

SUNY Polytechnic Institute

Policy on the Responsible Conduct of Research and Scholarship and Procedures for Responding to Allegations of Research Misconduct

Executive Summary

The Policy on the Responsible Conduct of Research and Scholarship and Procedures for Responding to Allegations of Research Misconduct was developed to comply with the U.S. Public Health Service (PHS) and National Science Foundation (NSF) requirement that recipients of grants develop policies on scientific misconduct and adopt procedures to examine allegations of research misconduct. This policy applies to all research and scholarship conducted at The State University of New York Polytechnic Institute (SUNY Poly) whether conducted under: an externally funded sponsored project; an internally funded project; or an unfunded project conducted by faculty, staff, or students working under the supervision of faculty and/or staff. Any individual working on or contributing to such a project, whether for monetary compensation or not, is covered by this policy.

As it applies to this policy, research misconduct means fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the academic community for proposing, conducting, reviewing, or reporting research or scholarship, including artistic expression, and includes misrepresentation of academic credentials or scholarship in proposing or securing awards, grants, or professional recognition. See below for the full definition.

The procedures included herein prescribe the roles and responsibilities of various campus offices, personnel, and ad hoc committees as they apply to the implementation of this policy. In brief summary the procedures contained herein include a four stage process once an allegation of research misconduct is made and are as follows: (1) An inquiry to determine whether the allegation or related issue warrants further investigation; (2) When warranted, an investigation to collect and examine all pertinent evidence; (3) A formal adjudication on the allegation; and (4) Appropriate administrative action on the matter.

1. Purpose

The PHS and NSF require recipients of grants to have policies and procedures on scientific misconduct in place to both uncover acts of research fraud and examine allegations of misconduct in the conduct of research. SUNY Poly (University) adopts the following policies and procedures regarding the responsible conduct of research in all fields throughout the University.

The University has established a procedure to review allegations of research misconduct. The principles associated with the University's policy and procedures are as follows:

- a. The University shall treat all parties with justice and fairness and shall be sensitive to each person's reputation and responsibilities.
- b. Procedures shall preserve the highest attainable degree of confidentiality compatible with an effective investigation response.

- c. Procedures shall be as expeditious as possible in leading to the resolution of the charges in a timely manner.
- d. The integrity of the process shall be maintained by carefully avoiding any real or apparent conflict of interest.

This policy and procedures therein are intended to conform to the requirements of the United States Department of Health and Human Services (HHS), the PHS, the NSF, and Federal regulations including, but not limited to, the "Public Health Service Policies on Research Misconduct" [42 Code of Federal Regulations (CFR) 93] and the policies of the NSF [45 CFR, Part 689], and thus are referenced where applicable.

2. Scope

This policy applies to research and scholarship whether conducted under: an externally funded sponsored project that is awarded to The Research Foundation for The State University of New York acting on behalf of The State University of New York Polytechnic Institute; an internally funded project; or an unfunded project conducted by faculty, staff, or students working under the supervision of faculty and/or staff. Any individual working on or contributing to such a project, whether for monetary compensation or not, is covered by this policy.

The scope of this policy includes any research proposed, performed, reviewed or reported, or any research record generated from that research, regardless of whether an application or proposal for external or internal funds resulted in an award. It applies only to Allegations of Research Misconduct that occurred within six (6) years of the date the University or the sponsor received the Allegation, subject to the subsequent use, health and safety of the public, and grandfather exceptions in 42 CFR 93.105(b). The Vice President for Research Advancement has primary responsibility for overseeing research integrity, and shall appoint a Director of Research Compliance (DRC) who shall also serve as the Research Integrity Officer and who will be primarily responsible for the correct observance of the procedures set forth. Reports of misconduct shall be handled in a four-stage process:

- a. An inquiry to determine whether the allegation or related issue warrants further investigation;
- b. When warranted, an investigation to collect and examine all pertinent evidence;
- c. A formal adjudication on the allegation; and
- d. Appropriate administrative action on the matter.

3. Definitions

- a. **Allegation** means a disclosure of possible research misconduct through any means of communication and brought directly to the attention of an institutional or HHS official.
- b. **Complainant** means an individual who makes a good faith allegation of misconduct in research or scholarship.

- c. **Conflict of Interest** means the real or apparent interference of one person's interests with the interests of another person, where potential bias may occur due to prior or existing personal, professional or financial relationships.
- d. **Deciding Official (DO)** means the institutional official who makes final determinations on allegations of misconduct and any institutional administrative actions. The President, or designee, is the University's Deciding Official.
- e. **Director of Research Compliance (DRC)** is the institutional official who is responsible for: the implementation of this policy including assessing allegations of misconduct; overseeing inquiries and investigations; and fulfilling such other responsibilities as are outlined in this policy. The DRC is charged with the responsibility to provide regulatory guidance and administrative support for all misconduct proceedings. The DRC, or designee, shall be present at all inquiry and investigative committee meetings, interviews, and other proceedings regarding allegations of misconduct.
- f. **Evidence** means 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 testimony.
- g. **Fabrication** means making up data or results and recording or reporting them.
- h. **Falsification** means manipulating research materials, equipment, processes, or changing or omitting data or results so that the research is not accurately represented in the research record.
- i. **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 for the purpose of helping an institution meet its responsibilities under this part. 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.
- j. **Inquiry** means information gathering and initial fact-finding to determine whether an allegation or apparent instance of misconduct warrants an investigation.
- k. **Inquiry Committee** means the three to five member ad hoc committee that is charged with conducting an inquiry into an allegation of misconduct that will be assembled by the DRC with advice from the RMAF which will recommend between three and ten candidates to serve as the Inquiry Committee. If a student is the Complainant or the

Respondent then the RMAF may decide to include a student representative in the Inquiry Committee.

- l. **Institutional Counsel** means the University's Associate Counsel which represents the University during misconduct proceedings.
- m. **Investigation** means the formal development of a factual record and the examination of that record leading to a decision not to make a finding of Research Misconduct or to a recommendation for a finding of Research Misconduct which may include a recommendation for other appropriate actions, including administrative actions.
- n. **Investigation Committee** means the three to five member ad hoc committee that is charged with conducting an investigation into an allegation of misconduct that will be assembled by the DRC with advice from the RMAF which will recommend between five and ten candidates to serve as the Investigation Committee. If a student is the Complainant or the Respondent then the RMAF may decide to include a student representative in the Investigation Committee.
- o. **Office of Research Integrity (ORI)** means the office established by Public Health Service Act section 493 ([42 U.S.C. 289b](#)) and to which the HHS Secretary has delegated responsibility for addressing research integrity and misconduct issues related to PHS-supported activities.
- p. **Plagiarism** means the appropriation of another person's ideas, processes, results or words without giving appropriate credit.
 - (a) 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.
 - (b) 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. Self-plagiarism and authorship disputes do not meet the definition of research misconduct.
- q. **Preponderance of the evidence** means proof by evidence that, compared with evidence opposing it, leads to the conclusion that the fact at issue is more likely than not.
- r. **Research** means 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.
- s. **Research Misconduct** means 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.

- t. **Research Misconduct Advisory Task Force (RMATF)** means a group of five senior faculty members that will be assembled by the DRC on an as needed basis to address allegations of research misconduct. The members of the RMATF will be the faculty that serve as the Chair and Vice Chair of the Utica Faculty Assembly, the CNSE Faculty Senate, and the Chair of the Council on Research on the date that the DRC notifies the Respondent of the allegation. Once the RMATF is notified, the members of the RMATF will appoint a Chair for the group. As described in more detail throughout this policy, the responsibilities of the RMATF is primarily to advise and guide the DRC in areas such as populating the inquiry and investigation committees. If the allegation of research misconduct is against a member of the RMATF then they must recuse themselves from any proceedings and the DCR in consultation with the remaining members of the RMATF will decide on a replacement. A member of the RMATF can serve on the Inquiry Committee and/or the Investigation Committee.
- u. **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.
- v. **Respondent** means the individual against whom an allegation of research misconduct is directed or who is the subject of a research misconduct proceeding.
- w. **Retaliation** means any 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.
- x. **Scholarship** means original contributions or artistic works which constitute advances or contributions to the individual's discipline or to practice in the field.

4. Rights and Responsibilities

a. Director of Research Compliance (DRC)

The University's DRC will have primary responsibility for implementation of the procedures set forth in this policy, and shall ensure that all individuals responsible for administering this policy and these procedures or participating in the proceedings governed hereby, are free from bias and have no real or apparent conflicts of interest with either the parties involved or the subject matter of any allegation. The DRC will, in consultation with the RMATF, appoint the inquiry and investigation committees and shall take all reasonable steps to ensure an impartial and unbiased misconduct proceeding to the maximum extent

practicable. Those conducting the inquiry or investigation shall be selected on the basis of expertise that is pertinent to the matter and, prior to selection, shall be thoroughly screened by the RMAF for any real or apparent personal, professional, or financial conflicts of interest with the Respondent, Complainant, potential witnesses, or others involved in the matter. Any such conflict which a reasonable person would consider to demonstrate potential bias shall disqualify the individual from selection.

At the time of or before beginning an inquiry, the DRC must make a good faith effort to notify in writing the presumed Respondent(s), if any, of the allegations of misconduct. If the inquiry subsequently identifies additional Respondents, the institution must notify them.

To the extent allowed by law, the DRC shall maintain the identity of Respondents and Complainants and any information obtained during a misconduct proceeding that might identify the subjects of research securely and confidentially and shall not be disclosed, except to: (1) those who need to know in order to carry out a thorough, competent, objective, and fair misconduct proceeding; (2) the applicable federal agency as it conducts its review of the misconduct proceeding and any subsequent proceedings; or (3) as otherwise required by law.

The DRC, or designee, will assist the inquiry and investigation committees and all University personnel in complying with these procedures and with applicable standards imposed by government or external funding sources. The DRC is also responsible for securing the research records, maintaining files of all relevant documents and evidence and for the confidentiality and the security of the files. The DRC will report to government or other external funding sponsors and ORI as required by 42 CFR Part 93 or any other relevant federal regulations and/or notify and make reports to the appropriate regulatory agency or sponsors as required by regulations and this policy and keep them apprised of any developments during the course of the inquiry or investigation that may affect current or potential funding for the individual(s) under investigation or that the government or other external funding sponsors need to know to ensure appropriate use of research funds and otherwise protect the public interest.

The DRC will, upon receipt of an allegation of misconduct, and in consultation with the RMAF Chair and Institutional Counsel, make an initial assessment of whether the allegation warrants an inquiry. The DRC shall take all reasonable steps to ensure an impartial and unbiased misconduct proceeding in accordance with these procedures to the maximum extent practicable. Upon receipt by the DRC of a timely written objection to any member of an inquiry or investigation committee or the RMAF Chair on the basis of a real or apparent conflict of interest, the DRC shall promptly determine, in consultation with the RMAF Chair, whether to replace the challenged member with a qualified substitute as provided below. The DRC is responsible for maintaining confidentiality of the misconduct proceedings. Therefore, the DRC shall not disclose any information regarding the allegations, the proceedings, or the identity of individuals involved in the proceedings except as may necessary to the proper discharge of her/his responsibilities hereunder, or as required by law.

b. Respondent

The Respondent shall be entitled to a prompt, thorough, competent, objective and fair response to allegations of misconduct. The Respondent will be informed of the allegations and notified in writing of the final determinations of any inquiry or investigation of the allegations and the resulting institutional actions, if any. The Respondent will also have the opportunity to be interviewed by and present evidence to the inquiry and investigation committees, to review the inquiry and investigation reports, and to have the advice of an advisor, who may be legal counsel, throughout the misconduct proceedings. The advisor for the Respondent, however, may not actively participate in the misconduct proceedings. If the Respondent is found not to have engaged in misconduct, the University will make a diligent effort to restore his or her reputation. The Respondent is expected to cooperate with the misconduct proceeding, and, except as may be necessary to respond fully to an allegation of misconduct or as appropriate to restoring his or her reputation after the conclusion of the proceedings, the Respondent must maintain the confidentiality of the misconduct proceedings including all documents and other evidence generated as part of the proceedings. If the Respondent refuses to cooperate with the misconduct proceeding, the DRC and any inquiry or investigation committee will use their best efforts to reach a conclusion concerning the allegations, noting in their reports the Respondent's failure to cooperate and its effect on the evidence.

If the case becomes public, the University may take such steps as may be appropriate, consistent with applicable law, to defend its actions.

The Respondent may, within five (5) calendar days of receipt of notice of an allegation of misconduct or of the initiation of an inquiry or investigation, submit to the DRC a written objection that the DRC, or any appointed member of an inquiry or investigation committee has a real or apparent conflict of interest and the basis thereof. The DRC shall promptly determine whether to replace the challenged committee member with a qualified substitute. Objections regarding the DRC shall be referred to the DO, or designee, who shall promptly determine whether to replace the DRC with a qualified substitute. A written record of any decision to replace the DRC or any member of an inquiry or investigation committee, and the reasons therefore, shall be made part of the record of the proceeding.

c. Complainant

The Complainant is expected to make allegations in good faith and fully cooperate with the misconduct proceeding, including the inquiry and investigation. If the Complainant refuses to cooperate with the misconduct proceeding, the DRC and any inquiry or investigation committee will use their best efforts to reach a conclusion concerning the allegations, noting in their reports the Complainant's failure to cooperate and its effect on the evidence. The Complainant must maintain the confidentiality of the misconduct proceedings. Therefore, the Complainant shall not disclose any information regarding the proceedings, or the identity of individuals involved in the proceedings.

d. University Associate Counsel

The University Associate Counsel shall serve as legal advisor to the University, the DRC and the inquiry and investigation committees, as needed. The University Associate Counsel shall

be consulted regarding any question of the application or interpretation of the provisions of this policy and these procedures. Upon request of the DRC, the University Associate Counsel shall attend meetings, interviews, and other proceedings during the inquiry and/or investigation, but will not actively participate in such meetings, interviews or other proceedings.

e. Deciding Official

The President or designee serves as the Deciding Official (DO). The DO will receive the Inquiry Report from the DRC and after consulting with the DRC and/or other institutional officials, decide whether an Investigation is warranted [under the criteria in 42 CFR 93.307(d)] where applicable. Any finding that an Investigation is warranted must be made in writing by the DO and must be provided to ORI where applicable or the appropriate regulatory agency, together with a copy of the Inquiry report meeting the requirements of 42 CFR 93.309 where applicable, within thirty (30) days of the receipt of the report by the DO. The DO shall ensure that the final Investigation Report, the findings of the DRC, and the RMAF, and a description of any pending or completed administrative actions are provided to ORI, as required by 42 CFR 93.315 where applicable or the appropriate regulatory agency. If it is found that an Investigation is not warranted, the DO and the DRC will ensure that detailed documentation of the Inquiry is retained for at least seven (7) years after termination of the Inquiry, so that ORI or the appropriate regulatory agency 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 DRC and/or other institutional officials, decide the extent to which the University accepts the findings of the Investigation and, if Research Misconduct is found, decide what, if any, institutional administrative actions are appropriate.

5. Procedure

a. Confidentiality

All individuals responsible for administering this policy and these procedures or participating in any misconduct proceeding shall, to the maximum extent practicable maintain the confidentiality of information regarding a Complainant, a Respondent and all participants in any misconduct proceeding. Therefore, 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, and as allowed by law. Furthermore, 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 in all circumstances shall be limited to those who have a need to know to carry out a research misconduct proceeding.

b. Allegations of Misconduct

- i. All University members shall report observed, suspected, or apparent Research Misconduct to the DRC. 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 DRC to discuss the suspected Research Misconduct informally, which may include discussing it anonymously and/or hypothetically.

- ii. While the University will fully consider oral or anonymous allegations, written allegations containing the following information, though not required, are ordinarily more useful:
 - 1. Name of Respondent(s);
 - 2. Name of Complainant(s);
 - 3. Names of witnesses, if known;
 - 4. Description of misconduct;
 - 5. When misconduct occurred;
 - 6. Where misconduct occurred;
 - 7. Supporting documentation, if any;
 - 8. Grant number or title, if applicable; and
 - 9. Funding source, if any.
- iii. Upon receipt of an allegation of misconduct, the DRC will promptly and fully inform the RMATF.
- iv. To the extent practicable, or as otherwise required by law, the identity of Complainants who wish to remain anonymous will be kept confidential.

c. Preliminary Assessment of Allegations

- i. Upon receiving an allegation of misconduct, the DRC, in consultation with the RMATF Chair, will immediately assess the allegation to determine whether it:
 - 1. falls within the definition of misconduct in research or scholarship; and
 - 2. is sufficiently credible and specific so that potential evidence of misconduct may be identified; and
 - 3. falls within the applicable limitation period set forth below.
- ii. An inquiry is warranted if an allegation falls within the definition of misconduct as provided herein and is sufficiently credible and specific so that potential evidence of misconduct may be identified. If the DRC, in consultation with the RMATF Chair and institutional counsel, determines that an allegation warrants an inquiry, then the DRC shall, within fourteen (14) calendar days of receipt of an allegation, initiate an inquiry, or as appropriate, an investigation. It is appropriate to initiate an investigation directly when there is sufficient evidence already available at the preliminary assessment, for example, as the result of an audit of a clinical trial. In such instance, the DRC shall prepare a written record

of the decision to move directly to an investigation, which shall be made part of the proceeding record.

- iii. The DRC, or designee, shall, on or before the date on which the Respondent is notified or the inquiry begins, whichever is earlier, promptly 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.
- iv. The DRC shall prepare a written record of the basis for the decision of whether to initiate an inquiry or investigation, as the case may be, including whether the RMAF Chair concurred with the DRC's determination and the reasons therefor, all of which shall be made part of the record of the proceeding.
- v. If no inquiry or investigation is initiated, the DRC shall notify the Respondent, Complainant and the RMAF Chair that the allegation did not warrant an inquiry or an investigation, as the case may be, under these procedures.

d. Inquiry

- i. The purpose of an inquiry is to determine whether an allegation warrants an investigation. An investigation is warranted if the allegation falls within the definition of misconduct in research and scholarship, and preliminary information-gathering indicates that the allegation may have substance. The inquiry phase may draw on testimony or written statements of the Complainant, Respondent, and key witnesses, if necessary, to determine whether there is sufficient evidence of possible misconduct to warrant an investigation. An inquiry does not require a full review of all the evidence related to the allegation. The purpose of the inquiry is not to reach a final conclusion about whether misconduct occurred or who was responsible. The inquiry shall be completed within ninety (90) calendar days of its initiation unless circumstances clearly warrant a longer period. If the inquiry takes longer than 90 days to complete, the inquiry record shall include documentation of the reasons for exceeding the 90-day period.
- ii. To initiate an inquiry, the DRC shall:
 - 1. within thirty (30) calendar days of the determination to initiate an inquiry, or as soon thereafter as practical, provide a written notice to the Respondent which shall include a description of all allegations of research misconduct made against the Respondent, a list of the members of the inquiry committee, documentation of the University's

policies regarding allegations of misconduct, and which shall inform Respondent of his/her obligations of cooperation and confidentiality;

2. take all reasonable and practical steps necessary to obtain custody, inventory, and secure all original research records and evidence relevant to the allegation at the time or before the Respondent is notified of an allegation. University students, faculty and staff including but not limited to the Complainant and Respondent, shall promptly provide all available records and data, including primary research material identified as relevant to the allegation. Copies of such records and data will be returned to individuals who supply the same to the DRC except for materials not amenable to copying. All reasonable steps, consistent with time constraints and other obligations imposed by federal regulations, shall be taken to eliminate or minimize any disruption that might be created for ongoing research efforts by such requirements to produce documentation;
 3. appoint, within fifteen (15) calendar days after the determination to initiate an inquiry, or as soon thereafter as practical, and in consultation with the RMAF Chair, an inquiry committee consisting of normally three (3), but not more than five (5) individuals who do not have real or apparent conflicts of interest in the proceeding. The members must be from within the institution. The inquiry committee, which shall elect its own chair, shall include at least one (1) member of RMAF, but shall not include the RMAF Chair or the DRC;
 4. provide a written notice to the Complainant that an inquiry has been initiated, which shall include a copy of the University's policies regarding allegations of misconduct and which shall inform the Complainant of her/his obligations of cooperation, good faith and confidentiality; and
 5. prepare a charge for the inquiry committee that describes the allegations and any related issues identified during the allegation assessment and that states the purpose of the inquiry.
- iii. At the inquiry committee's first meeting, the committee will elect a chair and a secretary to serve as primary note taker. The DRC will review the inquiry committee's charge, discuss the allegations and any related issues, outline the purpose of the inquiry, i.e., to determine whether the allegation warrants an investigation, review the appropriate procedures for the conduct of the inquiry, answer any questions raised by the committee, and otherwise assist the committee in the planning and conduct of the inquiry.
 - iv. In the conduct of the inquiry, the committee shall interview the Respondent, and, if necessary, the Complainant and other key witnesses and shall examine relevant records and other evidence. Interviews of all witnesses interviewed by the committee shall be transcribed or recorded. The committee shall evaluate

the testimony and other evidence and shall determine whether there is sufficient evidence of possible misconduct to warrant an investigation.

- v. The committee shall ordinarily complete its inquiry and submit a final report of its findings to the DRC within twenty one (21) calendar days of the date of its first meeting unless the DRC grants an extension for good cause. The DRC shall prepare a written record of the decision of whether to grant an extension which shall be made part of the record of the proceeding. The DRC shall notify the RMAF Chair, the Respondent, and the Complainant of the reasons for any delay.

The committee shall prepare and submit to the DRC, an inquiry report that includes: the name and title of the committee members and experts, if any, the allegations, the sponsor support, if any, a summary of the inquiry process used, a list of the evidence reviewed, summaries of any interviews, a description of the evidence in sufficient detail to demonstrate whether an investigation is warranted, and the committee's determination as to whether an investigation is recommended and whether any other actions should be taken if an investigation is not recommended.

- vi. The DRC shall, within seven (7) calendar days of receipt of the report from the committee, or as soon thereafter as practical, provide the Respondent with a copy of the inquiry report, and, concurrently, a copy of, or supervised access to, the evidence on which the report is based, for comment and rebuttal, and will provide the Complainant with those portions of the draft report that address the Complainant's testimony and evidence. Within seven (7) calendar days of their receipt of the report or the portions thereof as the case may be, the Respondent and the Complainant may provide their comments to the committee. The comments shall be made part of the record of the proceeding, and the committee may revise its report based upon the comments as appropriate. Institutional counsel shall review the report for legal sufficiency.
- vii. Within ten (10) calendar days of receipt of comments on the report by the Complainant and Respondent, or as soon thereafter as practical, the committee shall submit a final inquiry report along with a copy of the record of the proceeding to the DRC who, in turn, shall promptly submit the report and proceeding record to the DO.
- viii. The DO will, within fifteen (15) calendar days of receipt of the final inquiry report and proceeding record, or as soon thereafter as practical, make a final determination, in writing, of whether the findings of the committee provide sufficient evidence of possible misconduct to justify conducting an investigation. The DO may also return the report to the inquiry committee with a request for further information or analysis. In such event, the DO's reasons therefore shall be set forth in writing and included in the proceeding record. The time for the DO's determination hereunder may be extended by the DO for good cause and the reason therefor recorded in the record of the proceeding.

- ix. The inquiry is completed when the DO makes the determination of whether the findings of the committee provide sufficient evidence of possible misconduct to justify conducting an investigation. The DRC shall thereafter notify the Respondent and the Complainant in writing of the DO's determination, and shall notify the RMAF Chair.

e. Investigation

- i. The purpose of the investigation is to explore the allegations of misconduct in detail, to examine the evidence in depth, and to determine specifically whether the Respondent has committed misconduct. The investigation may also determine whether there are additional instances of possible misconduct that would justify broadening the scope beyond the initial allegations. The investigation, including conducting the investigation, preparing the report of the adjudication, providing the draft report for comment and sending the final report to the DO, and ORI if the matter involves federal research support, shall be completed within one hundred eighty (180) calendar days of its initiation unless circumstances clearly warrant a longer period. If the investigation takes longer than 180 days to complete, the inquiry record shall include documentation of the reasons for exceeding the 180 day period. The RMAF Chair, the Complainant, and the Respondent will be notified of the reasons for the delay.
- ii. Any finding that an Investigation is warranted must be made in writing by the DO and must be provided to ORI where applicable or the appropriate regulatory agency, together with a copy of the Inquiry report meeting the requirements of 42 CFR 93.309 where applicable, within thirty (30) days of the final Inquiry report.
- iii. To initiate an investigation, the DRC shall:
 - 1. within fifteen (15) calendar days of the determination to initiate an investigation, or as soon thereafter as practical, provide a written notice to the Respondent which shall include a description of all allegations of research misconduct made against the Respondent, a copy of the inquiry report and proceeding record, the DO's determination, a list of the members of the investigation committee, an explanation and documentation of the University's policies regarding allegations of misconduct, and a description of the Respondent's obligations of cooperation and confidentiality;
 - 2. take all reasonable and practical steps necessary to obtain custody, inventory, and secure any additional original research records and evidence relevant to the allegation at the time or before the Respondent is notified that an investigation has been initiated. The need for additional sequestration of records may occur for any number of reasons, including the institution's decision to investigate additional

allegations not considered during the inquiry stage or the identification of records during the inquiry process that had not been previously secured. University students, faculty and staff including, but not limited to, the Complainant and Respondent, shall promptly provide all available records and data, including primary research material identified as relevant to the allegation. Copies of such records and data will be returned to individuals who supply the same to the DRC except for materials not amenable to copying. All reasonable steps, consistent with time constraints and other obligations imposed by federal regulations, shall be taken to eliminate or minimize any disruption that might be created for ongoing research efforts by such requirements to produce documentation;

3. appoint within fifteen (15) calendar days after the determination to initiate an investigation, or as soon thereafter as practical, and in consultation with the RMAF Chair, an investigation committee, which may include one or more members of the inquiry committee, normally consisting of no fewer than three (3), but not more than five (5) individuals, no more than two (2) of whom may be members of the inquiry committee, who do not have real or apparent conflicts of interest in the proceeding and have the necessary expertise to evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, conduct the inquiry, and the members must be from within the institution. The investigation committee, which shall elect its own chair, shall include at least one (1) member of RMAF, but shall not include the RMAF Chair or the DRC. The Respondent may submit a written objection to any appointed member of the Investigation Committee based on perceived bias or conflict of interest within fifteen (15) calendar days of notice of the initiation of an investigation. Upon receipt of such an objection the DRC will promptly determine, in consultation with the RMAF Chair, whether to replace any challenged member(s), and if so determined, will appoint a qualified substitute;
 4. provide a written notice to the Complainant that an investigation has been initiated which shall include a description of the Complainant's obligations of cooperation, good faith and confidentiality; and
 5. prepare a charge for the investigation committee that describes the allegations and any related issues identified during the inquiry and that states the purpose of the investigation.
- iv. At the investigation committee's first meeting, the committee will elect a chair and a secretary to serve as primary note taker. The DRC will review the charge with the committee, discuss the allegations and any related issues, review the appropriate procedures for the conduct of the investigation, answer any

questions raised by the committee and otherwise assist the committee in the planning and conduct of the investigation.

- v. In the conduct of the investigation, the committee ordinarily will interview the Complainant, the Respondent and other key witnesses and examine relevant records and other evidence. Interviews of all witnesses interviewed by the committee shall be transcribed or recorded. The committee shall evaluate the testimony and other evidence and shall determine whether, based upon a preponderance of the evidence, misconduct has occurred.
- vi. The committee shall, within ninety (90) calendar days prepare and submit to the DRC an investigation report that shall include: a description of the policies and procedures under which the investigation was conducted; a description of how and from whom information relevant to the investigation was obtained; a statement of the findings of the investigation, including whether or not misconduct has been found for each allegation; an explanation of the basis for the finding, recommendations of the committee for correcting the public record; and any recommendations for an institutional response. The report also shall include the actual text or an accurate summary of the testimony of any individual(s) found to have engaged in misconduct.
- vii. The DRC shall, within ten (10) calendar days of receipt of the report from the committee, or as soon thereafter as practical, provide the Respondent with a copy of the report for comment and rebuttal, and will provide the Complainant with the Complainant's allegation and testimony as contained in the report. Within thirty (30) calendar days of their receipt of the report or the portions thereof as the case may be, the Respondent and the Complainant will provide their comments to the committee. The comments shall be made part of the record of the proceeding, and the committee may revise its report based upon the comments as appropriate. Institutional counsel shall review the report for legal sufficiency.
- viii. Within thirty (30) calendar days of receipt of comments on the report by the Complainant and Respondent, or as soon thereafter as practical, the committee shall submit a final report along with a copy of the proceeding record to the DRC who, in turn, shall promptly submit the report and proceeding record to the DO, and the RMAF Chair along with a written recommendation.
- ix. The DO will, within fifteen (15) calendar days of receipt of the final investigation report and proceeding record, or as soon thereafter as practical, make a final determination, in writing to the DRC and RMAF Chair, whether to accept the investigation report, its findings, and the recommended institutional action. The DO may also return the report to the investigation committee with a request for further fact-finding or analysis. The time for such determination may be extended by the DO for good cause, and the reason therefor shall be recorded in writing in the proceeding record.

- x. If the DO does not accept the investigation report, its findings or the recommended institutional action, the DO may consult with the investigation committee before finalizing the determination. The investigation is completed when the DO makes a determination of whether to accept the investigation report, its findings and the recommended institutional action. The DRC, within ten (10) calendar days shall thereafter notify the Respondent and the Complainant in writing of the DO's determination, and shall notify such other institutional officials of the determination as may be appropriate.
- xi. When the investigation report has been accepted, the DRC shall forward, as appropriate, copies to the responsible federal agencies and ORI.
- xii. The DRC will undertake appropriate efforts to restore the reputation of the Respondent if an allegation of misconduct is unsubstantiated, and to protect the Complainant, as set forth below.

f. Institutional Administrative Actions

- i. The University will take appropriate administrative actions against a Respondent when an allegation of misconduct against them has been substantiated. If the DO determines that the alleged misconduct is substantiated by the findings, he or she will decide on the appropriate actions to be taken. Such administrative actions may include, but shall not be limited to:
 - 1. appropriate steps to correct the research record;
 - 2. public disclosure;
 - 3. counseling and/or disciplinary action in accordance with the provisions of the applicable collective bargaining agreement;
 - 4. withdrawal or correction of all pending or published abstracts and papers emanating from the research where research misconduct was found;
 - 5. removal of the responsible person from the particular project;
 - 6. special monitoring of future work; and
 - 7. restitution of funds as appropriate.
- ii. The University will take appropriate administrative actions against any person found to have violated the confidentiality provisions of this policy. Such administrative actions may include, but shall not be limited to, counseling and/or disciplinary action in accordance with the provisions of the applicable collective bargaining agreement.

6. Reporting Requirements

- a. A decision to initiate an investigation involving allegations of misconduct involving federally-funded research and proposals submitted to federal agencies for research

funding, must be reported in writing to ORI or the applicable sponsor, on or before the date the investigation begins and to The Research Foundation for The State University of New York. At a minimum, the notification should include the name of the person(s) against whom the allegations have been made, the general nature of the allegation as it relates to the federal sponsor's definition of research misconduct, and the sponsor applications or grant number(s) involved. The DRC must also be notified of the final outcome of the investigation and must be provided with a copy of the investigation report. Any significant variations from the provisions of the institutional policies and procedures should be explained in any reports submitted to the sponsor.

- b. If the University intends to terminate an inquiry or investigation of misconduct involving federally-funded research and proposals submitted to federal agencies for research funding for any reason without completing all relevant requirements of the sponsor's regulation, the DRC will submit a report of the planned termination to the sponsor, including a description of the reasons for the proposed termination.
- c. If the University determines that it will not be able to complete the investigation of misconduct involving federally-funded research and proposals submitted to federal agencies for research funding in 120 calendar days, the DRC will submit to ORI, or the applicable sponsor, a written request for an extension that explains the delay, reports on the progress to date, estimates the date of completion of the report, and describes other necessary steps to be taken. If the request is granted, the DRC will file periodic progress reports as requested by the ORI or the applicable sponsor.
- d. When external funding or applications for funding are involved and an admission of misconduct is made, the DRC will contact ORI or the applicable sponsor as appropriate for consultation and advice. Normally, the individual making the admission will be asked to sign a statement attesting to the occurrence and extent of misconduct. When the case involves external funds, the University will not accept an admission of misconduct as a basis for closing a case or not undertaking an investigation without prior approval from ORI or the applicable sponsor. Admissions must be fully documented in the proceeding record using the terms of the misconduct definition (falsification, fabrication, or plagiarism) and acknowledging that the action constituted misconduct.
- e. The DRC will, as appropriate, notify ORI or the applicable sponsor and take such interim administrative actions as may be necessary at any stage of a misconduct proceeding if:
 - i. There is an immediate health hazard involved;
 - ii. There is an immediate need to protect Federal funds or equipment;
 - iii. There is an immediate need to protect the interests of the person(s) making the allegations or of the individual(s) who is the subject of the allegations as well as his/her co-investigators and associates, if any;
 - iv. It is probable that the alleged incident is going to be reported publicly;
 - v. The allegation involves a public health sensitive issue, e.g. a clinical trial; or

- vi. There is a reasonable indication of possible criminal violation.

Interim actions may include, but shall not be limited to, additional monitoring of the research process and the handling of external funds and equipment, reassignment of personnel or of the responsibility for the handling of external funds and equipment, additional review of research data and results or delaying publication.

7. Other Notifications

The DO shall decide which concerned parties should be notified of the final determination of the misconduct proceeding. In addition to the Respondent and Complainant, typically this would include the Provost, the RMAF Chair, the Investigation Committee members, Inquiry Committee members, and other parties with a legitimate need to know the outcome of the proceedings. In addition, appropriate members of the research and scholarly community may be informed, so as to correct the public record. The University will also notify relevant federal or other external granting agencies and partnering institutions, where applicable and in accordance with regulatory requirements. In addition, the DRC will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the Respondent in the work, or other relevant parties should be notified of the outcome of the case. The DRC is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies

8. Other Considerations

a. Termination of Institutional Employment or Resignation Prior to Completing Inquiry or Investigation

- i. The termination of the Respondent's University employment, by resignation or otherwise, before or after an allegation of possible misconduct has been reported, will not preclude or terminate the misconduct proceedings.
- ii. If the Respondent, without admitting to the misconduct, elects to resign his or her position prior to the initiation of an inquiry, but after an allegation has been reported, or during an inquiry or investigation, the inquiry or investigation will proceed.
- iii. If the Respondent refuses to participate in the process after resignation, the inquiry and/or investigation committee will use its best efforts to reach a conclusion concerning the allegations, noting in its report the Respondent's failure to cooperate and its effect on the inquiry and/or committee's review of all the evidence.

b. Destruction or Absence of Records

The destruction, absence of, or a Respondent's failure to provide records adequately documenting the questioned research is evidence of misconduct where it is determined by a preponderance of the evidence that the Respondent intentionally, knowingly, or recklessly had research records and destroyed them, had the opportunity to maintain the records but failed to do so, or maintained the records, but failed to produce them in

a timely manner, and that the Respondent's conduct constitutes a significant departure from accepted practices of the relevant research community.

c. Restoration of the Respondent's Reputation

In proceedings where it is determined that no misconduct occurred, the University will, if requested, and as appropriate, take reasonable and practical efforts to protect or restore the Respondent's reputation.

d. Protection of the Complainant and Others

- i. Regardless of whether the institution or ORI, as the case may be, determines that misconduct occurred, the DRC will undertake reasonable and practical efforts to protect Complainants who made allegations of misconduct in good faith and others who cooperate in good faith with inquiries and investigations of such allegations.
- ii. Upon completion of a misconduct proceeding, the University will, if requested and as appropriate, take reasonable and practical efforts to protect or restore the position and reputation of any Complainant, witness, or committee member and to counter potential or actual retaliation against those Complainants, witnesses and committee members.

e. Allegations Not Made in Good Faith

If relevant, the DO will determine whether the Complainant's allegations of misconduct were made in good faith. If an allegation was not made in good faith, the DO will determine whether any administrative action should be taken against the Complainant. Such administrative actions may include, but shall not be limited to, counseling and/or disciplinary action in accordance with the provisions of the applicable collective bargaining agreement.

f. Limitations Period

Ordinarily, allegations of misconduct in research or scholarship occurring more than six (6) years prior to the University's receipt of the allegation of misconduct will not be pursued unless:

- i. It is determined that a prompt, thorough, competent, objective, and fair investigation of an allegation occurring more than six (6) years prior to the University's receipt of an allegation of misconduct may be undertaken based upon data/or research records that have been published or are otherwise in the public domain;
- ii. The University, in consultation with the funding agency, if any, determines that the alleged misconduct, if it occurred, could possibly have a substantial adverse effect on the health or safety of the public; or
- iii. The Respondent continues or renews any incident of alleged misconduct that occurred before the six-year limitation through the citation, republication or

other use for the potential benefit of the Respondent of the research or scholarly record that is alleged to have constituted misconduct.

A determination whether to pursue an allegation of misconduct in research or scholarship occurring more than six (6) years after receipt of such allegation shall be made by the DRC only after consultation with institutional counsel and the RMATF Chair.

9. Record Retention

The DRC will prepare and maintain in a secure manner all records of research misconduct proceedings as that term is defined in applicable federal regulations for seven (7) years after completion of the proceedings or the completion of any PHS proceeding involving the research misconduct allegation.

Appendix A

Procedural Timelines Anticipated

Within fourteen (14) calendar days of receipt of an allegation, the DRC, in consultation with the RMAF Chair and institutional counsel, will conduct an assessment of the allegation to determine if an Inquiry is warranted (5.c.ii.).

Upon the determination that an Inquiry is warranted, the following timeline (in calendar days) is to be followed.

Inquiry Timeline-Inquiry to be completed within **90 days** of initiation (5.d.i.).

Day 1-30	DRC to notify Respondent of allegation (5.d.ii.1.)
Day 1-15	DRC to appoint ad hoc Inquiry Committee (5.d.ii.3.)
Day 30-51	Inquiry conducted and Inquiry Report drafted and submitted to the DRC (5.d.v.)
Day 52-59	Draft Report/summary of findings sent by DRC to Respondent and Complainant for review and rebuttal (5.d.vi.)
Day 60-70	Final Inquiry Report prepared and submitted to the DO by Committee (5.d.vii.)
Day 71-85	DO reviews and notifies DRC of determination (5.d.viii.)
Day 86-90	DRC provides written determination to Respondent and Complainant (5.d.ix.)

Upon the determination that an Investigation is warranted, the following timeline (in calendar days) is to be followed.

Investigation Timeline-Investigation to be completed within **180 days** of Investigation initiation (5.e.i.).

Day 91-105	DRC to notify Respondent of the Investigation determination (5.e.iii.1.)
Day 91-120	DO to notify ORI, and any applicable agencies/sponsors of the Investigation within 30 days of the Investigation determination (5.e.ii.)
Day 91-105	DRC to appoint ad hoc Investigation Committee (5.e.iii.3.)
Day 91-105	DRC to notify the Respondent of the Investigation Committee members (5.e.iii.1)
Day 106-120	Respondent may challenge the appointment of any member of the Committee (5.e.iii.3.)
Day 121-200	Investigation conducted (must begin within 30 days of determination) and draft Investigation Report submitted to the DRC (5.e.vi.)
Day 201-210	DRC reviews Report; DRC send draft of the Report to the Respondent for review and rebuttal (5.e.vii.)
Day 211-240	Respondent to submit rebuttal to Investigation Committee within 30 days (5.e.vii.)
Day 241-250	Final Investigation Report prepared and submitted to the DO by Committee (5.e.viii.)
Day 251-260	DO reviews and notifies DRC of determination (5.e.ix.)
Day 261-270	DRC notifies Respondent, ORI, and agencies of determinations within 180 days of the Investigation initiation (5.e.x./5.e.xi.)

Total timeline from initiation of Inquiry to close of Investigation is 270 calendar days (**90 days-Inquiry / 180 days-Investigation**) unless extensions are found necessary and formally approved.

*Records of Research Misconduct proceedings must be maintained for **7 years** after completion.*

Bold indicates federal mandate.