POLICY CONCEPTS: INSTRUCTIONS AND GUIDELINES

All policy proposals – including new policy concepts, proposed revisions, or suggested repeals – must be submitted via the form on page 2 to the Office of the University Secretary with appropriate supporting information and documents. Completed submissions are forwarded to the University Senate (academic policies) or the President's Policy Advisory Council (PAC), which ensures proper routing through the policy-making process. (See UO Policy I.03.01 for more information.)

Please keep the following definition of a university policy in mind as you develop your concept:

> *A University Policy ("Policy") is a policy that (1) has broad application or impact throughout the University community, (2) must be implemented to ensure compliance with state or federal law, (3) is necessary to enhance the University's mission, to ensure institutional consistency and operational efficiency, or to mitigate institutional risks; or (4) is otherwise designated by the Board [of Trustees] or the President [of the University] as a University Policy.*
>
> *A policy establishes rights, requirements or responsibilities. Excluded from this definition are things such as, but not limited to, implementation guides, operating guidelines, internal procedures, and similar management controls and tools.*

To help facilitate as smooth a process as possible, please consider the following:

1. Consult as many stakeholders as possible *prior to submitting* your concept. A primary role for the PAC is to ensure that appropriate offices, departments or groups are consulted.

2. Run your concept by the Office of General Counsel (OGC) *prior to submission*. OGC review is a required step in policy-making.

3. Please use the proper template – email uopolicy@uoregon.edu to obtain either (a) the new policy template (new proposals) or (b) the Word version of the existing policy in its proper template (for redlines/revisions).

4. A "redlined" version of your concept in Word is required for proposed revisions. This must be done using the appropriate Word version (see #3, above).

5. Include any appropriate related resources that will be useful to those reviewing the concept. Links are preferred, but supplemental documents are of course acceptable for items not online. Examples of such items include any associated procedures or unit level policies (even if in draft form), or other policies or procedures related to, overridden by, necessary as a result of, or otherwise affiliated with your concept;

6. Please submit all documents as individual files.

7. Someone from the responsible office or proposing unit will need to attend a PAC meeting to explain the concept and answer any questions.

Please email uopolicy@uoregon.edu if you have any questions. Thank you!

POLICY CONCEPT FORM

Name and UO Title/Affiliation:	Sheryl Johnson, Director, Research Compliance Services & Research Integrity Officer (RIO)
Policy Title & # (if applicable):	Allegations of Research Misconduct/Research Integrity, Policy #11.06.02
Submitted on Behalf Of:	The Office of the Vice President for Research and Innovation (OVPRI)
Responsible Executive Officer:	Vice President for Research and Innovation

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SELECT ONE: ☐ **New Policy** ☒ **Revision** ☐ **Repeal**
Click the box to select

HAS THE OFFICE OF GENERAL COUNSEL REVIEWED THIS CONCEPT: ☒ **Yes** ☐ **No**
If yes, which attorney(s): Jasmine Narang

GENERAL SUBJECT MATTER
Include the policy name and number of any existing policies associated with this concept.
Revisions proposed to the existing UO Allegations of Research Misconduct Policy 11.06.02

RELATED STATUTES, REGULATIONS, POLICIES, ETC.
List known statutes, regulations, policies (including unit level policies), or similar related to or impacted by the concept. Include hyperlinks where possible, excerpts when practical (e.g. a short statute), or attachments if necessary. Examples: statute that negates the need for or requires updates to an existing policy; unit level policy(ies) proposed for University-wide enactment; or existing policies used in a new, merged and updated policy.

Federal Regulations

42 C.F.R. Part 93 (PHS): eCFR
45 C.F.R. Part 689 (NSF): eCFR
14 C.F.R. Part 1275 (NASA): eCFR
10 C.F.R. Part 733 (DOE): eCFR
U.S. Dept. of Justice Scientific and Research Integrity Policy
Dept. of Defense Directive 3216.2
NSF Proposal and Award Policies and Procedures Guide (PAPPG) 24-1

STATEMENT OF NEED
What does this concept accomplish and why is it necessary?

Due to changes in federal regulations, the UO Policy 11.06.02, Allegations of Research Misconduct, requires revisions. Specifically, new revisions/updates to federal regulations were issued and our institutional policy must be revised in an expeditious manner to meet our compliance obligations. Our revised institutional policy will receive review by the federal Office of Research Integrity, which oversees the Public Health Service regulations (under HHS), to ensure compliance with the revised regulations. Institutions who receive federal funding must have a compliant, written research misconduct policy and follow federal research misconduct regulations. An annual renewal of our assurance with the federal US Department of Health and Human Services (HHS) is required and our policy must be submitted as part of the assurance and annual report. Federal funding for research cannot be received without this assurance.

AFFECTED PARTIES

Who is impacted by this change, and how?

All institutional members, including faculty, staff and students proposing, performing or reviewing research, on in reporting research results; and those involved in allegations of research misconduct are impacted by this revised policy. The policy revisions include changes to definitions, scope, and processes consistent with changes in federal regulations.

CONSULTED STAKEHOLDERS

Which offices/departments have reviewed your concept and are they confirmed as supportive? (Please do not provide a list of every individual consulted. Remain focused on stakeholders (e.g. ASUO, Office of the Provost, Registrar, Title IX Coordinator, etc.).)

Name	Office	Date
OVPRI Executive Team	OVPRI	3/24/26
Jasmine Narang	OGC	3/24/26
Associate Deans of Research & the Research Council	Multiple Depts.	3/24/26
Senior Assoc. Vice President & Chief of Staff	Knight Campus	3/24/26
Vice Provost of Graduate Studies	Division of Graduate Studies	3/24/26
Ballmer Executive Director	Ballmer Institute	3/24/26
Senior Vice Provost of Academic Operations	Provost Office	3/24/26
Finance & Administration	Office of the Senior Vice President for Finance & Administration	3/24/26

Office of the Provost	**Multiple**	**3/24/26**

~~Allegations of Research Misconduct~~
~~**Policy Number:**~~
~~II.06.02~~

Reason for Policy~~:~~

~~To describe~~This policy defines research misconduct; describes the ~~University's~~ University's policies and procedures for reporting, reviewing, determining and addressing allegations of research misconduct; and communicates the expectations for ~~the~~research integrity ~~of~~, and the ~~Research conducted~~responsible and ethical conduct of research at the University ~~as well as the policies and procedures to be followed in investigating Allegations~~ of ~~Misconduct in Research (Fabrication, Falsification, or Plagiarism in proposing, performing or reviewing Research, or in reporting Research results).~~Oregon (UO).

Entities Affected by this Policy~~:~~

All ~~Institutional Members (~~institutional members (including faculty, staff and students) proposing, performing or reviewing~~, conducting~~ research, or in reporting ~~Research~~research results ~~for basic or applied Research~~ under the auspices of the University of Oregon. This includes basic and applied research. This includes those involved in allegations of research misconduct.

Web Site Address for this Policy

[Provided by Office of the University Secretary after policy is posted online]

Responsible Office~~:~~

For questions about this policy, please contact the Office of the Vice President for Research and Innovation ~~at (541) 346-2090 or vpri@uoregon.edu.~~(OVPRI), Research Compliance Services (RCS): (541) 346-2510, researchcompliance@uoregon.edu.
~~**Website Address for this Policy:**~~
~~https://policies.uoregon.edu/vol-2-academics-instruction-research/ch-6-research-general/allegations-research-misconduct~~

Enactment & Revision History~~:~~

01 April 2026 Revisions to update policy to reflect federal regulatory changes
03 August 2017 ~~–~~ Policy number revised from 09.00.02 to II.06.02 and technical changes enacted by the ~~university secretary~~University Secretary
26 March 2012 ~~– reviewed~~ Reviewed and approved by the ~~interim university president~~Interim University President
08 February 2010 ~~–~~ Policy number revised from 2.000 to 09.00.02
05 October 2009 ~~–~~ Emergency revisions approved by the ~~university president~~University President

23 October 1996 – Revised and approval recommended by the ~~university president's~~University President's staff
04 May 1990 – Effective Date
~~**Policy:**~~

General Policies and Principles

The University of Oregon (UO) is committed to fostering an environment that promotes research integrity and the responsible and ethical conduct of research, discourages research and professional misconduct, and deals promptly with allegations or evidence of possible research misconduct. All institutional members are expected to conduct research with honesty, rigor, and transparency. With the goal of promoting research integrity, this policy defines (a) research misconduct, (b) the steps for making an allegation of research misconduct, and (c) the steps for examining and acting on such allegations, including protocols for securing evidence. This policy is intended to comply with Public Health Service (PHS) requirements, 42 C.F.R. 93.304 and related regulations.

Research Misconduct means fabrication, falsification, or plagiarism whether committed by an individual directly or through the use or assistance of other persons, entities, or tools, including artificial intelligence (AI)-based tools, in proposing, performing, reviewing, or in reporting research results.

For research misconduct to be determined, the following three criteria must be met:

- There must be a significant departure from accepted practices of the relevant research community; and,
- The research misconduct must be committed intentionally, knowingly, or recklessly; and,
- The research misconduct allegation must be proven by a preponderance of the evidence. (42 C.F.R. 93.103, 104; 45 C.F.R. 689.1, DoDI 3210.7 E2.1.4, 10)

The University of Oregon will respond to each allegation of research misconduct in a thorough, competent, objective, and fair manner. The University of Oregon will take 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 other evidence. The University of Oregon will cooperate with the Office of Research Integrity (ORI), or any other applicable agencies or entities during any research misconduct proceeding or compliance review. This includes addressing deficiencies or additional allegations in the institutional record if directed by ORI or other agencies/entities and assisting in administering and enforcing any Health and Human Services (HHS) or other agency/entity's administrative actions imposed on institutional members. This policy will be publicly available.

Information received in connection with the reporting, review, inquiry, investigation, and resolution of allegations of research misconduct will be treated as private and will not be disclosed except to those who need to know, as determined by the institution, consistent with a thorough, competent, objective, and fair research misconduct proceeding, and as allowed by law. Those who need to know the identities of Respondent, Complainant, witnesses, or other information from the institutional record may include federal agencies, institutional review boards, journals, editors, publishers, co-authors, and collaborating institutions. The limitation on disclosure of the identity of Respondents, Complainants, and witnesses no longer applies once there has been a final determination of research misconduct findings. The University of Oregon may take steps to manage published data or acknowledge that data may be unreliable.

The University of Oregon will take reasonable and practical steps to protect the positions and reputations of Complainants and Respondents and to protect these individuals, along with witnesses and committee members, from retaliation by institutional members. The University of Oregon will make reasonable, practical efforts, if requested and as appropriate, to protect or restore the reputation of Respondents against whom no finding of research misconduct is made.

Scope

This policy applies to allegations of research misconduct involving research and related activities. Related activities include, but are not limited to, research proposed, performed, reviewed or reported; research training programs; the operation of tissue and data banks; the dissemination of research information; and research records produced during research or research training. These activities are included regardless of whether the research is funded or whether an application or proposal for funding resulted in an awarded grant, contract, cooperative agreement, subaward, or other form of support. Research includes Public Health Service-supported biomedical or behavioral research.

This policy applies only to allegations of research misconduct that occurred within six (6) years of the date the University of Oregon received the allegations, subject to the following exceptions:

- The six-year time limitation does not apply if the Respondent continues or renews any incident of alleged research misconduct that occurred before the six-year period through the use of, republication of, or citation to the portion(s) of the research record alleged to have been fabricated, falsified, or plagiarized, for the potential benefit of the Respondent ("subsequent use exception"). The University of Oregon will document its determination that the subsequent use exception does not apply and will retain this documentation for the later of seven years after completion of the institutional proceeding or the completion of any federal agency proceeding involving the research misconduct allegation.
- The six-year time limitation does not apply if the alleged research misconduct, if it occurred, would possibly have a substantial adverse effect on the health or safety of the public.

This policy does not supersede, replace or establish an alternative to the federal regulation or any existing regulations for handling research misconduct. In case of any conflict between this policy and any applicable regulation, the applicable regulation will prevail.

This policy does not apply to authorship or collaboration disputes, self-plagiarism, honest errors or differences of opinion, harassment or other relational issues.

~~I.~~ Definitions

Accepted practices of the relevant research community: practices established by regulatory or funding components, as well as commonly accepted professional codes or norms within the overarching community of researchers and institutions.

~~A.~~ **Allegation** ~~means:~~ a disclosure of possible ~~Research Misconduct~~research misconduct through any means of communication~~. The disclosure may be by written or oral statement or other communication and brought directly~~ to the ~~RIO. (42 CFR 93.201)~~attention of an institutional or regulatory official.

Assessment: a consideration of whether an allegation appears to fall within the definition of research misconduct; if funded, appears to involve PHS-supported biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or research training; and is sufficiently credible and specific so that potential evidence of research misconduct may be identified. The assessment only involves the review of readily accessible information relevant to the allegation.

~~B.~~ **Bad Faith** ~~means :~~ a material and demonstrable failure to meet the standards for ~~Good Faith~~good faith set forth herein as a Complainant, a Respondent, a witness, an ~~Inquiry Panel~~inquiry committee member, an ~~Investigation Panel~~investigation committee member, ~~or the RIO~~the Research Integrity Officer (RIO), or any other institutional member. The context in which actions have occurred is a relevant and important factor to be taken into account in determining whether an individual has acted in ~~Bad Faith~~bad faith.

~~C.~~ ~~**Complaint** means a Person~~**Complainant:** an individual who in ~~Good Faith~~good faith makes an ~~Allegation~~allegation of ~~Research Misconduct.~~research misconduct. A Complainant need not be a member of the University of Oregon community. ~~(42 CFR 93.203)~~

~~D.~~ **Conflict of Interest** ~~means:~~ any personal, professional, or financial relationship that influences or reasonably would be perceived to influence the impartial performance of ~~a~~any individual participating in any duty assigned under this ~~Policy by any of the following: a member of an policy Inquiry Panel, Investigation Panel, the RIO, the DO, the Provost or the President~~.

~~E. **Counsel** means lay or legal counsel secured by a Respondent to serve as an advisor to the Respondent in Misconduct Proceedings against the Respondent.~~

Day: calendar day unless otherwise specified. If a deadline falls on a Saturday, Sunday, or holiday, the deadline will be extended to the next day not a Saturday, Sunday, or holiday.

~~F.~~ **Evidence** ~~means any document, tangible item, or testimony~~: anything offered or obtained during a ~~Research Misconduct Proceeding~~research misconduct proceeding that tends to prove or disprove the existence of an alleged fact ~~relevant to the Allegation at issue in that Misconduct Proceeding. This could include, depending on the Allegation, materials such as:~~. Evidence includes documents, whether in hard copy or electronic form, information, tangible items, and/or testimony.

~~i. Proposals, grant applications and comments thereon;~~

~~ii. Relevant Research data and related records;~~

~~iii. Laboratory notebooks and computer files;~~

~~iv. Telephone logs and memos of calls;~~

~~v. Correspondence; or,~~

~~vi. Manuscripts, posters, publications, and tapes of oral presentations. (42 CFR 93.208)~~

~~G.~~ **Fabrication** ~~is~~: making up data or results and recording or reporting them. ~~**(42 CFR 93.103(a))**~~

~~H.~~ **Falsification** ~~is~~**:** manipulating ~~Research~~research materials, equipment, or processes, or changing or omitting data or results such that the ~~Research~~research is not accurately represented in the ~~Research Record. (42 CFR 93.103(b))~~research record.

~~I.~~ **Good ~~Faith~~ faith:** (a) Good faith as applied to a Complainant or witness~~,~~ means having a reasonable belief in the truth of ~~one's Allegation~~one's allegation or testimony ~~that a reasonable person in the Complainant's or witness's position could have,~~ based on the information known to the Complainant or witness at the time. An ~~Allegation~~allegation or cooperation with a ~~Research Misconduct Proceeding~~research misconduct proceeding is not in ~~Good Faith~~good faith if made with ~~knowing~~knowledge of or reckless disregard for information that would negate the ~~Allegation~~allegation or testimony. (b) Good ~~Faith~~faith as applied to an ~~Inquiry Panel~~institutional or committee member~~, an Investigation Panel Member, the RIO or the DO,~~ means cooperating with the ~~Research Misconduct Proceeding~~research misconduct proceeding by impartially carrying out the duties assigned under this ~~Policy~~policy for the purpose of helping the University of Oregon meet its responsibilities for research integrity. ~~An Inquiry Panel~~An institutional or committee member~~, an Investigation Panel member, or the RIO~~ does not act in ~~Good Faith~~good faith if ~~his or her~~their acts or omissions ~~in carrying out any such duty~~during the research misconduct proceedings are dishonest or influenced by ~~a Conflict~~personal, professional, or financial conflicts of ~~Interest. (42 CFR 93.210)~~interest with those involved in the research misconduct proceeding.

~~J. **Intentionally** means contemplating any result from a deliberate act as not unlikely to follow.~~

~~K.~~ **Inquiry** ~~means~~: preliminary information-gathering and ~~initial~~preliminary fact-finding to determine whether an ~~Allegation~~allegation warrants an ~~Investigation.~~investigation.

~~L. **Inquiry Panel** means a group of at least three persons appointed to conduct an Inquiry.~~

Institution: includes, but is not limited to, colleges and universities, intramural biomedical or behavioral research laboratories, research and development centers, national user facilities, industrial laboratories or other research institutes, research institutions, and independent researchers.

Institutional ~~Member means all~~ **Deciding Official (IDO):** the institutional official who makes final determinations on allegations of research misconduct and any institutional actions. The same individual cannot serve as the Institutional Deciding Official and the Research Integrity Officer. The Vice President for Research and Innovation or designee serves as the IDO.

~~M.~~ **Institutional member:** an individual (or individuals) who is employed by, is an agent of, or is affiliated by contract or agreement with the University of Oregon. Institutional members may include, but are not limited to, officials, tenured and untenured faculty, ~~staff or~~teaching and support staff, researchers, research coordinators, technicians, postdoctoral and other fellows, students, volunteers, subject matter experts, consultants, attorneys, employees or agents of contractors, subcontractors, or sub-awardees.

Institutional record: comprised of (a) the records that the institution compiled or generated during the research misconduct proceeding, except records the institution did not consider or rely on. These records include but are not limited to (1) documentation of the assessment, including as required by applicable

federal regulation; (2) if an inquiry is conducted, the inquiry report and all records (other than drafts of the report) considered or relied on during the inquiry, including, but not limited to, research records and the transcripts of any transcribed interviews conducted during the inquiry, information the Respondent provided to the institution, and the documentation of any decision not to investigate, including as required by applicable federal regulation; (3) if an investigation is conducted, the investigation report and all records (other than drafts of the report) considered or relied on during the investigation, including, but not limited to, research records, the transcripts of each interview conducted including those pursuant to applicable federal regulation, and information the Respondent provided to the institution; (4) decision(s) by the Institutional Deciding Official, such as the written decision from the Institutional Deciding Official including that under applicable federal regulation; (5) the complete record of any institutional appeal including those consistent with applicable federal regulation; (b) a single index listing all the research records and evidence that the institution compiled during the research misconduct proceeding, except records the institution did not consider or rely on; and (c) a general description of the records that were sequestered but not considered or relied on.

Intentionally: to act with the aim of carrying out the act.

~~N.~~ **Investigation** ~~means:~~ the formal~~, thorough~~ development of a factual record and the examination of that record, and evaluation of all facts relevant to an ~~Allegation~~allegation to determine if ~~Misconduct~~research misconduct occurred and to assess its extent, gravity, and actual and potential consequences.

~~O. Investigation **Panel** means a group of at least three persons appointed to conduct an Investigation.~~

~~P.~~ **Knowingly** ~~means deliberately or consciously~~: to act with awareness of the act.

~~Q. **Misconduct** means Fabrication, Falsification, Plagiarism, or any other practice that seriously deviates from practices commonly accepted in the discipline or in the academic and Research communities generally in proposing, performing, reviewing, or reporting Research. Misconduct does not include appropriative practices insofar as they accord with accepted standards in the relevant discipline. Misconduct does not include honest error or honest differences in the interpretation or judgment of Research data. In order for a finding of Misconduct to be made, the following three criteria must be met:~~

~~i. There must be a significant departure from accepted practices of the relevant Research community; and,~~

~~ii. The Misconduct must be committed Intentionally, Knowingly or Recklessly: and,~~

~~iii. The Allegation must be proven by a Preponderance of the Evidence. (42 CFR 93.103, 104; 45 CFR 689.1, 2(c), DoD Instruction 3210.7 E2.1.4, 10)~~

~~R. **Misconduct Proceeding Record** means (1) Evidence secured for any Misconduct Proceeding; (2) a record of the RIO's review of other documents, tangible items, and testimony received or secured by the RIO in connection with that Misconduct Proceeding but determined by the RIO to be irrelevant to the Allegation at issue in the Misconduct Proceeding or to duplicate Evidence that has been retained; (3) the~~

~~Preliminary Assessment report or referral and final (not draft) documents produced in the course of preparing that report or referral, including any other documentation of a decision that an Inquiry is not warranted; (4) the Inquiry report, determination regarding Investigation, and final (not draft) documents produced in the course of preparing those documents, including any other documentation of a decision that an Investigation is not warranted; (5) the Investigation report, determination regarding Misconduct, and all records (other than drafts of the Investigation report and determination) in support of those documents, including the transcripts of each interview conducted during an Investigation; (6) the complete record of an internal appeal from a finding of Misconduct; and (7) the complete record of any challenge or review.~~

Notice: a written or electronic communication served in person or sent by mail or its equivalent to the last known street address, facsimile number, or email address of the addressee.

NSF: the National Science Foundation. The NSF has adopted rules establishing standards for institutional responses to allegations of research misconduct.

Office of Research Integrity (ORI): Office of Research Integrity, the office established by Public Health Service Act section 493 (42 U.S.C. 289b) and to which the Health and Human Services (HHS) Secretary has delegated responsibility for addressing research integrity and misconduct issues related to PHS-supported activities.

~~S.~~ **Person** ~~means~~**:** any individual, corporation, partnership, institution, association, unit of government, or legal entity, however organized. ~~(42 CFR 93.218)~~

PHS support: Public Health Service (PHS) funding, or applications or proposals for PHS funding, for biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or training, that may be provided through funding for PHS intramural research; PHS grants, cooperative agreements, or contracts; subawards, contracts, or subcontracts under those PHS funding instruments; or salary or other payments under PHS grants, cooperative agreements, or contracts.

~~T.~~ **Plagiarism** ~~is~~**:** the appropriation of another ~~person's~~person's ideas, processes, results, or words, without giving appropriate credit. ~~(42 CFR 93.103(c))~~

~~U.~~ ~~**Preliminary**~~ Plagiarism includes the unattributed verbatim or nearly verbatim copying ~~Assessment means initial information gathering to determine whether there is credible Evidence to support further review~~ of ~~an Allegation~~sentences and ~~whether the Respondent's alleged~~ paragraphs from another's work that materially misleads the reader regarding the contributions of the author. It does not include the limited use of identical or nearly identical phrases that describe a commonly used methodology. Plagiarism does not include self-plagiarism or authorship or credit disputes, including disputes among former collaborators who participated jointly in the development or conduct ~~could constitute Misconduct or Unacceptable Research Practices.~~of a research project.

~~V.~~ **Preponderance of the Evidence** ~~means~~**:** proof by ~~Evidence~~evidence that, compared with ~~that~~evidence opposing it, leads to the conclusion that the fact at issue is more ~~probably~~likely true than not. ~~(42 CFR 93.219)~~

~~W.~~ ~~**Policy** means this policy concerning Allegations of Misconduct in Research.~~

Public Health Service (PHS): the Public Health Service consists of the following components within HHS: the Office of the Assistant Secretary for Health, the Office of Global Affairs, the Administration for

Strategic Preparedness and Response, the Advanced Research Projects Agency for Health, the Agency for Healthcare Research and Quality, the Agency for Toxic Substances and Disease Registry, the Centers for Disease Control and Prevention, the Food and Drug Administration, the Health Resources and Services Administration, the Indian Health Service, the National Institutes of Health, the Substance Abuse and Mental Health Services Administration, and any other components of HHS designated or established as components of the Public Health Service. The PHS has adopted rules establishing standards for institutional responses to allegations of research misconduct.

~~X.~~ **Questionable Research Practices** ~~means~~: practices that do not constitute ~~Misconduct or Unacceptable Research Practices~~research misconduct or unacceptable research practices but that require attention because they could erode confidence in the integrity of ~~Research~~research**.**

~~Y.~~ **Recklessly** ~~means disregard for or~~ : to propose, perform, or review research, or report research results, with indifference to ~~the consequences or risks of one's acts~~a known risk of fabrication, falsification, or plagiarism.

~~**Research** encompasses the scholarly production of knowledge. This includes~~ **Research:** a systematic experiment, study, evaluation, demonstration, or survey designed to develop~~, interpret~~ or contribute to general knowledge (basic research) or specific knowledge (applied research~~).~~) by establishing, discovering, developing, elucidating, or confirming information or underlying mechanisms related to biological causes, functions, or effects; diseases; treatments; or related matters to be studied.

Research Integrity Officer (RIO): refers to the institutional official responsible for administering the institution's written policies and procedures for addressing allegations of research misconduct in compliance with applicable regulations, and this policy.

~~Z.~~ **Research misconduct:** fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. Research ~~may be conducted by: (1) a faculty member or other employee of the University as part of his or her non-instructional scholarly activities, or (2) a student in fulfillment of any independent study requirement at the University whose product is intended to be an original scholarly or creative work of potentially publishable quality (including, without being limited to, a master's project or thesis, or doctoral dissertation).~~misconduct does not include honest error or differences of opinion.

~~AA. **RIO** means the University's Research Integrity Officer.~~

~~BB.~~ **Research misconduct proceeding:** any actions related to alleged research misconduct taken under this policy and any applicable regulation including allegation assessments, inquiries, investigations, oversight reviews, and appeals.

Research ~~Record~~ ~~means~~record: the record of data or results ~~from scholarly~~that embody the facts resulting from scientific inquiry~~, including, without being~~. Data or results may be in physical or electronic form. Examples of items, materials, or information that may be considered part of the research record include, but are not limited to, ~~Research~~research proposals, raw data, processed data, clinical research records, laboratory records, ~~both physical and electronic~~study records, laboratory notebooks, progress reports, manuscripts, abstracts, theses, records of oral presentations, ~~internal~~online content, lab meeting reports, and journal articles~~, books and other publications of any kind in any media and any material in any media necessary to support the content of any such document, presentation, or publication.~~.

~~CC.~~ **Respondent** ~~means~~: the ~~person~~individual against whom an ~~Allegation~~allegation of ~~Research Misconduct~~research misconduct is directed or who is the subject of a ~~Research Misconduct Proceeding. A Respondent must be an employee of the University or a student at the University, or must have been an employee or a student at the time the Misconduct allegedly occurred. (42 CFR 93.225)~~research misconduct proceeding.

~~DD.~~ **Retaliation** ~~means:~~ an adverse action taken against ~~an individual who has, in Good Faith, participated in a Misconduct Proceeding (as~~a Complainant, witness, ~~Inquiry Panel~~or committee member~~, Investigation Panel member, Counsel, Advisor, or RIO)~~ by an institution or ~~otherwise cooperated in the review~~one of ~~an Allegation under this Policy, where there is~~ its members in response to (a ~~clear and causal link between the participation~~) a good faith allegation of research misconduct or (b) good faith cooperation ~~and the adverse action. The context in which an adverse action has occurred, including its materiality, is a relevant and important factor to be taken into account in determining whether it constitutes Retaliation~~with a research misconduct proceeding.

~~EE.~~ **Sequestration** ~~means:~~ the process of securing ~~Evidence~~evidence.

~~FF.~~ ~~**Significant Departure** means a marked divergence from standard practices.~~

~~GG.~~ **Unacceptable Research Practices** ~~means~~**:** practices that do not constitute ~~Misconduct~~research misconduct but that violate applicable laws, regulations, or other governmental requirements, or University of Oregon rules or policies, of which the Respondent had received notice or of which the Respondent reasonably should have been aware, for proposing, performing, reviewing, or reporting ~~Research~~research.

Roles~~HH. VPRI means the University's Vice President for~~

Research Integrity Officer

The Research Integrity Officer (RIO) is the institutional official responsible for administering the University of Oregon's written policies and ~~Innovation~~procedures addressing allegations of research misconduct, for receiving allegations of research misconduct, and for overseeing Inquiries and Investigations. The same individual will not serve as both the Institutional Deciding Official (IDO) and the RIO. The University of Oregon may choose to have the RIO or another designated institutional official conduct the inquiry in lieu of a committee, and, if needed, this individual may utilize one or more subject matter experts to assist them in the inquiry.

~~II. **Preamble**~~

~~The University of Oregon is committed to supporting a research community that operates at the highest level of integrity. This commitment extends not only to supporting research that is conducted with high, technical quality but with the collegial, professional and ethical processes with which research is performed. As part of this commitment it is necessary to clarify actions that are not acceptable (e.g. constitute research misconduct) and the procedures that will allow both the unveiling of research misconduct and adequate safeguards against the potential damage caused by inappropriate accusations. With the goal of promoting research integrity, this policy defines (a) "research misconduct," (b) the steps for making an allegation of research misconduct, and (c) the steps for examining and acting on such allegations.~~

~~Professional misconduct is unacceptable in all forms. Research Misconduct is a specific type of professional misconduct that involves "fabrication, falsification, or plagiarism." The need for formal processes for defining and acting on allegations of research misconduct include the following:~~

~~**1.** Public trust is generated on the faith that conclusions are accurate to the best of our knowledge and ability. Academic honesty is critical to the reliability of the knowledge yet to be discovered.~~

~~2.Defining a high expectation for research integrity establishes a community of scholarship that minimizes~~ The RIO will apprise the IDO and other relevant parties of the review progress for allegations of research misconduct. The RIO is authorized to take steps to ensure compliance with applicable rules and regulations regarding the responsible and ethical conduct of research to satisfy all requirements of this policy. The RIO will consult privately with people uncertain about whether to submit an allegation and will generally advise on matters related to research integrity, and the responsible and ethical conduct of research. The RIO will protect the privacy of those involved in research misconduct proceedings to the extent possible and in accordance with applicable regulations and institutional policies and provide information and training on the procedural steps in research misconduct proceedings to Complainants, Respondents, witnesses, and committee members. The RIO is responsible for all communications with and notifications to Respondents, Complainants, witnesses, sponsors, and any other involved parties related to research misconduct allegations and/or proceedings. The RIO will communicate with and advise committee members throughout the research misconduct proceedings.

The RIO may take interim action and will promptly sequester research records, data and evidence and maintain it securely. Throughout research misconduct~~.~~
~~3.Universities receiving federal funds must comply with requirements promulgated by the~~ proceedings, the RIO will determine if there is any threat of harm to public health or safety, federal funds and equipment, human and/or animal subjects, or the integrity of the research process. In the event of such a threat, the RIO will take appropriate interim action to protect against any such threat. Interim action might include suspension of research activities; notification to the public; reporting potential violations to law enforcement; additional monitoring of the research process; revised handling of federal ~~agencies to ensure high integrity in the research process, and formal procedures for addressing instances of research misconduct.~~
~~4.The right of the University to self-govern and self-regulate brings a~~funds and equipment; notification to sponsors or funding agencies, professional societies and licensing boards; reassignment of personnel or of the responsibility ~~to create clear procedures for defining and responding to research misconduct~~

~~Members at all levels of the academic community (students, postdoctoral fellows, faculty, and staff) have a responsibility to encourage high research integrity and report instances of what they, in good faith, believe to be a lack of integrity in scholarship and research. Examination of such a concern is a continuation of the search for intellectual truth, not a breach of collegiality. The University~~ for the handling of ~~Oregon seeks to emphasize education about ethical issues, to achieve consensus regarding good ethics, and to promote ethical research practices.~~

~~*NOTE: Portions of the Preamble text are adapted with permission from the Colorado State University Administrative Procedures for Research Misconduct. Portions of the Policy are adapted from the* federal *Office for Research Integrity sample policy,*~~funds and ~~*Michigan State University's policy.*~~

~~III. **Policy Statement**~~

~~A. This Policy applies to Allegations~~equipment; additional review of ~~Research Misconduct and Research Misconduct involving:~~

~~i. Applications or proposals for support for 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;~~

ii. all Research, whether funded or not;

iii. all research training programs, whether funded or not;

iv. all activities that are related to Research or research training, such as the operation of tissue and data banks or the dissemination of Research information, whether funded or not; and

v. Plagiarism of Research Records produced in the course of 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 extramural funds resulted in a grant, contract, cooperative agreement, or other form of extramural support.

B. This Policy does not apply to authorship or collaboration disputes.

C. This Policy applies only to Allegations of Research Misconduct that occurred within the timeframes set forth by the applicable agency regulations.

D. The University accepts the following definition established by the U.S. Public Health Service: "Misconduct means Fabrication, Falsification, or Plagiarism in proposing, performing, or reviewing Research, or in reporting Researchand results. Fabrication is making up data or results and recording or reporting them. 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. Plagiarism is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit. Research Misconduct does not include honest error or differences of opinion. In order for a finding of Misconduct to be made, the following three criteria must be met:

i. There must be a significant departure from accepted practices of the relevant Research community; and,
ii. The Misconduct must be committed Intentionally, Knowingly or Recklessly; and,
iii. The Allegation must be proven by a Preponderance of the Evidence." (42 CFR 93.103, 104; 45 CFR 689.1, 2(c), DoDI 3210.7 E2.1.4, 10)

V. Confidentiality: Disclosure of the identity of Respondents and Complainants in Research Misconduct Proceedings is limited, to the extent possible, to those who need to know, consistent with a thorough, competent, objective and fair Research Misconduct Proceeding. Except as may otherwise be prescribed by applicable law, confidentiality must be maintained for any records or Evidence from which Research subjects might be identified. Disclosure is limited to those who have a need to know to carry out a Research Misconduct Proceeding.

IV. ; and/or delaying publication.Roles **Rights and Responsibilities**

~~The Vice President for Research and Innovation (VPRI) or designee is responsible for the University's compliance with applicable federal regulations, including but not limited to notifying sponsoring agencies at the appropriate time and keeping the University's Inquiry Panels and Investigation Panels well informed with respect to the compliance requirements placed upon them. In the event the VPRI or designee has a potential Conflict of Interest with respect to a particular Allegation of Misconduct, the President or designee shall determine who shall be responsible for review of the particular Allegation. For purposes of this Policy, the current designee of the VPRI for all Research Integrity Officer (RIO) responsibilities may be found on the website of the VPRI.~~

~~A. Deciding Official (DO) means the institutional official who makes final determinations on Allegations of Research Misconduct and any institutional administrative actions; the Vice President for Research and Innovation serves as the Deciding Official. The Deciding Official will not be the same individual as the Research Integrity Officer and should have no direct prior involvement in the institution's Inquiry, Investigation, or allegation assessment. A DO's appointment of an individual to assess Allegations of Research Misconduct, or to serve on an Inquiry Panel or Investigation Panel, is not considered to be direct prior involvement. The DO appoints the chair and members of the Inquiry Panel and Investigation Panel, ensures that those panels are properly staffed and ensures that there is expertise appropriate to carry out a thorough and authoritative evaluation of the Evidence.~~ The ~~DO also determines whether each person involved in handling an Allegation of Research Misconduct has an unresolved personal, professional, or financial Conflict of Interest and shall take appropriate action, including recusal, to~~ RIO will ensure that ~~no person with such conflict is involved in the Research Misconduct Proceeding. In cooperation with other institutional officials, the DO will take all reasonable and practical steps to protect or restore the positions and reputations of Good Faith Complainants, witnesses, and panel members and counter potential or actual retaliation against them by Respondents or other Institutional Members. In the event the Vice President for Research and Innovation or designee has a potential Conflict of Interest with respect to a particular Allegation of Misconduct, the President or designee shall determine who shall be responsible as DO for review of the particular Allegation.~~

~~The DO will receive the Inquiry report and after consulting with the RIO and/or other institutional officials, decide whether an Investigation is warranted under the criteria in 42 CFR § 93.307(d), 7 CFR § 3022.3 or other applicable regulation. Any finding that an Investigation is warranted must be made in writing by the DO and must be provided to the relevant federal agency, together with a copy of the Inquiry report meeting the requirements of 42 CFR § 93.309, 45 CFR § 689.4(b)(2)(d), 7 CFR § 3022.6, DoDI 3210.7 E4.1.5 or other applicable regulation within 30 days of the finding. If it is found that an Investigation is not warranted, the DO and the RIO will ensure that detailed documentation of the Inquiry is retained for at least 7 years after termination of the Inquiry, so that the federal agencies may assess the reasons why the institution decided not to conduct an Investigation.~~

~~The DO will receive the Investigation report and, after consulting with the RIO and/or other institutional officials, decide whether Research Misconduct occurred and, if so, decide what, if any, institutional administrative actions are appropriate. The DO shall ensure that the final Investigation report, the~~

findings of the DO and a description of any pending or completed administrative actions are provided to the correct federal agency, as required by regulation (42 CFR 93.315, 45 CFR 689.4(b)(5), 7 CFR 3022.10, DoDI 3210.7 E4.1.7).

B. Research Integrity Officer (RIO)means the institutional official responsible for: (1) assessing Allegations of Research Misconduct to determine if they fall within the definition of Research Misconduct, are covered by 42 CFR § 93, 45 CFR § 689, 7 CFR § 3022, DoDI 3210.7 and other applicable regulations, 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; and (2) overseeing Inquires and Investigations. These responsibilities include the following duties related to Research Misconduct Proceedings:

i. Consult confidentially with persons uncertain about whether to submit an Allegation of Research Misconduct;

ii. Receive Allegations of Research Misconduct;

iii. Assess each Allegation of Research Misconduct in accordance with Section VII(B) of this Policy to determine whether it falls within the definition of Research Misconduct and warrants an Inquiry;

iv. As necessary, take interim action and notify federal agencies of special circumstances, in accordance with Section V(F) of this Policy;

v. Sequester Research data and Evidence pertinent to the Allegation of Research Misconduct in accordance with Section V(E) of this Policy and maintain it securely in accordance with this Policy and applicable law and regulation;

vi. Provide confidentiality to those involved in the Research Misconduct Proceeding as required by 42 CFR § 93.108, other applicable law, and institutional policy;

vii. Notify the Respondent and provide opportunities for him/her to review/ comment/respond to Allegations, Evidence, and panel reports in accordance with Section V(D) of this Policy;

viii. Inform Respondents, Complainants, and witnesses of the procedural steps in the Research Misconduct Proceeding;

ix. Assist the DO in determining 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;

x. 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 panel members and counter potential or actual retaliation against them by Respondents or other Institutional Members;

xi. Keep the DO and all relevant parties apprised of the progress of the review of the Allegation of Research Misconduct;

xii. Notify and make reports to federal agencies as required by law;

xiii. Ensure that administrative actions taken by the institution and federal agencies are enforced and takewill notify appropriate action to notify other involved parties, such as sponsors, funding agencies, law enforcement agencies, professional societies, and licensing boards of thoseinterim actions; and.

xiv. Maintain records of the Research Misconduct Proceeding and make them available to federal agencies in accordance with Section V(G) of this Policy.

Complainant: The Complainant is responsible for making Allegations in Good Faith, maintaining confidentiality, and cooperating with the Inquiry and Investigation. As a matter of good practice, the

C. Alleged or apparent retaliation may be reported to the RIO. The RIO will review the allegationComplainant should be interviewed at the Inquiry stage, given the transcript or recording of the interview, and have the opportunity to correct and resubmit the transcription. The Complainant must be interviewed during an Investigation, be given the transcript or recording of the interview, and be able to correct and resubmit the transcription. The Complainant is entitled to:

i. reasonable and practical efforts by the institution to maintain the Complainant's identity in confidence, upon request.

D. **Respondent:** The Respondent is responsible for maintaining confidentiality and cooperating with the conduct of an Inquiry and Investigation. The Respondent is entitled to:

i. A Good Faith effort from the RIO to notify the Respondent in writing at the time of or before beginning an Inquiry;

ii. An opportunity to comment on the Inquiry report and have his/her comments attached to the report;

iii. Be notified of the outcome of the Inquiry, and receive a copy of the Inquiry report that includes a copy of, or refers to applicable regulations and the institution's policies and procedures on Research Misconduct;

iv. 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 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;

v. Be interviewed during the Investigation, have the opportunity to have the recording or transcript, to correct the transcript, and have the corrected transcript included in the record of the Investigation;

vi. 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, the opportunity for the witness to correct the transcript, and have the corrected transcript included in the record of Investigation; and

vii. 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 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 should be given the opportunity to admit that Research Misconduct occurred and that he/she committed the Research Misconduct. With the advice of the RIO and/or other institutional officials, the DO may terminate the institution's review of an Allegation that has been admitted, if the institution's acceptance of the admission and any proposed settlement is approved by the appropriate federal agency.

As provided by regulation and this Policy, the Respondent will have the opportunity to request an institutional appeal.

V. Other Policy Principles

A. **Responsibility to Report Misconduct.** All Institutional Members will report observed, suspected, or apparent Research Misconduct to the RIO. If an individual is unsure whether a suspected incident falls within the definition of Research Misconduct, he or she may meet with or contact the RIO 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 RIO will refer the individual or Allegation to other 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 RIO and will be counseled about appropriate procedures for reporting Allegations.

B. **Cooperation with Research Misconduct Proceedings.** Institutional Members will cooperate with the RIO 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 RIO and other institutional officials

~~C.~~ ~~**Protecting Complainants,** Witnesses**, and Panel Members**. Institutional Members may not retaliate in any way against Complainants, witnesses, or panel members. Institutional Members should immediately report any alleged or apparent retaliation against Complainants, witnesses or panel members to the RIO. The RIO will review the Allegation~~ of retaliation and, if necessary, work with other institutional officials to 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.

The RIO may assist and consult with the IDO in:

- determining the appointment of committee members with appropriate expertise,
- determining conflicts of interest to ensure no person with a conflict is involved in research misconduct proceedings,
- recommending institutional actions and referring or reporting matters to other institutional officials or offices,
- making a final determination of research misconduct at the conclusion of the Investigation,
- taking all reasonable and practical steps, if requested and as appropriate, to protect or restore the positions and reputations of good faith Complainants, Respondents against whom no finding of research misconduct is made, witnesses, and committee members, at any stage of the proceeding,
- countering and/or reporting potential or actual retaliation.

Complainant

The Complainant will bring research misconduct allegations, in good faith, directly to the attention of the RIO, or another institutional or regulatory official through any means of communication. The Complainant is responsible for maintaining privacy, communicating with the RIO, and cooperating with research misconduct proceedings. The Complainant may be interviewed during an Inquiry and/or Investigation and will be provided with a copy of the transcript (if transcribed) for the purpose of correction.

Respondent

The Respondent has the burden of proving, by a preponderance of evidence, affirmative defenses raised. The Respondent's destruction of research records documenting the questioned research is evidence of research misconduct where a preponderance of evidence establishes that the Respondent intentionally or knowingly destroyed records after being informed of the research misconduct allegations. The Respondent's failure to provide research records documenting the questioned research is evidence of research misconduct where the Respondent claims to possess the records but refuses to provide them upon request.

The Respondent will not be present during witness interviews but will be provided with a transcript of the interview after it takes place. The Respondent will have opportunities to (a) view and comment on the inquiry report, (b) view and comment on the investigation report, and (c) request an institutional appeal to a determination of research misconduct.

Respondents may consult with legal counsel or a personal advisor who is not involved in the case to seek advice and may bring counsel or the personal advisor to interviews or meetings. However, the counsel or

personal advisor's presence is restricted to advising and may not participate directly in any proceeding. The Respondent is expected to personally participate fully in all proceedings.

Committee Members

Committee members carry out their assigned duties, including conducting the inquiry and/or investigation processes in accordance with this policy. Committee members will have scientific or other relevant expertise.

During an inquiry, committee members will determine whether an investigation is warranted, documenting the decision in an inquiry report. During an investigation, committee members participate in recorded interviews of 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(s). They will also determine whether the Respondent(s) engaged in research misconduct and document the decision in the investigation report. They consider Respondent and/or Complainant comments on the inquiry and/or investigation report(s) and document that consideration in the inquiry and/or investigation report(s).

In cases with multiple Respondents, committee members may serve for more than one investigation but there will be separate investigation reports and separate research misconduct determinations for each Respondent. Committee members may also serve for both the inquiry and the investigation.

Witnesses

Witnesses are people whom the University of Oregon has reasonably identified as having information regarding any relevant aspects of the investigation. Witnesses provide information for review during research misconduct proceedings. Witnesses will cooperate with the research misconduct proceedings in good faith and have a reasonable belief in the truth of their testimony, based on the information known to them at the time.

Institutional Deciding Official

The Institutional Deciding Official (IDO) cannot serve as the RIO and should have no direct prior involvement in the institution's inquiry, investigation, or allegation assessment. The IDO documents their determinations in writing which includes whether research misconduct occurred, and if so, what kind and who committed it, and a description of the relevant actions the University of Oregon has taken or will take.

With consultation from the RIO as needed, the IDO will appoint individuals to serve on inquiry and investigation committees. The IDO appoints the chair of committee(s). The IDO's appointment of an individual to serve on an inquiry or investigation committee is not considered to be direct prior involvement. The IDO also determines whether each person involved in handling an allegation of research misconduct has an unresolved personal, professional, or financial conflict of interest and shall take appropriate action, including requiring recusal of the conflicted party, to ensure that no person with such conflict is involved in the research misconduct proceeding.

In cooperation with other institutional officials, the IDO will take all reasonable and practical steps to protect or restore the positions and reputations of good faith Complainants, Respondents against whom no finding of research misconduct is made, witnesses, and committee members; and counter potential or actual retaliation against them by Respondents or other institutional members. In the event the IDO has a potential conflict of interest with respect to a particular research misconduct allegation, the President or designee shall determine who shall be responsible as IDO for review of the particular research misconduct allegation.

The Institutional Deciding Official will make a final determination on all investigations based on an investigation committee's formal review and report and the research misconduct determination criteria in this policy. The IDO may consult with the RIO, committee members, and/or other institutional officials in making a final determination on an investigation. The IDO may terminate the review of an allegation with an admission, if the admission is accepted and any proposed settlement is approved by the appropriate federal agency, sponsor, or institution (if not funded).

Institutional Members

All institutional members will report observed, suspected, or apparent research misconduct to the RIO. At any time, an institutional member may have private discussions and consultations about concerns of possible research misconduct with the RIO and will be counseled about appropriate procedures for reporting allegations or provided information or referral to other institutional offices as appropriate.

Institutional members will cooperate with the RIO and other institutional officials in the review of research misconduct 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 RIO and other institutional officials. Institutional members may not retaliate or threaten retaliation in any way against Complainants, Respondents, witnesses, committee members or any others involved in research misconduct assessment and/or proceedings. Institutional members should immediately report any alleged or apparent retaliation to the RIO.

Procedures for Addressing Allegations of Research Misconduct

Assessment

An assessment's purpose is to determine whether an allegation warrants an inquiry. An assessment is intended to be a review of readily accessible information relevant to the allegation. Assessment is a preliminary process to cull out clearly erroneous, unsubstantiated, or bad faith allegations. Interviews and an exhaustive review of all evidence are not required to determine whether an allegation warrants further review through an inquiry.

Upon receiving an allegation of research misconduct, the RIO will promptly assess the allegation to determine whether the allegation (a) is within the definition of research misconduct, (b) involves research as described in the scope of this policy, and (c) is sufficiently credible and specific so that potential evidence of research misconduct may be identified. If the RIO determines that the requirements for an

inquiry are met, the RIO will document the assessment, promptly sequester all research records and other evidence, and promptly initiate the inquiry. If the RIO determines that requirements for an inquiry are not met, they will keep sufficiently detailed documentation of the assessment and the reasons why the University of Oregon did not conduct an inquiry, and, if federally funded, permit a later review by ORI or other applicable agencies/entities. Assessments generally will be completed within fifteen (15) days of receipt of all necessary information.

Inquiry

An inquiry's purpose is to conduct an initial review of the evidence to determine whether an allegation warrants an investigation. An inquiry does not require a full review of all related evidence. Interviews are not required but may be employed. If needed, additional scientific, technical or other relevant expertise may be used to assist the inquiry committee with review. The University of Oregon will complete the inquiry within 90 days of initiating it unless circumstances warrant a longer period, in which it will sufficiently document the reasons for exceeding the time limit in the inquiry report.

Sequestering Evidence and Notifying the Respondent

Before or at the time of notifying the Respondent(s) of allegation(s) and whenever additional items become known or relevant, the University of Oregon will promptly take all reasonable and practical steps to obtain, inventory, and securely sequester all research records and other research materials.

At the time of or before beginning the inquiry, the University of Oregon will make a good-faith effort to notify the presumed Respondent(s), in writing, that an allegation(s) of research misconduct has been raised against them, the relevant research records have been sequestered, and an inquiry will be conducted to decide whether to proceed with an investigation. If additional allegations are raised, the University of Oregon will notify the Respondent(s) in writing. When appropriate, the University of Oregon will give the Respondent(s) copies of, or reasonable supervised access to, the sequestered materials.

If additional Respondents are identified, the University of Oregon will provide written notification to the new Respondent(s). All additional Respondents will be given the same rights and opportunities as the initial Respondent. Only allegations specific to a particular Respondent will be included in the notification to that Respondent.

Convening the Inquiry Committee

An inquiry committee will include at least three people appointed to conduct an Inquiry. In lieu of a committee, the institution may task the RIO or another designated institutional official to conduct the inquiry, provided this person utilizes subject matter experts as needed to assist in the inquiry.

Determining Whether an Investigation Is Warranted

The inquiry committee, RIO, or other designated institutional official will conduct a preliminary review of the evidence. In the process of fact-finding, the inquiry committee may interview the Complainant, the Respondent and/or witnesses. The University of Oregon will give due consideration to admissible, credible evidence of honest error or difference of opinion presented by the Respondent at the time of inquiry. An investigation is warranted if (a) there is a reasonable basis for concluding that the allegation falls within the definition of research misconduct and involves research, research training, or activities related to that

research or research training; and (b) preliminary information-gathering and fact-finding from the inquiry indicates that the allegation may have substance.

The inquiry committee will not determine if research misconduct occurred, nor assess whether the alleged misconduct was intentional, knowing, or reckless; such a determination is not made until the case proceeds to an investigation.

Documenting the Inquiry

At the conclusion of the inquiry, regardless of whether an investigation is warranted, the inquiry committee, RIO, or other designated institutional official will prepare a written inquiry report. The contents of a complete inquiry report will include:

1. The names, professional aliases, and positions of the Respondent and Complainant(s).
2. A description of the allegation(s) of research misconduct.
3. Details about relevant PHS or other funding, including any grant numbers, grant applications, contracts, and publications listing PHS or other support.
4. The composition of the inquiry committee, if used, including name(s), position(s), and subject matter expertise.
5. An inventory of sequestered research records and other evidence and description of how sequestration was conducted.
6. Transcripts of any interviews, if transcribed.
7. Inquiry timeline and procedural history.
8. Any scientific or forensic analyses conducted.
9. The basis for recommending that the allegation(s) warrant an investigation, if determined to be warranted. This may include a description of commonly accepted practices and evidence that conduct deviated from those practices.
10. The basis on which any allegation(s) do not merit further investigation, if determined to not merit further investigation.
11. Any comments on the inquiry report by the Respondent or the Complainant(s).
12. Any institutional actions implemented, including internal communications or external communications with journals or funding agencies.
13. Documentation of potential evidence of honest error or difference of opinion.

Completing the Inquiry

The University of Oregon will notify the Respondent whether the inquiry found that an investigation is warranted, provide the Respondent an opportunity to review and comment on the draft inquiry report, and attach their comments to the inquiry. The University of Oregon may, but is not required to, provide relevant portions of the report to a Complainant for comment.

The University of Oregon will notify the Respondent of the inquiry's final outcome and provide the Respondent with copies of the final inquiry report, controlling regulations if any, and this policy.
Upon completion of the inquiry, the University of Oregon will add the inquiry report and all records considered or relied on during the inquiry to the institutional record.

If an Investigation Is Not Warranted:

If an investigation is not warranted, the University of Oregon will document why the University of Oregon did not proceed to an investigation and store records in a secure manner for at least seven years after the termination of the inquiry, and provide them to ORI or other applicable agency/entity upon request. The

determination that an investigation is not warranted concludes the University of Oregon's review of the allegation unless new evidence relevant to the initial allegation is provided.

If an Investigation is Warranted:

If the inquiry committee, RIO, or other designated institutional official determines that an investigation is warranted, the University of Oregon must: (a) provide written notice to the Respondent(s) of the decision to conduct an investigation of the alleged misconduct, including any allegations of research misconduct not addressed during the inquiry; and (b) within 30 days of determining that an investigation is warranted, provide the federal funding agency/entity a copy of the inquiry report as required.

On a case-by-case basis, the University of Oregon may choose to notify the Complainant that there will be an investigation of the alleged misconduct. When there is more than one Complainant, the University of Oregon will take the same notification action for all Complainants.

Investigation

The purpose of an investigation is to formally develop a factual record, pursue leads, examine the record, and recommend finding(s) to the IDO. As part of its investigation, the University of Oregon will diligently pursue significant issues and relevant leads, including any evidence of additional instances of possible research misconduct, and continue the investigation to completion. Within 30 days after deciding an investigation is warranted, the University of Oregon will notify the federal funding agency/entity of the decision to investigate and begin the investigation, when required.

Notifying the Respondent and Sequestering Evidence

If an investigation commences, the University of Oregon will provide written notification to the Respondent within 30 days of determining that an investigation is warranted and before the investigation begins. The notification will also include any additional allegations raised against the Respondent not previously addressed by the inquiry report.

If the University of Oregon identifies additional Respondents during the investigation, it may choose to either conduct a separate inquiry or add the new Respondent(s) to the ongoing investigation. If additional information is sequestered at this time, the University of Oregon will obtain the original or substantially equivalent copies of all research records and other evidence, inventory these materials, sequester them in a secure manner, and retain them for seven years after its proceeding or any HHS proceeding if federally funded, whichever is later.

Convening an Investigation Committee

An investigation committee means a group of at least three people appointed to conduct the investigation. The University of Oregon will convene the committee and ensure that the members understand their responsibility to conduct the research misconduct proceedings. The investigation committee will conduct interviews, pursue leads, and examine all research records and other evidence relevant to reaching a decision on the merits of the allegation(s). The University of Oregon will give due consideration to admissible, credible evidence of honest error or difference of opinion presented by the Respondent at the time of investigation. If needed, additional scientific, technical or other relevant expertise may be used to assist the investigation committee with review. The University of Oregon will notify the Respondent in writing of any additional allegations raised against them during the investigation.

Conducting Interviews

The University of Oregon will seek to interview each Respondent, Complainant(s), and any other available person who has been reasonably identified as having information regarding relevant aspects of the investigation, including witnesses identified by the Respondent. The University of Oregon will number all relevant exhibits and refer to any exhibits shown to the interviewee during the interview by that number. The University of Oregon will record and transcribe interviews during the investigation and make the transcripts available to the interviewee for correction. The University of Oregon will include the transcript(s) with any corrections and exhibits in the institutional record of the investigation.

Documenting the Investigation

The University of Oregon will complete all aspects of the investigation within 180 days, except for Department of Energy (DOE) sponsored research in which the investigation must be completed within 120 calendar days of the first meeting of the investigation committee. If federally sponsored and the investigation cannot be completed within this timeframe, the University of Oregon will ask ORI or other applicable regulatory body in writing for an extension and document the reasons for exceeding the day period in the investigation report. The University of Oregon will conduct the investigation, prepare the draft investigation report for each Respondent, and provide the opportunity for Respondents to comment. The University of Oregon will document the IDO's final decision and transmit the institutional record (including the final investigation report and IDO's decision) to ORI or other applicable regulatory body as required.

The investigation report for each Respondent will, at minimum, include:

1. A description of the nature of the allegation(s) of research misconduct, including any additional allegation(s) addressed during the research misconduct proceeding.
2. A description and documentation of the PHS or other support, including any grant numbers, grant applications, contracts, and publications listing PHS or other support. This documentation includes known applications or proposals for support that the Respondent has pending with PHS and non-PHS Federal agencies.
3. A description of the specific allegation(s) of research misconduct for consideration in the investigation of the Respondent.
4. The composition of investigation committee, including name(s), position(s), and subject matter expertise.
5. An inventory of sequestered research records and other evidence, except records the University of Oregon did not consider or rely on. This inventory will include manuscripts and applicable funding proposals that were considered or relied on during the investigation. The inventory will also include a description of how any sequestration was conducted during the investigation.
6. Transcripts of all interviews conducted.
7. Identification of the specific published papers, manuscripts submitted but not accepted for publication (including online publication), PHS or applicable funding applications, progress reports, presentations, posters, or other research records that contain the allegedly falsified, fabricated, or plagiarized material.
8. Any scientific or forensic analyses conducted.
9. A copy of this policy.
10. Any comments made by the Respondent and Complainant(s) on the draft investigation report and the committee's consideration of those comments.

11. A statement for each separate allegation of whether the committee recommends a finding of research misconduct.

For each allegation in which the committee recommends a finding of research misconduct, the committee will include the following in the investigation report: (a) the identify of the individual(s) who committed the research misconduct; (b) indication whether the misconduct was falsification, fabrication, and/or plagiarism; (c) indication whether the misconduct was committed intentionally, knowingly, or recklessly; (d) identification of any significant departure from the accepted practices of the relevant research community and confirmation that the allegation was proven by a preponderance of the evidence; (e) a summary of the facts and analysis supporting the conclusion and, and consideration of the merits of any explanation by the Respondent; (f) identification of the specific PHS or other applicable support, if funded and (g) a statement whether any publications need correction or retraction.

If the investigation committee does *not* recommend a finding of research misconduct for an allegation, the investigation report will provide a detailed rationale for its conclusion.

Completing the Investigation

The University of Oregon will give the Respondent a copy of the draft investigation report and, concurrently, a copy of, or supervised access to, the research records and other evidence that the investigation committee considered or relied on, and allow the Respondent(s) an opportunity to review the witness transcripts. The Respondent will submit any comments on the draft report to the University of Oregon within 30 days of receiving the draft investigation report. If the University of Oregon chooses to share a copy of the draft investigation report or relevant portions of it with the Complainant(s) for comment, the Complainant's comments will be submitted within 30 days of the date on which the Complainant received the report. The University of Oregon will add any comments received to the investigation report.

IDO Review of the Investigation Report

The IDO will make a final written determination of whether the University of Oregon found research misconduct and, if so, who committed the misconduct. In the written determination statement, the IDO will include a description of relevant institutional actions taken or to be taken. The RIO will notify the Respondent of the IDO's determination of whether research misconduct was found.

Findings of Research Misconduct

When there is a final decision that research misconduct has occurred, the IDO, after consultation with the Provost if appropriate, and/or other institutional officials or offices, shall take appropriate actions in response to the finding of research misconduct. The Respondent will not interfere with these efforts.

Such actions may include, but are not limited to:

- Imposition of sanctions within the authority of the IDO or Provost and initiating University of Oregon disciplinary proceedings appropriate to the finding of research misconduct pursuant to applicable University policies, procedures, and contracts, or a referral of the finding of research misconduct to another administrator who has authority to impose sanctions and initiate disciplinary proceedings.
- Attempts by the RIO to correct, and/or seek retraction of, any part of the research record materially affected by the research misconduct if applicable.

- Notification to the sponsoring agency when appropriate or otherwise required.
- Removal of responsible person(s) from the research project(s), restriction on specific duties and/or special monitoring.
- Referral to law enforcement agencies, professional societies, professional licensing boards, collaborators of the Respondent and other relevant parties.
- Degree Revocation. ~~**Protecting the Respondent**. As requested and as appropriate, the RIO and other institutional officials shall make all reasonable and practical efforts to protect or restore the reputation of persons alleged to have engaged in Research Misconduct, but against whom no finding of Research Misconduct is made. During the Research Misconduct Proceeding, the RIO is responsible for ensuring that Respondents receive all the notices and opportunities provided for in 42 CFR Part 93 and the policies and procedures of the University. Respondents may consult with legal Counsel or a personal advisor (who is not a principal or witness in the case) to seek advice and may bring the Counsel or the personal adviser to interviews or meetings on the case. However, Respondent's Counsel or personal advisor presence at interviews or meetings is restricted to advising (as opposed to representing or responding on behalf of) the Respondent.~~Research misconduct which materially affects the original scholarly or creative work included in a master's or doctoral thesis submitted in fulfillment of degree requirements at the University of Oregon constitutes grounds for the revocation of that degree.
- Government Sanctions/Actions. In addition to sanctions imposed by the University of Oregon, certain federal funding sources may impose sanctions of their own, if the research misconduct involved research they supported.
- Any other steps deemed appropriate to preserve the integrity of the University of Oregon's research and the credibility of the sponsor's program, if sponsored.

Creating and Transmitting the Institutional Record

After the IDO has made a final determination of research misconduct findings, the University of Oregon will add the IDO's written decision to the investigation report.

The institutional record consists of the records that were compiled or generated during the research misconduct proceeding, except records the institution did not rely on. These records include documentation of the assessment; a single index listing all research records and evidence; the inquiry report and investigation report; and all records considered or relied on during the investigation. The institutional record also includes the IDO's final decision and any information the Respondent provided to the institution. The institutional record includes a general description of the records that were sequestered but not considered or relied on.

If the Respondent filed an appeal (see Appeal section below), the complete record of any institutional (internal) appeal also becomes part of the institutional record. If there is an internal appeal, the University of Oregon will wait until the appeal process is concluded to transmit the institutional record to any applicable regulatory body. After the IDO has made a final written determination, and any institutional appeal is complete, the institution will complete the institutional record and transmit the institutional record to ORI or other applicable regulatory body if required.

Other Procedures and Considerations

Conflicts of Interest

The University of Oregon will take appropriate precautions to ensure that individuals responsible for carrying out any part of the research misconduct proceeding do not have unresolved potential, perceived, or actual personal, professional, or financial conflicts of interest with the Complainant, Respondent, or witnesses.

Multiple Institutions and Multiple Respondents

If the alleged research misconduct involves multiple institutions, the University of Oregon may work closely with the other affected institutions to determine whether a joint research misconduct proceeding will be conducted. If so, the cooperating institutions will choose an institution to serve as the lead institution. In a joint research misconduct proceeding, the lead institution will obtain research records and other evidence pertinent to the proceeding, including witness testimony, from the other relevant institutions. By mutual agreement, the joint research misconduct proceeding may include committee members from the institutions involved. The determination of whether further inquiry and/or investigation is warranted, whether research misconduct occurred, and the institutional actions to be taken may be made by the institutions jointly or tasked to the lead institution.

Respondent Admissions

The University of Oregon will document Respondent admissions, and if regulated, will promptly notify ORI or other applicable regulatory body in advance if at any point during the proceedings (including the assessment, inquiry, investigation, or appeal stage) it plans to close a research misconduct case because the Respondent has admitted to committing research misconduct or a settlement with the Respondent has been reached.

If the Respondent admits to research misconduct, the University of Oregon will not close the case until it receives the Respondent's signed, written admission and the admission is determined complete. The admission must state the specific fabrication, falsification, or plagiarism that occurred, which research records were affected, and that it constituted a significant departure from accepted practices of the relevant research community.

~~D.~~

~~E. **Sequestering the Evidence.** At the time of or before beginning an Inquiry, the RIO must make a Good Faith effort to notify the Respondent(s) in writing, if the Respondent is known. If the Inquiry subsequently identifies additional Respondents, they must be notified in writing. On or before the date on which the Respondent is notified, or the Inquiry begins, whichever is earlier, the RIO must take all reasonable and practical steps to obtain custody of all the Research Records and Evidence needed to conduct the Research Misconduct Proceeding, inventory the records and Evidence and sequester them in a secure manner, except that where the Research Records or Evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or Evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments. The RIO may consult with federal agencies for advice and assistance in this regard. The manner in which sequestration shall occur will to the maximum extent possible, while complying with 42 CFR 93.307, 7 CFR § 3022.11(b),(c) and other applicable federal regulations,~~

protect the confidentiality of the Respondent and his or her ability to continue his or her program of Research

F. **Interim Administrative Actions and Notification to Agencies of Special Circumstances.** Throughout the Research Misconduct Proceeding, the RIO 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 (PHS) or other federally supported Research process. In the event of such a threat, the RIO will, in consultation with other institutional officials and appropriate federal agencies, take appropriate interim action to protect against any such threat. Interim action might include additional monitoring of the Research process and the handling of federal funds and equipment, reassignment of personnel or of the responsibility for the handling of federal funds and equipment, additional review of Research data and results or delaying publication. The RIO shall, at any time during a Research Misconduct Proceeding, notify the appropriate federal agency immediately if he/she has reason to believe that any of the following conditions exist:

G. Health or safety of the public is at risk, including an immediate need to protect human or animal subjects; Federal agency resources or interests are threatened;

i. Research activities should be suspended;

ii. There is a reasonable indication of possible violations of civil or criminal law;

iii. The Research Misconduct Proceeding at any point reveals behavior that may be criminal in nature;

iv. Federal action is required to protect the interests of those involved in the Research Misconduct Proceeding;

v. The Research Misconduct Proceeding may be made public prematurely and appropriate federal agency action may be necessary to safeguard Evidence and protect the rights of those involved; or,

vi. The Research community or public should be informed.

H. **Maintaining Records for Federal Agency Review.** The RIO must maintain and provide to appropriate federal agencies upon request "records of Research Misconduct Proceedings." Unless custody has been transferred to a federal agency or a federal agency has advised in writing that the records no longer need to be retained, records of Research Misconduct Proceedings must be securely maintained for 7 years after completion of the proceeding or the completion of any federal agency proceeding involving the Research Misconduct Allegation. The RIO is also responsible for providing any information, documentation, Research Records, Evidence or clarification requested

by a federal agency to carry out its review of an Allegation of Research Misconduct or of the institution's handling of such an Allegation.

I. **Completion of Cases; Reporting Premature Closures to Federal Agencies.** Generally, all Inquiries and Investigations will be carried through to completion and all significant issues will be pursued diligently. The RIO must notify the appropriate federal agency 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 appropriate federal agency, as prescribed in this Policy.

Respondent Termination or Resignation Prior to Completing Inquiry or Investigation. of Respondent's Employment

J. The termination of the Respondent's institutional employment, by resignation or otherwise, before or after an Allegationallegation of possible Research Misconductresearch misconduct has been reported, assessed, or reviewed, will not preclude or terminate the Research Misconduct Proceeding or otherwise limit any ofresearch misconduct assessment or proceedings. If the institution's responsibilitiesRespondent refuses to participate in the process after termination or resignation, the RIO, IDO, and Inquiry and/or Investigation Committee(s) will use their best efforts to reach a conclusion concerning the allegations.

New Evidence

If, following a final decision that research misconduct has occurred, any party learns of previously unavailable material evidence relevant to the determination of research misconduct, the evidence must be provided to the RIO with an explanation of its origin and importance. The RIO shall submit the new evidence to the IDO. The IDO shall promptly consider the new evidence, its impact on the Investigation report and its impact on the finding of research misconduct. The IDO may consult with the investigation committee as needed. Based on the new evidence and the investigation committee's recommendation, if solicited, the IDO may reverse or affirm the previous finding of research misconduct or remand the matter to an investigation committee to conduct a new investigation considering the new evidence. The investigation process described in this policy would be used to conduct any new investigation.

Appeal

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 phases, as appropriate based on the outcome of the preceding steps. If the Respondent refuses to participate in the process after resignation, the RIO, DO and any Inquiry or Investigation Panel 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.

VI. **Exclusions and Special Situations**

A. Interim Administrative Actions and Notifying Federal Agencies of Special Circumstances: Throughout the Research Misconduct Proceeding, the RIO will review the situation to determine if there is any threat of harm to public health, federal funds and equipment, or the integrity of the PHS supported Research process. In the event of such a threat, the RIO will, in consultation with other institutional officials and federal agencies, take appropriate interim action to protect against any such threat. Interim action might include additional monitoring of the Research process and the handling of federal funds and equipment, reassignment of personnel or of the responsibility for the handling of federal funds and equipment, additional review of Research data and results or delaying publication. The RIO shall, at any time during a Research Misconduct Proceeding, notify federal agencies immediately if he/she has reason to believe that any of the following conditions exist:

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

ii. Federal Agency resources or interests are threatened;

iii. Research activities should be suspended;

iv. There is a reasonable indication of possible violations of civil or criminal law;

v. The Research Misconduct Proceeding at any point reveals behavior that may be criminal in nature;

vi. Federal action is required to protect the interests of those involved in the Research Misconduct Proceeding;

vii. The Research Misconduct Proceeding may be made public prematurely and Federal Agency action may be necessary to safeguard Evidence and protect the rights of those involved; or

viii. The Research community or public should be informed.

VII. **Procedures**

A. **Allegation**

i. **Allegation.** Any member of the University or other person who chooses to make an Allegation shall contact the RIO (see Appendix A, for additional information on submitting an Allegation).

ii. **Evidence.** Allegations must be supported by Evidence.

iii. **Misconduct vs. Unacceptable or Questionable Research Practices.** Concerns expressed as part of an Allegation may not rise to the level of Research Misconduct.

iv. **Good Faith.** Allegations must be made in Good Faith.

B. **Preliminary Assessment**

i. **Consultation.** The RIO shall advise the DO and Office of the General Counsel of all Allegations.

ii. **Preliminary Assessment.** In the event of an Allegation, the RIO shall promptly conduct a Preliminary Assessment to determine whether an Inquiry is warranted. Preliminary Assessments generally will be finalized within 15 business days.

Nature and Purpose of the Preliminary Assessment. The Preliminary Assessment is a preliminary process whose purpose is to cull out a clearly erroneous, unsubstantiated, or Bad Faith Allegation before the Respondent is subjected to an Inquiry or an Investigation. Hence, in conducting the Preliminary Assessment, the RIO is not obligated to do any interviews on the Allegation or to engage in an exhaustive review of all Evidence relevant to such Allegation. However, should testimony be obtained during a Preliminary Assessment, it shall be obtained from Complainants,

iii. Respondents, witnesses or other involved parties through private interviews rather than through a formal Inquiry process.

iv. **Sequestration of Evidence.** Any Evidence brought forward by Complainants, Respondents, Witnesses or others or solicited by the RIO during the Preliminary Assessment will be appropriately sequestered.

v. **Preliminary Assessment - Standard of Determination.** The RIO, in consultation with the DO and the Office of the General Counsel shall determine that an Inquiry is warranted if, in his or her judgment, (1) the Respondent's alleged conduct could constitute Misconduct or Unacceptable Research Practices, and (2) there is credible Evidence to support further review of the Allegation.

vi. **Inquiry Warranted.** If the RIO determines that an Inquiry is warranted, the RIO shall prepare a written Preliminary Assessment which explains the basis for his or her determination. The RIO shall transmit copies of the written Preliminary Assessment to the Respondent and the DO. The RIO shall also notify the Complainant of the outcome of the Preliminary Assessment and provide the Complainant with a brief summary of the Preliminary Assessment.

vii. **Inquiry Not Warranted - End of Review.** If the RIO determines that an Inquiry is not warranted, the RIO shall prepare a Preliminary Assessment report that states the basis and rationale for his or her determination. The RIO shall provide

a copy of the Preliminary Assessment report to the Respondent, the Complainant, and the DO. The determination that an Inquiry is not warranted shall conclude the University's review of that Allegation.

viii. **Bad Faith.** If the RIO concludes that the Complainant acted in Bad Faith in making the Allegation, or that the Complainant or any witness acted in Bad Faith during the Preliminary Assessment, the RIO shall refer the matter for administrative review and appropriate action as set forth in Section VII(L) below.

C. **Inquiry**

i. **Appointment.** If it is determined that an Inquiry is warranted, the DO shall promptly appoint an Inquiry Panel of at least three members, chosen for their pertinent expertise. While Inquiry Panels will usually be composed of University faculty, they may also include persons other than University faculty when the DO determines that such persons have experience or expertise useful to the Inquiry. The DO shall select one of its panel members to act as the Inquiry Panel chairperson.

ii. **Charge.** The DO, with the assistance of the RIO, shall draft a Charge to the Inquiry Panel based upon the written Preliminary Assessment. The DO shall submit that Charge and a copy of the written Preliminary Assessment to the Inquiry Panel and the Respondent at the beginning of the Inquiry.

iii. **Briefing.** Before the Inquiry begins, the RIO and an attorney from the Office of the General Counsel shall brief the Inquiry Panel on this Policy, other relevant University regulations, and legal and procedural issues that the Inquiry Panel is likely to encounter in conducting the Inquiry.

iv. **Standard for Determination.** The Inquiry Panel and the DO shall conduct the Inquiry to determine whether an Investigation is warranted. Based on the Inquiry Panel's report, the DO shall determine that an Investigation is warranted if, in her or his judgment, an Investigation could reasonably result in a finding that Misconduct occurred. To so determine, the DO must find that the Respondent's alleged conduct could constitute Misconduct and that there is credible Evidence to support further review of the Allegation. Furthermore, the DO must also find that there is sufficient credible Evidence that an Investigation could reasonably conclude with a finding that Misconduct occurred, in accordance with the criteria in Procedure Section F(5) below. The Inquiry is completed when the DO makes this determination.

v. **Purpose and Nature of Inquiry.** Like the Preliminary Assessment, the Inquiry is a preliminary process. Its purpose is to cull out an insufficiently substantiated,

erroneous, or Bad Faith Allegation before the Respondent is subjected to an Investigation. Although it is expected that the Inquiry will be more comprehensive than the Preliminary Assessment, the members of the Inquiry Panel, like the RIO, are not obligated to conduct any interviews on the Allegation or to engage in an exhaustive review of all Evidence relevant to the Allegation.

vi. **Assistance for Inquiry Panel.** The RIO shall secure for the Inquiry Panel such special scientific or technical assistance as it requests to evaluate an Allegation.

vii. **Evidence.** All Inquiry Panel requests for review of Evidence shall be made to and managed by the RIO.

viii. **Communication with Involved Parties.** All Inquiry Panel communication with Complainants, Respondents, witnesses and other involved persons will be made through and managed by the RIO.

ix. **Other RIO Participation.** The RIO shall provide training with respect to regulatory requirements, and administrative support to the Inquiry Panel. The RIO will not participate in the deliberations of the Inquiry Panel. The Inquiry Panel may request the assistance of the RIO during its deliberations and in the preparation of the Inquiry report.

x. **Timing.** The work of the Inquiry Panel shall be completed within 60 days of its inception unless circumstances warrant a longer period, in which event the Inquiry Panel Chair person or the RIO shall notify the DO and the Respondent of the reason for the delay and the date on which the Inquiry is expected to be completed. The DO shall decide whether the delay is warranted. If the DO determines that it is, the RIO shall so notify the Respondent. If the DO finds the delay unwarranted, the RIO shall work with the Respondent, the Inquiry Panel to expedite completion of the Inquiry, but the Inquiry shall continue until its completion if, despite their diligent efforts, it cannot be finished in 60 days. The RIO shall make the report about the delay part of the Misconduct Proceeding Records and notify the appropriate federal agencies.

D. **Inquiry Report**

i. **Content.** The Inquiry Panel shall prepare an Inquiry report that reflects the perspectives of all members of the panel, with the following information:

1. the name and position of the Respondent if the Respondent is an employee of the University, or the name and degree program of the Respondent if the Respondent is a student at the University;

2. the nature of the alleged Misconduct and how it does or does not fit within the definition of Misconduct;

3. a description of the Evidence it reviewed and the sufficiency, credibility, and merit of that Evidence; and,

4. summaries of any interviews it conducted.

ii. **Deviation from Practice.** If the alleged Misconduct involves a serious deviation from commonly accepted practices, Evidence of such practices and an analysis of the Allegation in light of such practices shall be included in the Inquiry report.

iii. **Draft Report; Comments.** The RIO shall send the Respondent a copy of the draft Inquiry report. The Respondent may return comments on the draft Inquiry report to the RIO within seven days of receipt of the draft Inquiry report. If the Respondent comments on the draft Inquiry report, the Inquiry Panel shall consider such comments and make any changes in the Inquiry report it deems appropriate in light of such comments. The Respondent's comments shall be included as an appendix to the final Inquiry report.

iv. **DO Opinion on Final Draft Report.** After making any changes it deems appropriate in the draft Inquiry report in light of the Respondent's comments, the Inquiry Panel shall prepare a final draft of the Inquiry report. The RIO shall send the DO a copy of the final draft of the Inquiry report, attaching any RIO comments regarding procedural questions and concerns. If the DO, with advice from the Office of the General Counsel, finds that the final draft Inquiry report reflects procedural error by the Inquiry Panel in conducting the Inquiry, the DO shall so inform the RIO and shall submit an opinion to the RIO and the Inquiry Panel, within 14 days after delivery of the final draft Inquiry report to the DO, to identify and explain the Inquiry Panel's procedural error. The Inquiry Panel shall either correct the error before completing the Inquiry report, or shall notify the DO in the final Inquiry report or concurrently with its issuance that it does not believe a material procedural error occurred. The opinion by the DO, if one was issued, shall be included as an appendix to the final Inquiry report.

E. **Determination Regarding Investigation**

i. **DO Determination on Investigation.** Following delivery of the final Inquiry report to the DO, the DO shall prepare a written determination as to whether an Investigation is warranted. The DO may request the assistance of the RIO in the preparation of the determination, but shall not seek the RIO's opinion as to whether an Investigation is warranted.

ii. **Investigation Warranted.** If the DO determines that an Investigation is warranted, the written determination may be summary in nature, provided that the DO sets forth the Evidence that supports his or her determination in

sufficient detail for the Respondent and an Investigation Panel to understand the basis for the DO's decision.

iii. **Investigation Not Warranted.** If the DO determines that an Investigation is not warranted, the written determination shall be more comprehensive and shall include a detailed statement of why the Respondent's alleged conduct would not, under the definition in these Procedures, constitute Misconduct, or why the available Evidence is insufficient, or lacks sufficient credibility or merit, to warrant an Investigation.

iv. **Distribution of Final Report and DO Determination.** The RIO shall send the Respondent a copy of the final Inquiry report and the determination of the DO.

v. **Initiation of Investigation.** If the DO determines that an Allegation warrants an Investigation, he or she shall initiate an Investigation.

vi. **No Investigation.** If the DO determines that an Investigation is not warranted, this determination will conclude the University's review of that Allegation, except as provided in Section VII(J) below.

vii. **Bad Faith.** If the DO concludes that the Complainant acted in Bad Faith in making the Allegation, or that the Complainant or any witness acted in Bad Faith during the Inquiry, the DO shall refer the matter for administrative review and appropriate action, as set forth in Procedure Section L below.

viii. **Notification.** Promptly after completion of the Inquiry, the RIO shall notify the Complainant of its outcome and provide the Complainant with a brief summary of the Inquiry report and the determination of the DO.

F. **Investigation**

i. **Investigation Panel.** The DO shall initiate an Investigation within 30 days of his or her determination that an Investigation is warranted. The DO shall appoint an Investigation Panel of not less than three members, chosen for their pertinent expertise. While Investigation Panels will usually be composed of University faculty, they may also include persons other than University faculty when the DO determines that such persons have experience or expertise useful to the Investigation. The DO shall select one of the Investigation Panel members to act as its chairperson.

ii. **Notifications.**

1. Notification - Internal. The RIO shall notify the Provost and the General Counsel's Office of the initiation of the Investigation.

2. Notification - Funding Source. When the alleged Misconduct involves Research supported by an external (non-University) funder, the RIO shall work with the Office of Research Services and Administration to also notify the source of the funding of the Investigation before the start of the Investigation. Such notification shall include the name of the Respondent, the general nature of the Allegation, and the relevant grant application, grant number, or other identification for the support.

iii. **Charge.** The DO, with the assistance of the RIO, shall draft a Charge to the Investigation Panel based on the Inquiry report and the determination of the DO. The RIO shall submit a copy of that Charge, the Preliminary Assessment referral, the Inquiry report, and the determination of the DO to the Investigation Panel and the Respondent at the beginning of the Investigation.

iv. **Briefing.** Before the Investigation begins, an attorney from the Office of the General Counsel and the RIO shall brief the Investigation Panel on this Policy, other relevant University regulations, and legal and procedural issues that the Investigation Panel is likely to encounter in conducting the Investigation.

v. **Standard for Determination.** Based on the Investigation Panel's report, the DO shall determine if Misconduct occurred, if the Respondent was responsible for it, and the extent, gravity, and actual and potential consequences of the Misconduct. To conclude that Misconduct occurred, the DO must find:

1. a significant departure from accepted practices of the relevant Research community; and

2. that the Misconduct was committed Intentionally, Knowingly, or Recklessly; and,

3. that the Allegation was proven by a Preponderance of the Evidence.

vi. **Evidence Review.** The Investigation Panel shall examine all Evidence that it deems pertinent to the Allegation. All Investigation Panel requests to review Evidence shall be made to and managed by the RIO. At its discretion, the Investigation Panel may also inspect laboratories and examine laboratory specimens, materials, procedures, and methods. The Respondent will be provided copies of, or supervised access to, all Evidence made available to the Investigation Panel.

vii. **Testimony.**

1. Interviews. When possible, the Investigation Panel shall conduct interviews with the Complainant, the Respondent, and other persons, if any, who have material information regarding the Allegation.

2. Transcript. The RIO shall arrange for the preparation of a transcript of each witness's interview testimony and shall send the transcript to the witness for comment or correction. The witness shall have seven days after his or her receipt of the transcript to deliver comments on, and corrections of any errors in, the transcript to the RIO. Both the transcript and any such comments and corrections shall be made part of the Misconduct Proceeding Records. The RIO shall give the Respondent a copy of the corrected transcript of any interview testimony.

viii. **Communication with Involved Parties.** All Investigation Panel communication with Complainants, Respondents, witnesses and other involved persons will be made through and managed by the RIO.

ix. **Assistance for Investigation Panel.** If the Investigation Panel decides that it needs special scientific or technical expertise to evaluate an Allegation, it shall so advise the RIO, who shall secure for the Investigation Panel the assistance that it requests.

x. **Other RIO Participation.** The RIO shall provide training with respect to regulatory requirements, and administrative support to the Investigation Panel. The RIO will not participate in the deliberations of the Investigation Panel. The Investigation Panel may request the assistance of the RIO during its deliberations and in the preparation of the Investigation report.

xi. **Timing.** The work of the Investigation Panel shall be completed within 120 days of its inception, or a request for extension shall be made.

1. Extension. If the work of the Investigation Panel cannot be completed in that period, the Investigation Panel chair or the RIO may request an extension from the DO, in which event the RIO shall notify the Respondent of the reason for the delay and the date on which the Investigation is expected to be completed. The report about the delay shall be included in the Misconduct Proceeding Records. If the alleged Misconduct involves Research supported by a federal funding source, the RIO shall notify it of the delay; request an extension; explain why the extension is necessary; and provide a progress report of the Investigation Panel's and the DO's activities to date and an estimate of the completion date of the Investigation.

2. Notice of Stay. If the Investigation is stayed and the alleged Misconduct involves Research supported by a federal funding source, the RIO shall promptly inform it of the date and expected duration of the stay, and of the reason for staying the Investigation.

G. **Investigation Report**

i. **Content.** The Investigation Panel shall prepare a written Investigation report that reflects the perspectives of all members of the panel. It shall include:

1. the name, degree(s) and position(s) of the Respondent;

2. the relevant application or grant number, if the alleged Misconduct involves sponsored Research;

3. a description of the Allegation and the name, if known and not held in confidence, of the Complainant;

4. a summary of the Evidence reviewed, including, without being limited to, an account of how and from whom it was obtained;

5. a transcript of each interview conducted during the Investigation;

6. for each separate Allegation, an analysis of any explanation offered by the Respondent and the Evidence in support thereof;

7. an analysis of each separate Allegation pursuant to the standards set forth in Section VII(F)(5) above;

8. in an Allegation of serious deviation from accepted practices, a description of the Evidence regarding the accepted practices in the discipline and an analysis of the Allegation in light of such practices;

9. a copy of this Policy and any other University policies and procedures relevant to the Investigation.

ii. **Draft Report; Comments.** The RIO shall send the Respondent a copy of the draft Investigation report. The Respondent may return comments on the draft Investigation report to the RIO within 30 days of receipt of the draft Investigation report. If the Respondent comments on the draft Investigation report, the Investigation Panel shall consider such comments and make any changes in the Investigation report it deems appropriate in light of such comments. The Respondent's comments shall be included as an appendix to the final Investigation report.

iii. **DO Opinion on Final Draft Report.** After making any changes it deems appropriate in the draft Investigation report in light of the Respondent's comments, the Investigation Panel shall prepare a final draft of the Investigation report. The RIO shall send the DO a copy of the final draft of the Investigation report, attaching any RIO comments regarding procedural questions and concerns. If the DO, with advice from the Office of the General Counsel, finds that the final draft Investigation report reflects procedural error by the Investigation Panel in conducting the Investigation, the DO shall so inform the RIO and shall submit an opinion to the RIO and the Investigation Panel, within 14 days after delivery of the final draft Investigation report to the DO, to identify and explain the procedural error. The Investigation Panel shall either correct the error before completing the Investigation report or shall notify the DO in, or concurrently with the issuance of, the final Investigation report that it does not believe a material procedural error occurred. The opinion by the DO, if one was issued, shall be included as an appendix to the final Investigation report.

H. **Determination Regarding Misconduct**

i. **DO Determination on Misconduct.** Following delivery of the final Investigation report to the DO, the DO shall prepare a written determination as to whether Misconduct occurred. The DO may request the assistance of the RIO in the preparation of the determination, but shall not seek the RIO's opinion as to whether Misconduct occurred.

ii. **Misconduct Finding**. If the DO finds that Misconduct occurred, the written determination must include:

1. the DO's determination that:

a. there was a significant departure from accepted practices of the relevant research community; and

b. the Misconduct was committed Intentionally, Knowingly, or Recklessly; and

c. the Allegation was proven by a Preponderance of the Evidence; and

2. determination whether any part of the Research Record needs correction or retraction as a result of the finding of Misconduct, and, if so, an explanation of that correction or retraction.

iii. **No Misconduct Found.** If the DO does not find that Misconduct occurred, he/she shall explain the reasons for his or her decision in the written

determination, with specific reference to the pertinent criteria set forth in Procedure Section F(5) above.

iv. **Bad Faith.** If the DO concludes that the Complainant acted in Bad Faith in making the Allegation, or that the Complainant or any witness acted in Bad Faith during any Misconduct Proceeding, the DO shall refer the matter for administrative review and appropriate action as set forth in Procedure Section L.

v. **Distribution of Final Report and Determination; Comments.** The RIO shall send a copy of the final Investigation report and the DO's determination regarding Misconduct to the Respondent. The Respondent may deliver comments on the Investigation report and the DO's determination to the RIO within 14 days of the delivery of the final Investigation report and DO's determination to the Respondent. The RIO shall include any such comments in the Misconduct Proceeding Records.

vi. **Notifications.**

1. Complainant. Promptly after completion of the Investigation, the RIO shall notify the Complainant of its outcome and provide the Complainant with a brief summary of the Investigation report and the DO's determination regarding Misconduct, including those portions of the Investigation report and the DO's determination that address the Complainant's role and testimony, if any, in the Investigation.

2. Federal Support. When the alleged Misconduct involves Research supported by a federal funding source, the RIO shall submit the Investigation report, the DO's determination regarding Misconduct, and comments from the Respondent on the Investigation report and determination, if submitted, to the federal funding source. It may accept the Investigation outcome, ask for clarification or additional information, which shall be provided by the RIO, or commence its own independent investigation.

3. Other Funding Source. When the Alleged Misconduct involves Research supported by a non- federal funding source, the RIO shall notify it of the outcome of the Investigation promptly after the completion of the Investigation and provide it with a brief summary of the Investigation report, the DO's determination regarding Misconduct, and such other information, if any, as it may request in response to the RIO's notification.

1. **Appeal**

~~i. **Right.** A Respondent who has applied for or received support from a federal funding source for the Research in relation to which the Misconduct occurred may have the right under federal funding source regulations to appeal a finding of Misconduct by the DO as part of an Investigation to that federal funding source. In addition, all Respondents who are~~ found to have committed ~~Misconduct have the right to an internal University~~research misconduct may appeal. During appellate proceedings, no sanction will be imposed and no disciplinary proceeding will ~~be commenced~~commence as a consequence of the finding of ~~Misconduct~~research misconduct.

~~**External**~~

~~ii. **Appeal Record.** If the Respondent appeals a finding of Misconduct by the DO as part of an Investigation to a federal funding source, the RIO shall attempt to obtain copies of all documents filed in that appeal.~~

~~iii. **Procedure.**~~

~~1. Internal Appeal.~~ The Respondent may appeal a finding of ~~Misconduct~~misconduct to the RIO within 30 days of the date of the finding. The appeal must be in writing and must set forth the reasons (whether substantive or procedural) the Respondent believes the finding of ~~Misconduct~~research misconduct is wrong. The RIO will submit the appeal to the President for decision.

~~2. Review and Recommendation.~~ The President may appoint a University of Oregon faculty member or administrator who does not have a ~~Conflict~~conflict of ~~Interest~~interest and who has not previously been involved in the review of the ~~Allegation under this Policy~~allegation to review the ~~Misconduct Proceeding Records~~research misconduct proceeding records, this policy, and the appeal and make recommendations to the President.

~~3. Request for Additional Information. The President, or the President's designee, may request further information about the Misconduct Proceedings in writing from the RIO. A copy of such information shall be provided to the Respondent~~

~~4.~~ ~~Basis for Decision.~~ The President's decision on the appeal shall be based on the Misconduct Proceeding Records, as clarified or supplemented by the RIO in response to any request for further information about the ~~Misconduct Proceedings~~research misconduct proceedings, and the Respondent's appeal.

A Respondent who has applied for or received support from a federal funding source for research associated with research misconduct may have the ability under federal and/or other funding source regulations to appeal a finding of research misconduct as part of the investigation by that federal and/or other funding source. If the Respondent appeals a finding of research misconduct to a federal funding source, the RIO will attempt to obtain copies of all documents filed in that appeal and work with the federal agency or funding source on the appeal as appropriate.

~~iv.~~ ~~**New Evidence.**~~ If the RIO learns of previously unavailable material ~~Evidence~~evidence relevant to the finding of ~~Misconduct~~misconduct during or subsequent to the appeal, the RIO shall inform the President and the Respondent of the new ~~Evidence~~evidence. If the President concurs that the new ~~Evidence~~evidence could materially affect the finding of ~~Misconduct~~research misconduct, the President shall remand the finding of ~~Misconduct~~research misconduct to the ~~DO~~IDO for ~~his or her~~ consideration of the new ~~Evidence~~evidence. The ~~DO~~IDO may consult as necessary with the RIO and members of the ~~Investigation Panel.~~investigation committee. The ~~DO~~IDO shall notify the President ~~within 14 days that he/she finds~~of the finding of new ~~Evidence~~evidence immaterial to his or her prior finding or that ~~he/she wishes to reopen~~ the matter~~.~~ should be reopened generally within fourteen (14) days. The President may extend ~~this~~the review period for good cause by notice to the Respondent and the RIO.

~~**Decision.**~~

~~v.~~ The President shall issue a decision and rationale affirming or reversing the finding of ~~Misconduct~~ research misconduct within 30 days after the submission of the appeal to the RIO. The President may extend this period for good cause by notice to the Respondent and the RIO.

~~10. **Final Resolution and Outcome**~~

~~i. **Exoneration.** If the Preliminary Assessment results in a determination that an Inquiry is not warranted, or if the DO decides, as part of an Inquiry, that an Investigation is not warranted, or if the DO does not find, as part of an Investigation, that Misconduct has occurred, or if a finding of Misconduct is reversed on appeal, the RIO and the administration shall make diligent efforts to restore the Respondent's reputation. These efforts shall be undertaken in consultation with the Respondent, provided that they shall:~~

~~1. be reasonable and practicable under the circumstances and proportionate to the damage to the Respondent's reputation as a result of the Allegation;~~

~~2. be consistent with applicable federal funding source expectations, if the Research which was the subject of the Allegation was supported by that federal funding source; and~~

~~3. not affect the University's ability to take action against the Respondent for Unacceptable Research Practices which come to the University's attention as a result of the review of the Allegation under this Policy.~~

~~ii. **Misconduct Found.**~~

~~1. Actions. When there is a final decision that Misconduct has occurred:~~

~~a. the DO, after consultation with the Provost, shall take appropriate actions in response to the finding of Misconduct. Such actions may include:~~

i. the imposition of sanctions within the authority of the DO or Provost and initiating University disciplinary proceedings appropriate to the finding of Misconduct pursuant to applicable University policies, procedures, and contracts, or

ii. referring the finding of Misconduct to another administrator who has authority to impose sanctions and initiate disciplinary proceedings; and

b. the RIO, after consultation with the Office of the General Counsel and the DO, shall attempt to correct, and/or seek retraction of, any part of the Research Record materially affected by the Misconduct. The Respondent will not interfere with the RIO's efforts in these regards.

2. Disciplinary Action. The University views Misconduct as grounds for disciplinary action pursuant to applicable University policies, procedures, and contracts, including procedures for challenging or grieving disciplinary action.

3. Degree Revocation. Misconduct which materially affects the original scholarly or creative work included in a master's or doctoral thesis submitted in fulfillment of degree requirements at the University constitutes grounds for the revocation of that degree.

4. Government Sanctions. In addition to sanctions imposed by the University, certain federal funding sources may impose sanctions of their own, if the Misconduct involved Research which they supported.

5. Serious Deviation. The University may take action, including disciplinary action, in response to a finding of Misconduct based on a serious deviation from accepted practices even if an Allegation against the same Respondent based on Fabrication, Falsification, or Plagiarism has not been sustained and the University has an obligation under Section VII(J)(1)(2) above with respect to the unsustained Allegation.

iii. **New Evidence.** If, following a final nonappealable decision that Misconduct has occurred, the Respondent learns of previously unavailable material Evidence relevant to the determination of Misconduct, the Respondent shall send that Evidence to the RIO with an explanation of its origin and importance. The RIO shall submit the new Evidence to the DO. The DO shall promptly consider the new Evidence and notify the President of its impact on the Investigation report and on the finding of Misconduct. The DO may consult with the Investigation Panel as needed. Based on the new Evidence and the information from the DO,

the President may reverse or affirm the previous finding of Misconduct, or remand the matter to the DO to conduct a new Investigation in light of the new Evidence. The President shall issue that decision with stated rationale within 30 days of receiving the notice from the DO, but may extend this period for good cause by notice to the Respondent and the RIO.

iv. **Termination.** If the DO terminates the review of any Allegation, an explanation for such termination shall be included in the Misconduct Proceeding Records.

11. **Unacceptable or Questionable Research Practices**

i. **Referral from Proceedings.** During an Inquiry, the DOresearch misconduct proceedings, the RIO, inquiry committee, investigation committee and/or IDO may find that, while a Respondent's conduct does not warrant an Investigationfurther review and/or was not determined to be research misconduct, it nevertheless constitutes an Unacceptable or Questionable Research Practice. Similarly, during an Investigation, the DO may find that, while a Respondent's conduct does not constitute Misconduct, it nevertheless constitutes an Unacceptable or a Questionable Research Practice.unacceptable or questionable research practice. Any such finding shall be referred to the appropriate institutional administrator for review. The administrator may deem further action appropriate, including, in the case of Unacceptable Research Practices, disciplinary action pursuant to applicable University policies, procedures, and contracts, including procedures for challenging or grieving disciplinary action.

ii. **Discovery and Report.** Unacceptable or Questionable Research Practices may also be discovered in circumstances other than a review of an Allegation under this Policy. When that happens, the alleged Unacceptable or Questionable Research Practice should be referred to the appropriate administrator for review and such and further action, if any, as the administrator may deem appropriate, including, in the case of Unacceptable Research Practices, disciplinary action pursuant to applicable University policies, procedures, and contracts, including procedures for challenging or grieving disciplinary action..

12. **Bad Faith**

i. **Complainant or Witness.**

1. Referral for Action. If the RIO or the DO concludes that a Complainant or witness who is a University employee or student acted in Bad Faith in a Misconduct Proceeding, the matter shall be referred to the appropriate administrator for review. The administrator may deem further action appropriate, including disciplinary action.

2. Discipline. The University views Bad Faith by a Complainant or witness who is a University employee or student as grounds for disciplinary action pursuant to applicable University policies, procedures, and

contracts, including procedures for challenging or grieving disciplinary action.

ii. **Inquiry and Investigation Panel Members, RIO.**

1. Investigation. If the DO receives a complaint or report that an Inquiry Panel member, an Investigation Panel member, or the RIO did not act in Good Faith in carrying out any of his or her duties under these Procedures, the DO will investigate the complaint or report, with advice from the Office of the General Counsel, and in cooperation with the RIO, if the complaint or report is not against or about the RIO.

2. DO Action. If the DO concludes that the individual about whom the complaint is made did not act in Good Faith in carrying out any of his or her duties under this Policy, and that the failure to act in Good Faith had a materially adverse impact on any Misconduct Proceeding, the DO shall:

a. take such action as may be necessary to preserve the integrity of the review of the Allegation, including, without being limited to, replacing the affected individual, abrogating the Misconduct Proceeding so affected and any subsequent Misconduct Proceedings in which the same Allegation was reviewed, and initiating new Misconduct Proceedings to substitute for those abrogated; and

b. refer the matter to the appropriate administrator for review and such action, if any, as the administrator may deem appropriate, including disciplinary action in instances of Bad Faith.

3. Discipline. The University views Bad Faith by a member of an Inquiry Panel, a member of an Investigation Panel, or the RIO as grounds for disciplinary action pursuant to applicable University policies, procedures, and contracts, including procedures for challenging or grieving disciplinary action.

13. **Protecting Participants in Misconduct Proceedings**

i. **Protection of Position and Reputation.** The University shall make diligent efforts to protect the position and reputation of each individual who has, in Good Faith, participated in a Misconduct Proceeding as a Complainant, witness, Inquiry Panel member, Investigation Panel member, Counsel, or RIO, or who has

~~otherwise cooperated in the review of an Allegation under these Procedures. These efforts shall be:~~

~~1. reasonable and practical under the circumstances;~~

~~2. proportionate to the risk to the individual's position and reputation; and~~

~~3. consistent with applicable funder expectations, if the Research which was the subject of the Allegation was supported by a federal funding source.~~

~~ii.~~ **Retaliation~~.~~**

Retaliation or the threat of retaliation in any way against Complainants, Respondents, witnesses, committee members or any others involved in research misconduct assessment and/or proceedings is prohibited.

~~1.~~ **Other** ~~Prohibition. University employees and students shall not engage in or threaten Retaliation.~~

~~2. Referral for Action. If the RIO receives a complaint or report of Retaliation or threatened Retaliation by a University employee or student, the RIO shall refer the matter to the appropriate administrator for review and such action, if any, as the administrator may deem appropriate, including disciplinary action.~~

~~3. Discipline. The University views Retaliation by a University employee or student as grounds for disciplinary action pursuant to applicable University policies, procedures, and contracts, including procedures for challenging or grieving disciplinary action.~~

~~4. Protection against Retaliation. The University shall make diligent efforts to provide protection against Retaliation by individuals who are not University employees or students. These efforts shall be reasonable and practical under the circumstances and, if the Research which was the subject of the Allegation whose review led to the Retaliation was supported by a federal funding source, shall be consistent with applicable funder expectations.~~

~~VIII. Appendix A: Information on Submitting an Allegation of Research Misconduct~~

~~Upholding the integrity of research is essential to the mission of research, and to the public investment and trust that supports it. The University of Oregon takes seriously its obligation to maintain an environment of scholarly integrity and to respond promptly to allegations of research misconduct. This~~

information sheet is intended to provide helpful information to individuals who are considering making an allegation of research misconduct.

What is Research Misconduct?

For the purposes of this policy research misconduct is defined as:

- Plagiarism, the use of another person's words, results, processes or ideas without giving appropriate credit,
- Fabrication, the making up of data or results and recording or reporting them,
- Falsification, the manipulating of research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record, or,
- Any other practice that seriously deviates from practices commonly accepted in the discipline or in the academic and research communities.

Research misconduct can occur at all stages of engaging in research, including proposing, performing, reviewing or reporting research.

What is not Research Misconduct?

- Honest errors or differences of opinion do not constitute research misconduct.
- Authorship disputes concerning whether one is first, second, or third author does not constitute research misconduct. Research misconduct may have occurred if you feel your name has been left off the paper altogether, and your ideas, processes, results or words have been used without appropriate credit.
- Unacceptable research practices may not rise to the level of research misconduct but do violate applicable laws, regulations, or other governmental requirements, or University rules or policies.
- Questionable research practices do not rise to the level of research misconduct or unacceptable research practices, but do require university attention because they could erode the confidence in the integrity of university research.
- Harassment or relational issues do not constitute research misconduct, but are taken seriously by the university. You can discuss these types of concerns with the Title IX Coordinator.

Who can I ask for help on what is or is not research misconduct?

The university Research Integrity Officer (RIO).

Who can make an allegation of research misconduct?

Any person has the right to bring forward an allegation of research misconduct. That includes any member of the University (faculty, student or staff) as well as anyone from outside the university.

~~**Who do I tell about an allegation of research misconduct?**~~
~~All allegations of research misconduct need to be communicated to the Research Integrity Officer (RIO), whose contact information is at the end of this document. You can discuss an allegation in person, by phone, in writing, or by any other means of communication. You can also contact the RIO to have a general discussion without having to make an allegation.~~

~~**Why is it important that an allegation is made in good faith?**~~
~~An allegation of research misconduct is made in good faith when the person making the allegation sincerely believes in the truth of the information on which the allegation is based and at the time the allegation is made. An allegation of research misconduct can have a serious impact on the career of the person against whom the allegation is made, so it is important that a person choosing to make an allegation give the matter careful thought before proceeding.~~

~~**What is an allegation made in bad faith and what are the consequences?**~~
~~An allegation of research misconduct is made in bad faith if the person making the allegation knows about or recklessly disregards information that would negate the allegation. Knowingly bringing forward an allegation in bad faith could result in any of the disciplinary actions and procedures listed in the student code of conduct.~~

~~**What happens when I make an allegation of research misconduct?**~~
~~When the Research Integrity Officer (RIO) receives an allegation of research misconduct, the RIO will ask you to come in and discuss the allegation. The RIO will ask you questions about information that supports the allegation, your relation (student, employee, etc) to the individual against whom the allegation is being made, and if there are others who may know about information related to the allegation. The RIO will tell you about your rights and responsibilities, including that if you ask; the RIO must take all reasonable steps to keep your identity confidential. Once you have made an allegation, you are also obligated to keep the process confidential, and to not discuss it with anyone other than the RIO. The RIO, not you, is responsible for looking into the allegation you have made. In most cases the RIO's initial, informal review should be completed within 15 business days. The RIO will then let you know whether the allegation will be reviewed formally.~~

~~**What kind of evidentiary support must there be to determine research misconduct?**~~
~~At a minimum, there must be documents, records, lab notebooks, manuscripts or drafts, etc. (for details please reference the definition of Evidence on page two of policy) that show the alleged misconduct. You may or may not have all the records that would be reviewed; however, there must be sufficient documentation or compelling reasons for an allegation to move from a discussion with the Research Integrity Officer to a more formal review process. A formal review process must find sufficient documentation supporting the allegation in order for a determination of misconduct to be made.~~

~~**What could happen to me if I make an allegation of research misconduct?**~~
~~When a person makes an allegation of research misconduct in good faith, they are entitled to have the university take all reasonable and practical steps to protect them from adverse actions (e.g., retaliatory actions) that can be directly linked to anyone involved in the informal or formal review of an allegation of research misconduct.~~

~~**Chapter/Volume:**~~

~~Chapter 6: Research, general~~

Special Circumstances

At any time during the research misconduct proceedings, the University of Oregon will immediately notify ORI or other applicable regulatory body if any of the following circumstances arise:

1. Health or safety of the public is at risk, including an immediate need to protect human or animal subjects.
2. Federal (Health and Human Services or other supporting body) resources or interests are threatened.
3. Research activities should be suspended.
4. There is 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 applicable regulatory body may need to take appropriate steps to safeguard evidence and protect the rights of those involved.

Records Retention

The University of Oregon will maintain the institutional record and all sequestered evidence, including physical objects (regardless of whether the evidence is part of the institutional record), in a secure manner, for a minimum of seven years after the completion of the proceeding or if federally regulated, the completion of any regulatory proceeding, whichever is later, unless custody has been transferred to the applicable regulatory entity.

Related Resources~~:~~

Federal Regulations

42 C.F.R. Part 93 (PHS)
45 C.F.R. Part 689 (NSF)
14 C.F.R. Part 1275 (NASA)
10 C.F.R. Part 733 (DOE)
U.S. Dept. of Justice Scientific and Research Integrity Policy
Dept. of Defense Directive 3216.2
NSF Proposal and Award Policies and Procedures Guide (PAPPG) 24-1

NOTE: Portions of ~~NA~~

~~**Original Source:**~~

~~UO Policy Statement~~

this policy are adapted with permission from the Colorado State University Administrative Procedures for Research Misconduct, the federal Office for Research Integrity sample policy, and Michigan State University's policy.

Reason for Policy

This policy defines research misconduct; describes the University's policies and procedures for reporting, reviewing, determining and addressing allegations of research misconduct; and communicates the expectations for research integrity, and the responsible and ethical conduct of research at the University of Oregon (UO).

Entities Affected by this Policy

All institutional members (including faculty, staff and students) proposing, performing or reviewing research, or in reporting research results under the auspices of the University of Oregon. This includes basic and applied research. This includes those involved in allegations of research misconduct.

Web Site Address for this Policy

[Provided by Office of the University Secretary after policy is posted online]

Responsible Office

For questions about this policy, please contact the Office of the Vice President for Research and Innovation (OVPRI), Research Compliance Services (RCS): (541) 346-2510, researchcompliance@uoregon.edu.

Enactment & Revision History

01 April 2026	Revisions to update policy to reflect federal regulatory changes
03 August 2017	Policy number revised from 09.00.02 to II.06.02 and technical changes enacted by the University Secretary
26 March 2012	Reviewed and approved by the Interim University President
08 February 2010	Policy number revised from 2.000 to 09.00.02
05 October 2009	Emergency revisions approved by the University President
23 October 1996	Revised and approval recommended by the University President's staff
04 May 1990	Effective Date

General Policies and Principles

The University of Oregon (UO) is committed to fostering an environment that promotes research integrity and the responsible and ethical conduct of research, discourages research and professional misconduct, and deals promptly with allegations or evidence of possible research misconduct. All institutional members are expected to conduct research with honesty, rigor, and transparency. With the goal of promoting research integrity, this policy defines (a) research misconduct, (b) the steps for making an allegation of research misconduct, and (c) the steps for examining and acting on such allegations, including protocols for securing evidence. This policy is intended to comply with Public Health Service (PHS) requirements, 42 C.F.R. 93.304 and related regulations.

Research Misconduct means fabrication, falsification, or plagiarism whether committed by an individual directly or through the use or assistance of other persons, entities, or tools, including artificial intelligence (AI)-based tools, in proposing, performing, reviewing, or in reporting research results.

For research misconduct to be determined, the following three criteria must be met:

- There must be a significant departure from accepted practices of the relevant research community; and,
- The research misconduct must be committed intentionally, knowingly, or recklessly; and,
- The research misconduct allegation must be proven by a preponderance of the evidence. (42 C.F.R. 93.103, 104; 45 C.F.R. 689.1, DoDI 3210.7 E2.1.4, 10)

The University of Oregon will respond to each allegation of research misconduct in a thorough, competent, objective, and fair manner. The University of Oregon will take 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 other evidence. The University of Oregon will cooperate with the Office of Research Integrity (ORI), or any other applicable agencies or entities during any research misconduct proceeding or compliance review. This includes addressing deficiencies or additional allegations in the institutional record if directed by ORI or other agencies/entities and assisting in administering and enforcing any Health and Human Services (HHS) or other agency/entity's administrative actions imposed on institutional members. This policy will be publicly available.

Information received in connection with the reporting, review, inquiry, investigation, and resolution of allegations of research misconduct will be treated as private and will not be disclosed except to those who need to know, as determined by the institution, consistent with a thorough, competent, objective, and fair research misconduct proceeding, and as allowed by law. Those who need to know the identities of Respondent, Complainant, witnesses, or other information from the institutional record may include federal agencies, institutional review boards, journals, editors, publishers, co-authors, and collaborating institutions. The limitation on disclosure of the identity of Respondents, Complainants, and witnesses no longer applies once there has been a final determination of research misconduct findings. The University of Oregon may take steps to manage published data or acknowledge that data may be unreliable.

The University of Oregon will take reasonable and practical steps to protect the positions and reputations of Complainants and Respondents and to protect these individuals, along with witnesses and committee members, from retaliation by institutional members. The University of Oregon will make reasonable,

practical efforts, if requested and as appropriate, to protect or restore the reputation of Respondents against whom no finding of research misconduct is made.

Scope

This policy applies to allegations of research misconduct involving research and related activities. Related activities include, but are not limited to, research proposed, performed, reviewed or reported; research training programs; the operation of tissue and data banks; the dissemination of research information; and research records produced during research or research training. These activities are included regardless of whether the research is funded or whether an application or proposal for funding resulted in an awarded grant, contract, cooperative agreement, subaward, or other form of support. Research includes Public Health Service-supported biomedical or behavioral research.

This policy applies only to allegations of research misconduct that occurred within six (6) years of the date the University of Oregon received the allegations, subject to the following exceptions:

- The six-year time limitation does not apply if the Respondent continues or renews any incident of alleged research misconduct that occurred before the six-year period through the use of, republication of, or citation to the portion(s) of the research record alleged to have been fabricated, falsified, or plagiarized, for the potential benefit of the Respondent ("subsequent use exception"). The University of Oregon will document its determination that the subsequent use exception does not apply and will retain this documentation for the later of seven years after completion of the institutional proceeding or the completion of any federal agency proceeding involving the research misconduct allegation.
- The six-year time limitation does not apply if the alleged research misconduct, if it occurred, would possibly have a substantial adverse effect on the health or safety of the public.

This policy does not supersede, replace or establish an alternative to the federal regulation or any existing regulations for handling research misconduct. In case of any conflict between this policy and any applicable regulation, the applicable regulation will prevail.

This policy does not apply to authorship or collaboration disputes, self-plagiarism, honest errors or differences of opinion, harassment or other relational issues.

Definitions

Accepted practices of the relevant research community: practices established by regulatory or funding components, as well as commonly accepted professional codes or norms within the overarching community of researchers and institutions.
Allegation: a disclosure of possible research misconduct through any means of communication and brought directly to the attention of an institutional or regulatory official.
Assessment: a consideration of whether an allegation appears to fall within the definition of research misconduct; if funded, appears to involve PHS-supported biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or research training; and is sufficiently

credible and specific so that potential evidence of research misconduct may be identified. The assessment only involves the review of readily accessible information relevant to the allegation.

Bad Faith: a material and demonstrable failure to meet the standards for good faith set forth herein as a Complainant, a Respondent, a witness, an inquiry committee member, an investigation committee member, the Research Integrity Officer (RIO), or any other institutional member. The context in which actions have occurred is a relevant and important factor to be taken into account in determining whether an individual has acted in bad faith.

Complainant: an individual who in good faith makes an allegation of research misconduct. A Complainant need not be a member of the University of Oregon community.

Conflict of Interest: any personal, professional, or financial relationship that influences or reasonably would be perceived to influence the impartial performance of any individual participating in any duty assigned under this policy.

Day: calendar day unless otherwise specified. If a deadline falls on a Saturday, Sunday, or holiday, the deadline will be extended to the next day not a Saturday, Sunday, or holiday.

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

Fabrication: making up data or results and recording or reporting them.

Falsification: manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.

Good faith: (a) Good faith as applied to a Complainant or witness means having a reasonable belief in the truth of one's allegation or testimony, based on the information known to the Complainant or witness at the time. An allegation or cooperation with a research misconduct proceeding is not in good faith if made with knowledge of or reckless disregard for information that would negate the allegation or testimony. (b) Good faith as applied to an institutional or committee member means cooperating with the research misconduct proceeding by impartially carrying out the duties assigned under this policy for the purpose of helping the University of Oregon meet its responsibilities for research integrity. An institutional or committee member does not act in good faith if their acts or omissions during the research misconduct proceedings are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the research misconduct proceeding.

Inquiry: preliminary information-gathering and preliminary fact-finding to determine whether an allegation warrants an investigation.

Institution: includes, but is not limited to, colleges and universities, intramural biomedical or behavioral research laboratories, research and development centers, national user facilities, industrial laboratories or other research institutes, research institutions, and independent researchers.

Institutional Deciding Official (IDO): the institutional official who makes final determinations on allegations of research misconduct and any institutional actions. The same individual cannot serve as the Institutional Deciding Official and the Research Integrity Officer. The Vice President for Research and Innovation or designee serves as the IDO.

Institutional member: an individual (or individuals) who is employed by, is an agent of, or is affiliated by contract or agreement with the University of Oregon. Institutional members may include, but are not limited to, officials, tenured and untenured faculty, teaching and support staff, researchers, research coordinators, technicians, postdoctoral and other fellows, students, volunteers, subject matter experts, consultants, attorneys, employees or agents of contractors, subcontractors, or sub-awardees.

Institutional record: comprised of (a) the records that the institution compiled or generated during the research misconduct proceeding, except records the institution did not consider or rely on. These records

include but are not limited to (1) documentation of the assessment, including as required by applicable federal regulation; (2) if an inquiry is conducted, the inquiry report and all records (other than drafts of the report) considered or relied on during the inquiry, including, but not limited to, research records and the transcripts of any transcribed interviews conducted during the inquiry, information the Respondent provided to the institution, and the documentation of any decision not to investigate, including as required by applicable federal regulation; (3) if an investigation is conducted, the investigation report and all records (other than drafts of the report) considered or relied on during the investigation, including, but not limited to, research records, the transcripts of each interview conducted including those pursuant to applicable federal regulation, and information the Respondent provided to the institution; (4) decision(s) by the Institutional Deciding Official, such as the written decision from the Institutional Deciding Official including that under applicable federal regulation; (5) the complete record of any institutional appeal including those consistent with applicable federal regulation; (b) a single index listing all the research records and evidence that the institution compiled during the research misconduct proceeding, except records the institution did not consider or rely on; and (c) a general description of the records that were sequestered but not considered or relied on.

Intentionally: to act with the aim of carrying out the act.

Investigation: the formal development of a factual record and the examination of that record, and evaluation of all facts relevant to an allegation to determine if research misconduct occurred and to assess its extent, gravity, and actual and potential consequences.

Knowingly: to act with awareness of the act.

Notice: a written or electronic communication served in person or sent by mail or its equivalent to the last known street address, facsimile number, or email address of the addressee.

NSF: the National Science Foundation. The NSF has adopted rules establishing standards for institutional responses to allegations of research misconduct.

Office of Research Integrity (ORI): Office of Research Integrity, the office established by Public Health Service Act section 493 (42 U.S.C. 289b) and to which the Health and Human Services (HHS) Secretary has delegated responsibility for addressing research integrity and misconduct issues related to PHS-supported activities.

Person: any individual, corporation, partnership, institution, association, unit of government, or legal entity, however organized.

PHS support: Public Health Service (PHS) funding, or applications or proposals for PHS funding, for biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or training, that may be provided through funding for PHS intramural research; PHS grants, cooperative agreements, or contracts; subawards, contracts, or subcontracts under those PHS funding instruments; or salary or other payments under PHS grants, cooperative agreements, or contracts.

Plagiarism: the appropriation of another person's ideas, processes, results, or words, without giving appropriate credit. Plagiarism includes the unattributed verbatim or nearly verbatim copying of sentences and paragraphs from another's work that materially misleads the reader regarding the contributions of the author. It does not include the limited use of identical or nearly identical phrases that describe a commonly used methodology. Plagiarism does not include self-plagiarism or authorship or credit disputes, including disputes among former collaborators who participated jointly in the development or conduct of a research project.

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

Public Health Service (PHS): the Public Health Service consists of the following components within HHS: the Office of the Assistant Secretary for Health, the Office of Global Affairs, the Administration for

Strategic Preparedness and Response, the Advanced Research Projects Agency for Health, the Agency for Healthcare Research and Quality, the Agency for Toxic Substances and Disease Registry, the Centers for Disease Control and Prevention, the Food and Drug Administration, the Health Resources and Services Administration, the Indian Health Service, the National Institutes of Health, the Substance Abuse and Mental Health Services Administration, and any other components of HHS designated or established as components of the Public Health Service. The PHS has adopted rules establishing standards for institutional responses to allegations of research misconduct.

Questionable Research Practices: practices that do not constitute research misconduct or unacceptable research practices but that require attention because they could erode confidence in the integrity of research**.**

Recklessly: to propose, perform, or review research, or report research results, with indifference to a known risk of fabrication, falsification, or plagiarism.

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

Research Integrity Officer (RIO): refers to the institutional official responsible for administering the institution's written policies and procedures for addressing allegations of research misconduct in compliance with applicable regulations, and this policy.

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

Research misconduct proceeding: any actions related to alleged research misconduct taken under this policy and any applicable regulation including allegation assessments, inquiries, investigations, oversight reviews, and appeals.

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

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

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

Sequestration: the process of securing evidence.

Unacceptable Research Practices: practices that do not constitute research misconduct but that violate applicable laws, regulations, or other governmental requirements, or University of Oregon rules or policies, of which the Respondent had received notice or of which the Respondent reasonably should have been aware, for proposing, performing, reviewing, or reporting research.

Roles

Research Integrity Officer

The Research Integrity Officer (RIO) is the institutional official responsible for administering the University of Oregon's written policies and procedures addressing allegations of research misconduct, for receiving allegations of research misconduct, and for overseeing Inquiries and Investigations. The same individual will not serve as both the Institutional Deciding Official (IDO) and the RIO. The University of Oregon may choose to have the RIO or another designated institutional official conduct the inquiry in lieu of a committee, and, if needed, this individual may utilize one or more subject matter experts to assist them in the inquiry.

The RIO will apprise the IDO and other relevant parties of the review progress for allegations of research misconduct. The RIO is authorized to take steps to ensure compliance with applicable rules and regulations regarding the responsible and ethical conduct of research to satisfy all requirements of this policy. The RIO will consult privately with people uncertain about whether to submit an allegation and will generally advise on matters related to research integrity, and the responsible and ethical conduct of research. The RIO will protect the privacy of those involved in research misconduct proceedings to the extent possible and in accordance with applicable regulations and institutional policies and provide information and training on the procedural steps in research misconduct proceedings to Complainants, Respondents, witnesses, and committee members. The RIO is responsible for all communications with and notifications to Respondents, Complainants, witnesses, sponsors, and any other involved parties related to research misconduct allegations and/or proceedings. The RIO will communicate with and advise committee members throughout the research misconduct proceedings.

The RIO may take interim action and will promptly sequester research records, data and evidence and maintain it securely. Throughout research misconduct proceedings, the RIO will determine if there is any threat of harm to public health or safety, federal funds and equipment, human and/or animal subjects, or the integrity of the research process. In the event of such a threat, the RIO will take appropriate interim action to protect against any such threat. Interim action might include suspension of research activities; notification to the public; reporting potential violations to law enforcement; additional monitoring of the research process; revised handling of federal funds and equipment; notification to sponsors or funding agencies, professional societies and licensing boards; reassignment of personnel or of the responsibility for the handling of federal funds and equipment; additional review of research data and results; and/or delaying publication. The RIO will ensure that administrative actions taken by the institution and federal agencies are enforced and will notify appropriate parties of interim actions.

Alleged or apparent retaliation may be reported to the RIO. The RIO will review the allegation of retaliation and, if necessary, work with other institutional officials to 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.

The RIO may assist and consult with the IDO in:

- determining the appointment of committee members with appropriate expertise,
- determining conflicts of interest to ensure no person with a conflict is involved in research misconduct proceedings,

- recommending institutional actions and referring or reporting matters to other institutional officials or offices,
- making a final determination of research misconduct at the conclusion of the Investigation,
- taking all reasonable and practical steps, if requested and as appropriate, to protect or restore the positions and reputations of good faith Complainants, Respondents against whom no finding of research misconduct is made, witnesses, and committee members, at any stage of the proceeding,
- countering and/or reporting potential or actual retaliation.

Complainant

The Complainant will bring research misconduct allegations, in good faith, directly to the attention of the RIO, or another institutional or regulatory official through any means of communication. The Complainant is responsible for maintaining privacy, communicating with the RIO, and cooperating with research misconduct proceedings. The Complainant may be interviewed during an Inquiry and/or Investigation and will be provided with a copy of the transcript (if transcribed) for the purpose of correction.

Respondent

The Respondent has the burden of proving, by a preponderance of evidence, affirmative defenses raised. The Respondent's destruction of research records documenting the questioned research is evidence of research misconduct where a preponderance of evidence establishes that the Respondent intentionally or knowingly destroyed records after being informed of the research misconduct allegations. The Respondent's failure to provide research records documenting the questioned research is evidence of research misconduct where the Respondent claims to possess the records but refuses to provide them upon request.

The Respondent will not be present during witness interviews but will be provided with a transcript of the interview after it takes place. The Respondent will have opportunities to (a) view and comment on the inquiry report, (b) view and comment on the investigation report, and (c) request an institutional appeal to a determination of research misconduct.

Respondents may consult with legal counsel or a personal advisor who is not involved in the case to seek advice and may bring counsel or the personal advisor to interviews or meetings. However, the counsel or personal advisor's presence is restricted to advising and may not participate directly in any proceeding. The Respondent is expected to personally participate fully in all proceedings.

Committee Members

Committee members carry out their assigned duties, including conducting the inquiry and/or investigation processes in accordance with this policy. Committee members will have scientific or other relevant expertise.

During an inquiry, committee members will determine whether an investigation is warranted, documenting the decision in an inquiry report. During an investigation, committee members participate in recorded interviews of 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(s). They will also determine whether the Respondent(s) engaged in research misconduct and document the decision in the investigation report. They consider Respondent and/or Complainant comments on the inquiry and/or investigation report(s) and document that consideration in the inquiry and/or investigation report(s).

In cases with multiple Respondents, committee members may serve for more than one investigation but there will be separate investigation reports and separate research misconduct determinations for each Respondent. Committee members may also serve for both the inquiry and the investigation.

Witnesses

Witnesses are people whom the University of Oregon has reasonably identified as having information regarding any relevant aspects of the investigation. Witnesses provide information for review during research misconduct proceedings. Witnesses will cooperate with the research misconduct proceedings in good faith and have a reasonable belief in the truth of their testimony, based on the information known to them at the time.

Institutional Deciding Official

The Institutional Deciding Official (IDO) cannot serve as the RIO and should have no direct prior involvement in the institution's inquiry, investigation, or allegation assessment. The IDO documents their determinations in writing which includes whether research misconduct occurred, and if so, what kind and who committed it, and a description of the relevant actions the University of Oregon has taken or will take.

With consultation from the RIO as needed, the IDO will appoint individuals to serve on inquiry and investigation committees. The IDO appoints the chair of committee(s). The IDO's appointment of an individual to serve on an inquiry or investigation committee is not considered to be direct prior involvement. The IDO also determines whether each person involved in handling an allegation of research misconduct has an unresolved personal, professional, or financial conflict of interest and shall take appropriate action, including requiring recusal of the conflicted party, to ensure that no person with such conflict is involved in the research misconduct proceeding.

In cooperation with other institutional officials, the IDO will take all reasonable and practical steps to protect or restore the positions and reputations of good faith Complainants, Respondents against whom no finding of research misconduct is made, witnesses, and committee members; and counter potential or actual retaliation against them by Respondents or other institutional members. In the event the IDO has a potential conflict of interest with respect to a particular research misconduct allegation, the President or designee shall determine who shall be responsible as IDO for review of the particular research misconduct allegation.

The Institutional Deciding Official will make a final determination on all investigations based on an investigation committee's formal review and report and the research misconduct determination criteria in this policy. The IDO may consult with the RIO, committee members, and/or other institutional officials in making a final determination on an investigation. The IDO may terminate the review of an allegation with an admission, if the admission is accepted and any proposed settlement is approved by the appropriate federal agency, sponsor, or institution (if not funded).

Institutional Members

All institutional members will report observed, suspected, or apparent research misconduct to the RIO. At any time, an institutional member may have private discussions and consultations about concerns of possible research misconduct with the RIO and will be counseled about appropriate procedures for reporting allegations or provided information or referral to other institutional offices as appropriate.

Institutional members will cooperate with the RIO and other institutional officials in the review of research misconduct 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 RIO and other institutional officials. Institutional members may not retaliate or threaten retaliation in any way against Complainants, Respondents, witnesses, committee members or any others involved in research misconduct assessment and/or proceedings. Institutional members should immediately report any alleged or apparent retaliation to the RIO.

Procedures for Addressing Allegations of Research Misconduct

Assessment

An assessment's purpose is to determine whether an allegation warrants an inquiry. An assessment is intended to be a review of readily accessible information relevant to the allegation. Assessment is a preliminary process to cull out clearly erroneous, unsubstantiated, or bad faith allegations. Interviews and an exhaustive review of all evidence are not required to determine whether an allegation warrants further review through an inquiry.

Upon receiving an allegation of research misconduct, the RIO will promptly assess the allegation to determine whether the allegation (a) is within the definition of research misconduct, (b) involves research as described in the scope of this policy, and (c) is sufficiently credible and specific so that potential evidence of research misconduct may be identified. If the RIO determines that the requirements for an inquiry are met, the RIO will document the assessment, promptly sequester all research records and other evidence, and promptly initiate the inquiry. If the RIO determines that requirements for an inquiry are not met, they will keep sufficiently detailed documentation of the assessment and the reasons why the University of Oregon did not conduct an inquiry, and, if federally funded, permit a later review by ORI or other applicable agencies/entities. Assessments generally will be completed within fifteen (15) days of receipt of all necessary information.

Inquiry

An inquiry's purpose is to conduct an initial review of the evidence to determine whether an allegation warrants an investigation. An inquiry does not require a full review of all related evidence. Interviews are not required but may be employed. If needed, additional scientific, technical or other relevant expertise may be used to assist the inquiry committee with review. The University of Oregon will complete the

inquiry within 90 days of initiating it unless circumstances warrant a longer period, in which it will sufficiently document the reasons for exceeding the time limit in the inquiry report.

Sequestering Evidence and Notifying the Respondent
Before or at the time of notifying the Respondent(s) of allegation(s) and whenever additional items become known or relevant, the University of Oregon will promptly take all reasonable and practical steps to obtain, inventory, and securely sequester all research records and other research materials.

At the time of or before beginning the inquiry, the University of Oregon will make a good-faith effort to notify the presumed Respondent(s), in writing, that an allegation(s) of research misconduct has been raised against them, the relevant research records have been sequestered, and an inquiry will be conducted to decide whether to proceed with an investigation. If additional allegations are raised, the University of Oregon will notify the Respondent(s) in writing. When appropriate, the University of Oregon will give the Respondent(s) copies of, or reasonable supervised access to, the sequestered materials.

If additional Respondents are identified, the University of Oregon will provide written notification to the new Respondent(s). All additional Respondents will be given the same rights and opportunities as the initial Respondent. Only allegations specific to a particular Respondent will be included in the notification to that Respondent.

Convening the Inquiry Committee
An inquiry committee will include at least three people appointed to conduct an Inquiry. In lieu of a committee, the institution may task the RIO or another designated institutional official to conduct the inquiry, provided this person utilizes subject matter experts as needed to assist in the inquiry.

Determining Whether an Investigation Is Warranted
The inquiry committee, RIO, or other designated institutional official will conduct a preliminary review of the evidence. In the process of fact-finding, the inquiry committee may interview the Complainant, the Respondent and/or witnesses. The University of Oregon will give due consideration to admissible, credible evidence of honest error or difference of opinion presented by the Respondent at the time of inquiry. An investigation is warranted if (a) there is a reasonable basis for concluding that the allegation falls within the definition of research misconduct and involves research, research training, or activities related to that research or research training; and (b) preliminary information-gathering and fact-finding from the inquiry indicates that the allegation may have substance.

The inquiry committee will not determine if research misconduct occurred, nor assess whether the alleged misconduct was intentional, knowing, or reckless; such a determination is not made until the case proceeds to an investigation.

Documenting the Inquiry
At the conclusion of the inquiry, regardless of whether an investigation is warranted, the inquiry committee, RIO, or other designated institutional official will prepare a written inquiry report. The contents of a complete inquiry report will include:

1. The names, professional aliases, and positions of the Respondent and Complainant(s).
2. A description of the allegation(s) of research misconduct.

3. Details about relevant PHS or other funding, including any grant numbers, grant applications, contracts, and publications listing PHS or other support.
4. The composition of the inquiry committee, if used, including name(s), position(s), and subject matter expertise.
5. An inventory of sequestered research records and other evidence and description of how sequestration was conducted.
6. Transcripts of any interviews, if transcribed.
7. Inquiry timeline and procedural history.
8. Any scientific or forensic analyses conducted.
9. The basis for recommending that the allegation(s) warrant an investigation, if determined to be warranted. This may include a description of commonly accepted practices and evidence that conduct deviated from those practices.
10. The basis on which any allegation(s) do not merit further investigation, if determined to not merit further investigation.
11. Any comments on the inquiry report by the Respondent or the Complainant(s).
12. Any institutional actions implemented, including internal communications or external communications with journals or funding agencies.
13. Documentation of potential evidence of honest error or difference of opinion.

Completing the Inquiry
The University of Oregon will notify the Respondent whether the inquiry found that an investigation is warranted, provide the Respondent an opportunity to review and comment on the draft inquiry report, and attach their comments to the inquiry. The University of Oregon may, but is not required to, provide relevant portions of the report to a Complainant for comment.

The University of Oregon will notify the Respondent of the inquiry's final outcome and provide the Respondent with copies of the final inquiry report, controlling regulations if any, and this policy.
Upon completion of the inquiry, the University of Oregon will add the inquiry report and all records considered or relied on during the inquiry to the institutional record.

If an Investigation Is Not Warranted:
If an investigation is not warranted, the University of Oregon will document why the University of Oregon did not proceed to an investigation and store records in a secure manner for at least seven years after the termination of the inquiry, and provide them to ORI or other applicable agency/entity upon request. The determination that an investigation is not warranted concludes the University of Oregon's review of the allegation unless new evidence relevant to the initial allegation is provided.

If an Investigation is Warranted:
If the inquiry committee, RIO, or other designated institutional official determines that an investigation is warranted, the University of Oregon must: (a) provide written notice to the Respondent(s) of the decision to conduct an investigation of the alleged misconduct, including any allegations of research misconduct not addressed during the inquiry; and (b) within 30 days of determining that an investigation is warranted, provide the federal funding agency/entity a copy of the inquiry report as required.

On a case-by-case basis, the University of Oregon may choose to notify the Complainant that there will be an investigation of the alleged misconduct. When there is more than one Complainant, the University of Oregon will take the same notification action for all Complainants.

Investigation

The purpose of an investigation is to formally develop a factual record, pursue leads, examine the record, and recommend finding(s) to the IDO. As part of its investigation, the University of Oregon will diligently pursue significant issues and relevant leads, including any evidence of additional instances of possible research misconduct, and continue the investigation to completion. Within 30 days after deciding an investigation is warranted, the University of Oregon will notify the federal funding agency/entity of the decision to investigate and begin the investigation, when required.

Notifying the Respondent and Sequestering Evidence

If an investigation commences, the University of Oregon will provide written notification to the Respondent within 30 days of determining that an investigation is warranted and before the investigation begins. The notification will also include any additional allegations raised against the Respondent not previously addressed by the inquiry report.

If the University of Oregon identifies additional Respondents during the investigation, it may choose to either conduct a separate inquiry or add the new Respondent(s) to the ongoing investigation. If additional information is sequestered at this time, the University of Oregon will obtain the original or substantially equivalent copies of all research records and other evidence, inventory these materials, sequester them in a secure manner, and retain them for seven years after its proceeding or any HHS proceeding if federally funded, whichever is later.

Convening an Investigation Committee

An investigation committee means a group of at least three people appointed to conduct the investigation. The University of Oregon will convene the committee and ensure that the members understand their responsibility to conduct the research misconduct proceedings. The investigation committee will conduct interviews, pursue leads, and examine all research records and other evidence relevant to reaching a decision on the merits of the allegation(s). The University of Oregon will give due consideration to admissible, credible evidence of honest error or difference of opinion presented by the Respondent at the time of investigation. If needed, additional scientific, technical or other relevant expertise may be used to assist the investigation committee with review. The University of Oregon will notify the Respondent in writing of any additional allegations raised against them during the investigation.

Conducting Interviews

The University of Oregon will seek to interview each Respondent, Complainant(s), and any other available person who has been reasonably identified as having information regarding relevant aspects of the investigation, including witnesses identified by the Respondent. The University of Oregon will number all relevant exhibits and refer to any exhibits shown to the interviewee during the interview by that number. The University of Oregon will record and transcribe interviews during the investigation and make the transcripts available to the interviewee for correction. The University of Oregon will include the transcript(s) with any corrections and exhibits in the institutional record of the investigation.

Documenting the Investigation

The University of Oregon will complete all aspects of the investigation within 180 days, except for Department of Energy (DOE) sponsored research in which the investigation must be completed within 120 calendar days of the first meeting of the investigation committee. If federally sponsored and the

investigation cannot be completed within this timeframe, the University of Oregon will ask ORI or other applicable regulatory body in writing for an extension and document the reasons for exceeding the day period in the investigation report. The University of Oregon will conduct the investigation, prepare the draft investigation report for each Respondent, and provide the opportunity for Respondents to comment. The University of Oregon will document the IDO's final decision and transmit the institutional record (including the final investigation report and IDO's decision) to ORI or other applicable regulatory body as required.

The investigation report for each Respondent will, at minimum, include:

1. A description of the nature of the allegation(s) of research misconduct, including any additional allegation(s) addressed during the research misconduct proceeding.
2. A description and documentation of the PHS or other support, including any grant numbers, grant applications, contracts, and publications listing PHS or other support. This documentation includes known applications or proposals for support that the Respondent has pending with PHS and non-PHS Federal agencies.
3. A description of the specific allegation(s) of research misconduct for consideration in the investigation of the Respondent.
4. The composition of investigation committee, including name(s), position(s), and subject matter expertise.
5. An inventory of sequestered research records and other evidence, except records the University of Oregon did not consider or rely on. This inventory will include manuscripts and applicable funding proposals that were considered or relied on during the investigation. The inventory will also include a description of how any sequestration was conducted during the investigation.
6. Transcripts of all interviews conducted.
7. Identification of the specific published papers, manuscripts submitted but not accepted for publication (including online publication), PHS or applicable funding applications, progress reports, presentations, posters, or other research records that contain the allegedly falsified, fabricated, or plagiarized material.
8. Any scientific or forensic analyses conducted.
9. A copy of this policy.
10. Any comments made by the Respondent and Complainant(s) on the draft investigation report and the committee's consideration of those comments.
11. A statement for each separate allegation of whether the committee recommends a finding of research misconduct.

For each allegation in which the committee recommends a finding of research misconduct, the committee will include the following in the investigation report: (a) the identify of the individual(s) who committed the research misconduct; (b) indication whether the misconduct was falsification, fabrication, and/or plagiarism; (c) indication whether the misconduct was committed intentionally, knowingly, or recklessly; (d) identification of any significant departure from the accepted practices of the relevant research community and confirmation that the allegation was proven by a preponderance of the evidence; (e) a summary of the facts and analysis supporting the conclusion and, and consideration of the merits of any explanation by the Respondent; (f) identification of the specific PHS or other applicable support, if funded and (g) a statement whether any publications need correction or retraction.

If the investigation committee does *not* recommend a finding of research misconduct for an allegation, the investigation report will provide a detailed rationale for its conclusion.

Completing the Investigation
The University of Oregon will give the Respondent a copy of the draft investigation report and, concurrently, a copy of, or supervised access to, the research records and other evidence that the investigation committee considered or relied on, and allow the Respondent(s) an opportunity to review the witness transcripts. The Respondent will submit any comments on the draft report to the University of Oregon within 30 days of receiving the draft investigation report. If the University of Oregon chooses to share a copy of the draft investigation report or relevant portions of it with the Complainant(s) for comment, the Complainant's comments will be submitted within 30 days of the date on which the Complainant received the report. The University of Oregon will add any comments received to the investigation report.

IDO Review of the Investigation Report
The IDO will make a final written determination of whether the University of Oregon found research misconduct and, if so, who committed the misconduct. In the written determination statement, the IDO will include a description of relevant institutional actions taken or to be taken. The RIO will notify the Respondent of the IDO's determination of whether research misconduct was found.

Findings of Research Misconduct
When there is a final decision that research misconduct has occurred, the IDO, after consultation with the Provost if appropriate, and/or other institutional officials or offices, shall take appropriate actions in response to the finding of research misconduct. The Respondent will not interfere with these efforts.

Such actions may include, but are not limited to:

- Imposition of sanctions within the authority of the IDO or Provost and initiating University of Oregon disciplinary proceedings appropriate to the finding of research misconduct pursuant to applicable University policies, procedures, and contracts, or a referral of the finding of research misconduct to another administrator who has authority to impose sanctions and initiate disciplinary proceedings.
- Attempts by the RIO to correct, and/or seek retraction of, any part of the research record materially affected by the research misconduct if applicable.
- Notification to the sponsoring agency when appropriate or otherwise required.
- Removal of responsible person(s) from the research project(s), restriction on specific duties and/or special monitoring.
- Referral to law enforcement agencies, professional societies, professional licensing boards, collaborators of the Respondent and other relevant parties.
- Degree Revocation. Research misconduct which materially affects the original scholarly or creative work included in a master's or doctoral thesis submitted in fulfillment of degree requirements at the University of Oregon constitutes grounds for the revocation of that degree.
- Government Sanctions/Actions. In addition to sanctions imposed by the University of Oregon, certain federal funding sources may impose sanctions of their own, if the research misconduct involved research they supported.
- Any other steps deemed appropriate to preserve the integrity of the University of Oregon's research and the credibility of the sponsor's program, if sponsored.

Creating and Transmitting the Institutional Record

After the IDO has made a final determination of research misconduct findings, the University of Oregon will add the IDO's written decision to the investigation report.

The institutional record consists of the records that were compiled or generated during the research misconduct proceeding, except records the institution did not rely on. These records include documentation of the assessment; a single index listing all research records and evidence; the inquiry report and investigation report; and all records considered or relied on during the investigation. The institutional record also includes the IDO's final decision and any information the Respondent provided to the institution. The institutional record includes a general description of the records that were sequestered but not considered or relied on.

If the Respondent filed an appeal (see Appeal section below), the complete record of any institutional (internal) appeal also becomes part of the institutional record. If there is an internal appeal, the University of Oregon will wait until the appeal process is concluded to transmit the institutional record to any applicable regulatory body. After the IDO has made a final written determination, and any institutional appeal is complete, the institution will complete the institutional record and transmit the institutional record to ORI or other applicable regulatory body if required.

Other Procedures and Considerations

Conflicts of Interest
The University of Oregon will take appropriate precautions to ensure that individuals responsible for carrying out any part of the research misconduct proceeding do not have unresolved potential, perceived, or actual personal, professional, or financial conflicts of interest with the Complainant, Respondent, or witnesses.

Multiple Institutions and Multiple Respondents
If the alleged research misconduct involves multiple institutions, the University of Oregon may work closely with the other affected institutions to determine whether a joint research misconduct proceeding will be conducted. If so, the cooperating institutions will choose an institution to serve as the lead institution. In a joint research misconduct proceeding, the lead institution will obtain research records and other evidence pertinent to the proceeding, including witness testimony, from the other relevant institutions. By mutual agreement, the joint research misconduct proceeding may include committee members from the institutions involved. The determination of whether further inquiry and/or investigation is warranted, whether research misconduct occurred, and the institutional actions to be taken may be made by the institutions jointly or tasked to the lead institution.

Respondent Admissions
The University of Oregon will document Respondent admissions, and if regulated, will promptly notify ORI or other applicable regulatory body in advance if at any point during the proceedings (including the assessment, inquiry, investigation, or appeal stage) it plans to close a research misconduct case because the Respondent has admitted to committing research misconduct or a settlement with the Respondent has been reached.

If the Respondent admits to research misconduct, the University of Oregon will not close the case until it receives the Respondent's signed, written admission and the admission is determined complete. The admission must state the specific fabrication, falsification, or plagiarism that occurred, which research

records were affected, and that it constituted a significant departure from accepted practices of the relevant research community.

Termination of Respondent's Employment
The termination of the Respondent's institutional employment, by resignation or otherwise, before or after an allegation of possible research misconduct has been reported, assessed, or reviewed, will not preclude or terminate the research misconduct assessment or proceedings. If the Respondent refuses to participate in the process after termination or resignation, the RIO, IDO, and Inquiry and/or Investigation Committee(s) will use their best efforts to reach a conclusion concerning the allegations.

New Evidence
If, following a final decision that research misconduct has occurred, any party learns of previously unavailable material evidence relevant to the determination of research misconduct, the evidence must be provided to the RIO with an explanation of its origin and importance. The RIO shall submit the new evidence to the IDO. The IDO shall promptly consider the new evidence, its impact on the Investigation report and its impact on the finding of research misconduct. The IDO may consult with the investigation committee as needed. Based on the new evidence and the investigation committee's recommendation, if solicited, the IDO may reverse or affirm the previous finding of research misconduct or remand the matter to an investigation committee to conduct a new investigation considering the new evidence. The investigation process described in this policy would be used to conduct any new investigation.

Appeal
Respondents found to have committed research misconduct may appeal. During appellate proceedings, no sanction will be imposed and no disciplinary proceeding will commence as a consequence of the finding of research misconduct.

The Respondent may appeal a finding of misconduct to the RIO within 30 days of the date of the finding. The appeal must be in writing and must set forth the reasons (whether substantive or procedural) the Respondent believes the finding of research misconduct is wrong. The RIO will submit the appeal to the President for decision. The President may appoint a University of Oregon faculty member or administrator who does not have a conflict of interest and who has not previously been involved in the review of the allegation to review the research misconduct proceeding records, this policy, and the appeal and make recommendations to the President. The President's decision on the appeal shall be based on the Misconduct Proceeding Records, as clarified or supplemented by the RIO in response to any request for further information about the research misconduct proceedings, and the Respondent's appeal.

A Respondent who has applied for or received support from a federal funding source for research associated with research misconduct may have the ability under federal and/or other funding source regulations to appeal a finding of research misconduct as part of the investigation by that federal and/or other funding source. If the Respondent appeals a finding of research misconduct to a federal funding source, the RIO will attempt to obtain copies of all documents filed in that appeal and work with the federal agency or funding source on the appeal as appropriate.

If the RIO learns of previously unavailable material evidence relevant to the finding of misconduct during or subsequent to the appeal, the RIO shall inform the President and the Respondent of the new evidence. If the President concurs that the new evidence could materially affect the finding of research misconduct,

the President shall remand the finding of research misconduct to the IDO for consideration of the new evidence. The IDO may consult as necessary with the RIO and members of the investigation committee. The IDO shall notify the President of the finding of new evidence immaterial to his or her prior finding or that the matter should be reopened generally within fourteen (14) days. The President may extend the review period for good cause by notice to the Respondent and the RIO.

The President shall issue a decision and rationale affirming or reversing the finding of research misconduct within 30 days after the submission of the appeal to the RIO. The President may extend this period for good cause by notice to the Respondent and the RIO.

Unacceptable or Questionable Research Practices
During research misconduct proceedings, the RIO, inquiry committee, investigation committee and/or IDO may find that, while a Respondent's conduct does not warrant further review and/or was not determined to be research misconduct, it nevertheless constitutes an unacceptable or questionable research practice. Any such finding shall be referred to the appropriate institutional administrator for review and further action, if any.

Retaliation
Retaliation or the threat of retaliation in any way against Complainants, Respondents, witnesses, committee members or any others involved in research misconduct assessment and/or proceedings is prohibited.

Other Special Circumstances
At any time during the research misconduct proceedings, the University of Oregon will immediately notify ORI or other applicable regulatory body if any of the following circumstances arise:

1. Health or safety of the public is at risk, including an immediate need to protect human or animal subjects.
2. Federal (Health and Human Services or other supporting body) resources or interests are threatened.
3. Research activities should be suspended.
4. There is 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 applicable regulatory body may need to take appropriate steps to safeguard evidence and protect the rights of those involved.

Records Retention

The University of Oregon will maintain the institutional record and all sequestered evidence, including physical objects (regardless of whether the evidence is part of the institutional record), in a secure manner, for a minimum of seven years after the completion of the proceeding or if federally regulated, the completion of any regulatory proceeding, whichever is later, unless custody has been transferred to the applicable regulatory entity.

Related Resources

Federal Regulations

42 C.F.R. Part 93 (PHS)
45 C.F.R. Part 689 (NSF)
14 C.F.R. Part 1275 (NASA)
10 C.F.R. Part 733 (DOE)
U.S. Dept. of Justice Scientific and Research Integrity Policy
Dept. of Defense Directive 3216.2
NSF Proposal and Award Policies and Procedures Guide (PAPPG) 24-1

NOTE: Portions of this policy are adapted with permission from the Colorado State University Administrative Procedures for Research Misconduct, the federal Office for Research Integrity sample policy, and Michigan State University's policy.