be established by a preponderance of the Evidence.

3. *Absence of Records* – The destruction, absence of, or Respondent's failure to provide Research Records adequately documenting the questioned research is evidence of Research Misconduct where it is established by a Preponderance of the Evidence that the Respondent intentionally, knowingly, or recklessly had research records and destroyed them, had the opportunity to create and/or maintain the records but did not do so, or maintained the records and failed to produce them in a timely manner, and that the Respondent's conduct constitutes a significant departure from accepted practices of the wider relevant research discipline.

I. Allegations Not Made in Good Faith

If at any time an Investigation Committee determines that an allegation of Research Misconduct was not made in Good Faith, it shall report its determination to the VPRI. If the VPRI, independently or on the basis of an Inquiry or Investigation Committee report, determines that an allegation of Research Misconduct was not made in Good Faith, they shall determine, after consultation with other appropriate

senior administrators, in particular those in Faculty Personnel Service, Employee Relations, of Office of Student Conduct, whether any employment or disciplinary action should be initiated against the Complainant. Where disciplinary action is warranted, the immediate supervisor shall become involved.

J. Early Termination of Proceedings

If the matter involves federal research supports and CMU plans to terminate an Inquiry or Investigation prior to completion of all the steps required by this Policy, the VPRI shall notify responsible federal authorities of the planned termination and the reasons therefore.

K. Referral of Non-Research Misconduct Issues

When the review of the allegation identifies possible misconduct that is not a violation of this Policy, the VPRI shall refer such matters to the proper CMU or governmental authority for action. Complaints against a member of the CMU regular faculty are handled according to processes described in the collective bargaining agreement. Complaints against other CMU employees are subject to processes described in applicable union contracts, and/or policy documents, or Handbooks. Complaints against CMU students are subject to processes described in the code of student rights, responsibilities, and disciplinary procedures.

L. Reporting Requirements

Certain federal research sponsors, such as HHS/PHS and National Science Foundation ("NSF"), require the reporting of significant actions in research misconduct matters, such as the institution's decision to initiate an Investigation, the institution's determination that it will not be able to complete an Inquiry or Investigation in the time specified under federal regulations, or the closing of a case on the basis that the Respondent has admitted Research Misconduct. In consultation with the Office of General Counsel, the VPRI shall comply with such reporting requirements.

In addition, the VPRI shall report significant actions in research misconduct matters to CMU bodies charged with ensuring compliance with research regulations (e.g., the IRB, IACUC, IBC), non-federal research sponsors, and other third parties, when they deem such notification to be warranted.

M. Record Retention

Records of Research Misconduct proceedings (including records of assessments and Inquiries that do not lead to Investigation) shall be retained for seven years after completion of proceedings, or such longer time period as may be required by the responsible federal agency.

IV. Submission of Allegations

A. Submission of Allegations

Any individual who in Good Faith suspects that a person subject to this policy committing or has committed Research Misconduct shall immediately report the information to the VPRI any of the following, who shall immediately report the information to the VPRI: the Office of Sponsored Programs, the Office of Research Compliance, the Office of General Counsel, Internal Auditor, the individual's department chair, or any faculty member or administrator who supervises the individual. Any individual or member of an office named above who receives a verbal allegation of Research Misconduct shall summarize the allegation in writing, and make that summary available to the VPRI. The VPRI will notify the supervisor of the person against whom an allegation has been made and, in cases involving externally-sponsored research, appropriate staff in the Office of Research Compliance and Office of Sponsored Programs. Where an allegation has been made against a member of the CMU faculty, the supervisor to whom notice shall be made is the Dean of the applicable College. The VPRI shall initiate the process for assessment of the allegations, to include Faculty Personnel Services where Respondent is a member of the CMU faculty, the Director of Employee Relations/HR where Respondent is a CMU

staff member as described below, and the Office of Student Conduct where the Respondent is a CMU student.

B. Submission of Allegations Involving the Vice President for Research and Innovation

Allegations involving the VPRI shall be submitted to the Executive Vice President/Provost. In any case involving the VPRI, the Executive President/Provost or their designee shall carry out the responsibilities assigned to the VPRI under this Policy.

C. Submission of Allegations Involving the Provost

Allegations involving the Executive Vice President/Provost shall be submitted to the President. In any case involving the Executive Vice President/Provost, the President or their designee shall carry out the responsibilities assigned to the VPRI under this Policy.

D. Submission of Allegations Involving the President

Allegations involving the President shall be submitted to the Chair of the Board of Trustees. In any case involving the President, the Chair of the Board of Trustees shall designate an outside party to carry out the responsibilities assigned to the VPRI under this Policy.

E. Submission of Allegations Involving a Dean

Allegations against a Dean shall be submitted to the Executive Vice President/Provost, and the Executive Vice President/Provost or their designee shall appoint an individual to carry out the responsibilities assigned to the Dean under this Policy.

V. Inquiry

A. Preliminary Assessment of Allegations to Determine if Inquiry is Warranted

1. Upon receiving an allegation of Research Misconduct, the VPRI and the responsible Dean shall, within 15 business days and without notice of any of the parties involved, consult with one another, and Faculty Personnel Services where respondent is a faculty member, Employee Relations/HR where respondent is a staff member, or Office of Student Conduct where the respondent is a student, to determine whether an Inquiry is warranted. If they are unable to agree on whether an Inquiry is warranted, the Executive Vice President/Provost shall determine whether an Inquiry is warranted.

2. An Inquiry is warranted if the allegation –

    a. Falls within the definition of Research Misconduct under this Policy; and

    b. Is sufficiently credible and specific, with a reasonable likelihood that potential evidence of Research Misconduct may be identified.

3. There is not always sufficient information to warrant an Inquiry of an allegation. For example, an allegation that a researcher's work should be subject to general examination for possible misconduct is not sufficiently substantial or specific to initiate an Inquiry. In the case of such a vague allegation, before initiating and Inquiry, the VPRI must make an effort to obtain more and specific information from the Complainant, where the Complainant is known.

4. Anonymous allegations of Research Misconduct will be considered only if sufficient evidence is provided, in the judgment of the VPRI and Dean, to warrant Inquiry of the allegations.

5. If it is determined that an Inquiry is warranted, the VPRI shall implement the procedures described in Section V.B through V.K below.

B. Sequestration of Research Records

1. *Immediate Sequestration* – The VPRI shall immediately locate, collect, inventory, and secure the relevant Research Records to prevent the loss, alteration, or fraudulent creation of those records. In addition to securing records under the control of the Respondent (see below), the VPRI may need to sequester records from other individuals, such as coauthors, collaborators, or Complainants. Where relevant records may be in the possession of Respondent, and Respondent is a member of the CMU regular faculty, the VPRI must ensure compliance with the CMU-CMU Faculty Association collective bargaining agreement insofar as obtaining those records is concerned.

2. *Sequestration of Records from Respondent* – The VPRI shall notify the Respondent that an Inquiry is being initiated simultaneously with, and in any event no earlier than, the sequestration to prevent questions being raised later regarding missing documents or materials and to prevent accusations against the Respondent of tampering with or fabricating data or materials after the notification. The VPRI shall obtain the assistance of the Respondent's supervisor, the Executive Director, Faculty Personnel Services or Director of Employee Relations/HR, the Vice President for University Engagement and Student Affairs, and General Counsel in this process, as necessary. If the Respondent is not available, sequestration may begin in the Respondent's absence.

3. *Inventory of the Records* – A dated receipt shall be signed by the sequestering official and the person from whom Research Records are collected, and a copy of the receipt shall be given to the person from whom such records are taken. If it is not possible to prepare a complete inventory list at the time of collection, one should be prepared as soon as possible, and then a copy should be given to the person from whom the Research Records were collected. As soon as practicable, a copy of each sequestered Record should be provided to the individual from whom the Record is taken, if requested. Where Research Records constitute scientific instruments or other materials shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, or copies of the other materials, so long as those copies are substantially equivalent to the originals.

4. *Security of Records* – The VPRI shall keep original Research Records in a secure place. Upon request, and to the extent feasible, the person from whom Records are collected may be given access to their own original Records under the direct and continuous supervision of a CMU official. Questions about maintaining the security of records should be addressed to the General Counsel.

5. *Data Retention Policy* – Persons subject to this Policy are reminded of CMU's Data Retention Policy which requires, among other things, that research data generated while individuals are pursuing research studies as faculty, staff or students of CMU, and data generated by visiting scholars utilizing the facilities of CMU, are to be retained by the institution for a period of three (3) years after submission of the final report on the research project for which the data were collected, unless a longer period is specified by the sponsor. See https://www.cmich.edu/research/clarke-historical-library/services/university-record-management/cmu-record-retention-schedule.

C. Use of Experts

The VPRI may consult with experts during the Inquiry to provide special expertise regarding the analysis of evidence. The VPRI shall ensure such experts do not have real or apparent conflicts of interest in the case, are unbiased, and have the necessary expertise to evaluate the evidence and issues related to the allegation. If consulted, such experts shall provide a strictly advisory function. At the request of the VPRI, they may interview witnesses and participate in deliberations with university officials. The experts chosen may be from inside or outside CMU; and shall be chosen solely at the discretion of CMU.

D. Notification of Respondent

The VPRI shall notify the Respondent in writing of the opening of the Inquiry. The notification to the Respondent must at a minimum: (a) identify the research project in question and the specific, allegations; (b) provide a copy of this Policy; and (c) identify any internal or external funding involved. At CMU's discretion, the notification to the Respondent may, in addition: (a) provide a copy of the allegation(s) and invite the Respondent to respond; (b) explain the Respondent's opportunity to be interviewed, with or without a union representative present, at their choosing, if respondent is a member of a union, to present evidence to the VPRI and to comment on the draft Inquiry report; and (c) address the Respondent's obligation to cooperate in the Inquiry and any subsequent proceedings.

E. Purpose of Inquiry; Criteria Warranting Investigation

1. The purpose of an Inquiry is to conduct an initial interview of the evidence to determine whether or not to conduct an Investigation. Therefore, any Inquiry does not require a full review of all the evidence related to the allegations.

2. An Investigation is warranted if there is:

    a. A reasonable basis for concluding that the allegations fall within the definition of Research Misconduct under this Policy; and
    b. Preliminary information-gathering and preliminary fact-finding from the Inquiry indicates that the allegations may have substance.

F. Inquiry Process

The VPRI or their designee shall examine all relevant Research Records and materials in CMU's possession, and make a determination whether or not to interview the Complainant, the Respondent, and key witnesses. Supervised access to any relevant data and/or documents should be available to the Respondent, but may only be made available upon the written authorization of the VPRI. Witness interviews shall be summarized in writing by the VPRI or appropriate staff; and witnesses given the opportunity to review and correct such summaries of their own statements.

G. Time of Completion of Inquiry

The Inquiry must be completed within 60 calendar days from the date on which the VPRI notifies the Respondent of the opening of the Inquiry (see D, above) unless circumstances clearly warrant a longer period and the Provost approves an extension.

H. Inquiry Report

1. The VPRI must prepare a written report that includes the following elements: the name and position of the Respondent; a description of the allegations of Research Misconduct; a description of any internal or external support for the research giving rise to the allegations, including, for example, grant and contract numbers and references to grant applications; references for any publications involving the research in question; any comments on the report by the Respondent; and a recommendation as to whether an Investigation is warranted, and a statement of the basis for this recommendation.

2. The Respondent shall be provided with a draft of the Inquiry report and shall have 10 calendar days to provide written comments on it. The VPRI may also make relevant portions of the report available to the Complainant and/or witnesses (but not give them a copy), for comment. In preparing their final report, the VPRI shall consider and attach any comments made by the Respondent (and by the Complainant and/or witnesses, if applicable) on the draft Inquiry report.

I. Notice of Results of Inquiry; Report to Federal Authorities

The VPRI shall notify the Respondent and appropriate CMU officials in writing of their decision whether to proceed to an Investigation. The notice to the Respondent must include a copy of the Inquiry Report. The VPRI may, when appropriate, notify the Complainant whether an investigation will take place. To the extent required by federal regulation, the VPRI shall provide notice to federal authorities concerning the Inquiry and the decision whether an Investigation is warranted. [v] The VPRI shall also notify CMU bodies charged with ensuring compliance with research regulations (e.g., the Institutional Review Board, Institutional Biosafety Committee, Institutional Animal Care and Use Committee), non-federal research sponsors, and other third parties of their decision whether to proceed to an Investigation when they deem such notification to be warranted.

J. Restoration of Respondent's Reputation Where Investigation Is Not Warranted

In cases where it is determined that Investigation is not warranted, and where Respondent's reputation has been harmed, the Respondent shall be given an opportunity to meet with the Provost to discuss how the Respondent's record shall be cleared and what reasonable efforts will be taken to restore the Respondent's reputation. See Section III.D.

K. Documentation of Decision Not to Investigate

In the event that the VPRI decides not to conduct an Investigation, they shall keep sufficiently detailed documentation of the inquiry to permit a later assessment by ORI of the reasons why CMU decided not to conduct an investigation. Such documentation and related records shall be kept in a secure manner for at least seven (7) years after the termination of the inquiry, and upon request, shall be provided to ORI or other authorized HHS personnel.

VI. Investigation

A. Designation of Investigation Committee; Use of Outside Experts

1. If the VPRI recommends that an Investigation is warranted, they shall inform the Executive Vice President/Provost (and Executive Director, Faculty Personnel Services, where the Respondent is a CMU faculty member, or Director of Employee Relations/HR where the Respondent is a CMU staff member, or Vice President for University Engagement and Student Affairs where the Respondent is a CMU student) of such finding. At the discretion of the Executive Vice President/Provost, within 15 business days after such notification, the Executive Vice President/Provost shall appoint an Investigation Committee to explore the allegations in detail, to examine the evidence in depth, and to determine specifically whether Research Misconduct has been committed. In so doing, the Provost or their designee shall take reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practicable, including participation of persons with appropriate professional expertise who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the investigation.

2. For cases in which the Respondent is a regular faculty member, the Investigation will be coordinated according to processes outlined in the collective bargaining agreement between CMU and the CMU Faculty Association. For cases in which the Respondent is a student, a person holding an academic appointment for a staff member in an academic unit, the Executive Vice President/Provost shall make appointments to the Investigation Committee in consultation with the responsible Dean. In other cases, the Executive Vice President/Provost shall make appointments to the Investigation Committee in consultation with the responsible Vice President or responsible Senior Officer.

3. The Investigation Committee shall consist of at least three individuals who do not have real or apparent conflicts of interest in the case, are unbiased, and have the necessary expertise to search for and evaluate the evidence and issues related to the allegation, interview the principles and key

witnesses, and conduct the Investigation, one of which is assigned by Faculty Personnel Services, Human Resources, or University Engagement and Student Affairs as appropriate. These individuals may be scientists' administrators, subject matter experts, lawyers, or other qualified persons, and they may be from inside or outside CMU. The Executive Vice President/Provost shall appoint one of the members to serve as chair. In addition to the three Investigation Committee members, the VPRI or their designee shall serve as recording secretary and be responsible for maintaining committee minutes and detailed records of all documentary evidence.

4. The Investigation Committee shall determine whether experts other than those appointed to the committee ought to be consulted during the Investigation to provide special expertise regarding the analysis of evidence. If consulted, such experts shall provide a strictly advisory function to the committee. At the request of the chair, they may interview witnesses and participate in committee deliberations, but they may not otherwise help to determine the outcome of the Investigation. The experts chosen may be from inside or outside of CMU.

B. Investigation Process

In conducting its Investigation, the Investigation Committee shall:

1. Diligently ensure that the Investigation is thorough and sufficiently documented and includes a search for and examination of all Research Records and evidence relevant to reaching a decision on the merits of the allegations;

2. 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 maintain detailed records. The Committee shall record or transcribe each interview, provide the recording or transcript to the interviewee for confirmation and/or correction, and include the recording or transcript in the records of the Investigation; and

3. Diligently pursue all significant issues and leads discovered, including any evidence of additional instances of possible Research Misconduct, and continue the Investigation to completion.

C. Time Limit for Completing Investigation

The Investigation Committee shall use its best efforts to complete all aspects of the Investigation described in Section VI within 90 calendar days. If the Committee is unable to complete the Investigation within 90 calendar days, the chair shall ask the Provost for an extension of time. An extension may require approval of the responsible federal agency. For example, in cases involving PHS-funded research, it is necessary to obtain ORI approval to extend the Investigation beyond 90 calendar days. (See Code of Federal Regulations, 42, Sec. 93.311).

D. Investigation Report

1. The Investigation Report shall contain the same type of information as the Inquiry Report regarding the nature of the allegations, sources of internal and external support, and Research Records and evidence reviewed. In addition, the Investigation Report shall provide, for each separate allegation of Research Misconduct identified during the Investigation, a finding as to whether Research Misconduct did or did not occur, and if so:

    a. Identify the person(s) responsible for the misconduct;

    b. Identify whether the Research Misconduct was falsification, fabrication, plagiarism, misappropriation of funds, improper assignment of authorship or inventorship, failure to

appropriately collect, maintain or protect Research Records, or other practices, and whether it was intentional, knowing, or reckless;

c. Summarize the facts and the analysis that support the conclusion and consider the merits of any reasonable explanation by the Respondent;

d. Identify the specific external support involved, if any;

e. Identify whether any publications or other public disclosures need corrections or retraction; and

f. List any current support or known applications or proposals for support that the Respondent has pending with external sponsors, regardless of their relationship to the misconduct.

2. The Respondent shall be provided with a draft of the Investigation Committee report and concurrently a copy of, or supervised access to, the evidence on which the report is based. The Respondent shall have 30 calendar days after receipt of the draft report to provide written comments on it. The Investigation Committee may also make relevant portions of the report available to the Complainant and/or witnesses (but not give them a copy), for comment. The Committee shall, in preparing its final report, consider and attach any comments made by the Respondent (and by the Complainant and/or witnesses, if applicable) on the draft Investigation Report.

3. The chair of the Investigation Committee shall forward copies of the final Investigation Report to the Executive Vice President/Provost and the Respondent. Following submission of the Investigation Report to the Executive Vice President/Provost and the Respondent, no additional evidence may be introduced into the record as a matter of course.

E. Notification of Outside Parties

Upon receipt of the Investigation Report, the Executive Vice President/Provost shall, as appropriate, forward copies to the responsible federal agencies, other external sponsors, law enforcement agencies, CMU bodies charged with ensuring compliance with research regulations (e.g., the Institutional Review Board, Institutional Biosafety Committee, Institutional Animal Care and Use Committee), professional societies, professional licensing boards, patent offices, journals, collaborators of the Respondent, or other parties with a legitimate need to know the outcome of the proceeding.

VII. CMU Administrative Action as a result of Investigation

A. A Finding of Research Misconduct

If the Investigation Committee determines that Research Misconduct occurred, the Executive Vice President/Provost, in consultation with the Dean, Faculty Personnel Services, Human Resources, or University Engagement and Student Affairs as appropriate and other responsible CMU officials, shall determine the appropriate actions to be taken according to applicable CMU disciplinary procedures for faculty, staff and students. The recommended actions, a copy of which shall be provided in writing to the Respondent, may include, but are not limited to:

1. Withdrawal or correction of all pending or published abstracts and papers emanating from the research where Research Misconduct was found.

2. Notification to professional organizations.

3. Removal of the Respondent from the particular project, letter of reprimand, special monitoring of future work, probation, suspension, salary reduction, rank reduction, termination of employment, or student suspension/dismissal.

4. Denial of access to university research funds.

5. Restitution of funds as appropriate.

B. A Finding of Absence of Research Misconduct

If the Investigation Committee determines that no Research Misconduct occurred, the Respondent shall meet with the Executive Vice President/Provost to discuss how the Respondent's record shall be cleared and what reasonable efforts will be taken to restore the Respondent's reputation. See Section III.D.

VIII. Review of CMU Administrative Action

Respondent may challenge a CMU administrative action taken under this Policy according to provisions in existing collective bargaining agreements, or under university policy. Where the challenge is in regard to a finding of Research Misconduct involving PHS-supported research and resolution of the challenge is anticipated reasonably to take more than 120 calendar days, the Provost will make known to ORI the need for more time to complete the resolution process.

IX. Other Considerations

If the Respondent, without admitting to misconduct, elects to resign their position after an allegation of Research Misconduct has been received, proceedings under this Policy shall continue. If the Respondent refuses to participate in the process after resignation, the VPRI and/or Investigation Committee shall use its best efforts to reach a conclusion concerning the allegations, noting in its report the Respondent's failure to cooperate and its effect on the review of the matter.

Acknowledgment

This policy is a revision of Dartmouth College's Research Misconduct policy, approved by the Dartmouth College Board of Trustees on June 10, 2005. We thank the staff of the Office of Sponsored Projects at Dartmouth College for giving permission to extensively borrow from their policy.

References

[i] Reflecting U.S. Department of Health and Human Services Public Health Service Policies on Research Misconduct – Final Rule, Code of Federal Regulations, Title 42, Part 93 (Federal Register, Vol. 70, p. 28370 (May 17, 2005)).

[ii] Defined terms are capitalized throughout this document

[iii] Code of Federal Regulations, Title 42, Part 93, Sec. 108(a).

[iv] See U.S. Department of Health and Human Services Public Health Service Policies on Research Misconduct – Final Rule, Code of Federal Regulations, Vol. 42, Part 93 (Federal Register, Vol. 70, p. 28370 (May 17, 2005))).

[v] For example, for PHS-funded research, regulations require that institutions provide ORI the written finding of the Vice President for Research and Innovation and a copy of the Inquiry Report within 30 days of any inquiry finding that an Investigation is warranted. (Code of Federal Regulations, Vol. 42, Sec. 93.309).

Central Michigan University reserves the right to make exceptions to modify or eliminate this policy and or its content. This document supersedes all previous policies, procedures or guidelines related to this subject.

Related Policies and Laws (Add Number & Name of Significantly Related Policy(ies))	
Appendices (Optional)	
Approval Authority	Robert O. Davies, President
History of Review	1992; 06/26/1995; 09/01/2008; 06/24/2020
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