Research Misconduct Policy

Subject	Research Misconduct Policy
Revised	October 6, 2021; November 11, 2022; November 2023; October 2025
Web Link	https://www.montana.edu/policy/research/misconduct.html
Effective Date	November 15, 2012
Review Date	November 2024; October 2028
Responsible Party	Research Integrity and Compliance

Table of Contents

100.00 Introduction

It is the policy of Montana State University to require the highest ethical standards in the research of its faculty and staff; to inquire into and, if necessary, investigate and resolve promptly and fairly all instances of alleged or apparent misconduct; and, as appropriate, to comply in a timely manner with requirements for reporting cases of possible misconduct to sponsoring agencies when sponsored research funds are involved. Research Misconduct, as defined below, shall be considered a breach of contract between the employee and the University.

This policy sets forth the principles and methods for assessing allegations of research misconduct, conducting inquiries and investigations related to possible research misconduct and reporting to Federal sponsors. It is intended to comply with Federal law regarding research misconduct involving Federally funded research (Federal Register Volume 65, Number 235 page 76260-76264) and (42 CFR Parts 50 and 93).

200.00 Applicability

Montana State University's definition of research misconduct and procedures for investigating and reporting allegations of misconduct, conform to the definitions and federal regulations. This policy applies to all research conducted at MSU, regardless of funding source.

Montana State University policy is applicable to:

1. Research misconduct that occurred within six years of the date MSU or a federal agency received an allegation (subject to subsequent use and health or safety exceptions). Other misconduct such as reckless disregard for accuracy, failure to supervise, and other serious deficiencies—but not within the definition of research misconduct—may constitute breaches of other ethical and professional standards and shall be addressed by the dean, director, provost, or vice president as provided in other applicable policies;
2. Research proposed, conducted or reported at MSU by MSU individuals, i.e., those with an appointment or official affiliation with MSU, including faculty, academic staff, students, postdoctoral scholars, visiting scholars who make significant use of university research resources (including participation in any sponsored project awarded to MSU), and those with any other MSU teaching and/or research titles such as adjunct;

3. Research proposed, conducted or reported elsewhere by such MSU related individuals as part of their MSU related duties or activities; and
4. At the discretion of the University, to research proposed, conducted or reported where such research is claimed, cited or implied to have been done at MSU, or where an MSU appointment or official affiliation is claimed, cited or implied in connection with the research.

300.00 Definitions

The following definitions apply in this policy:

"Advisory Committee" is an ad hoc University committee that conducts the research misconduct investigation and advises the Research Integrity Officer (RIO) on the research misconduct decision.

"Allegation" is a report of activity that a complainant believes may constitute research misconduct.

"Complainant" means the person who makes a complaint of research misconduct. Once the complaint is made and the necessary information has been provided to Research Integrity and Compliance (RIC), the complainant's role in a research misconduct proceeding is the same as that of any other witness.

"Conflict of Interest" occurs when a person participating in the research misconduct proceeding has a substantial connection or interest related to the complainant or respondent that might bias or otherwise threaten the integrity of the proceeding. This includes, but is not limited to, personal, professional, and financial conflicts of interest.

"Evidence" is any document, tangible item, or testimony offered or obtained during a research misconduct proceeding that may assist in proving or disproving the research misconduct allegation. It includes not only traditional and electronic documents, but also tangible research material and equipment such as samples, slides, microscopes, and computers.

"Expert" means an individual with relevant disciplinary or methodological expertise who advises and supports the University during a research misconduct proceeding. The lead investigator of the advisory committee and/or RIC are specifically authorized to consult such experts as they believe are needed.

"Good faith allegation" means an allegation made with the honest belief that research misconduct may have occurred. An allegation is not in good faith if it is made with knowing or reckless disregard for facts that would negate the allegation or testimony.

"Inquiry" means information gathering and initial fact-finding to determine if the allegation or apparent instance of misconduct warrants an investigation.

"Investigation" means a formal presentation, examination and evaluation of all relevant facts to determine whether misconduct has occurred, the severity of the alleged misconduct and its impact, and the recommendations for specific actions to be taken to address the misconduct.

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

"Research" means a systemic investigation designed to develop or contribute to generalizable knowledge including, but not limited to, scientific, applied, behavioral and social-sciences research and/or any such activity for which funding is available from federal agencies.

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

1. Fabrication is making up data or results and recording or reporting them.
2. Falsification is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.
3. Plagiarism is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.
4. Research misconduct does not include
    i) honest error or honest differences of opinion; or
    ii) authorship disputes among current or former collaborators who participated jointly in the development or conduct of a research project; or
    iii) failure to follow other university policies governing research and expectations for personnel conduct

For purposes of this research misconduct policy, the definitions found in 42 CFR Part 93 shall apply in addition to the definitions above. To the extent the definitions are restricted to U.S. Public Health Service research, the University hereby adopts the definitions to apply to all research misconduct regardless of funding source. "ORI" as used herein means the U.S. Department of Health and Human Services Office of Research Integrity.

"*Research record*" is the physical or electronic record of data or results that embody the facts resulting from scientific inquiry, including but not limited to, research proposals, laboratory records, progress reports, abstracts, theses, oral presentations, internal reports, and journal articles and any documents and materials provided to an institutional official by a respondent in the course of the research misconduct proceeding.

"Respondent" is a member of the University faculty or other academic personnel, a student, or a staff member alleged to have committed research misconduct with respect to research conducted by that person at or on behalf of the University.

"RIC" is the Office of Research Integrity and Compliance: the administrative organization within the division of Research and Economic Development that oversees University programs to ensure compliance with federal, state, and local regulations for research.

"RIO" is the Research Integrity Officer: the institutional official assigned responsibility for the initial inquiry phase in response to an allegation of research misconduct.

400.00 Standards

400.01 Requirements for Findings of Research Misconduct

A finding of research misconduct requires, in addition to a conclusion that fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results has occurred, that:

1. There is a significant departure from accepted practices of the relevant research community; and
2. The misconduct was committed intentionally, knowingly, or recklessly; and
3. The allegation of misconduct is proven by a preponderance of the evidence.

400.02 Reserved

400.03 University

The University has the burden of proof for determining whether the elements of Research Misconduct set forth in section 400.01 above have been established by a preponderance of evidence.

400.04 Respondent

The respondent has the burden of proving honest errors or differences of opinion or any other affirmative defense. Due consideration shall be given to any admissible, credible evidence presented by the respondent.

400.05 Research Records as Evidence

The destruction of, absence of, or the respondent's failure to provide research records adequately documenting the questioned research may be considered as evidence of research misconduct where the University establishes, by a preponderance of the evidence, that both:

1. The respondent had research records and intentionally, knowingly, or recklessly destroyed them; had the opportunity to maintain research records but did not do so; or maintained research records and failed to produce them in a timely manner; and
2. The respondent's conduct constitutes a significant departure from the accepted practices of the relevant research community.

500.00 Responsibilities and Protections/Rights

500.01 Confidentiality

To the extent allowed by law, the University shall maintain the identity of respondents and complainants securely and confidentially and shall not disclose any identifying information, except to: (1) those who need to know in order to carry out a thorough, competent, objective and fair research misconduct proceeding; and (2) the Office of Research Integrity as it conducts its review of the research misconduct proceeding and any subsequent proceedings.

500.02 Research Integrity Officer

The Research Integrity Officer (RIO) will have primary responsibility for implementation of the procedures set forth in this document. The RIO will be an institutional official who is well qualified to handle the procedural requirements involved and is sensitive to the varied demands made on those who conduct research, those who are accused of misconduct, and those who report apparent misconduct in good faith. The RIO will:

- Be responsible for INQUIRY PHASE

- Appoint the investigation committees and ensure that necessary and appropriate expertise is secured to carry out a thorough and authoritative evaluation of the relevant evidence in an investigation.
- Ensure that confidentiality procedures are maintained.
- Assist investigation committees and all institutional personnel in complying with these procedures and with applicable standards imposed by government or external funding sources.
- Be responsible for securing and maintaining the confidentiality of all documents and evidence.
- Report to external sponsors of research, as required by regulation.
- Receive the inquiry and/or investigation report and any written comments made by the respondent on the draft report.

500.03 Respondents

The respondent will be informed of the allegations prior to an inquiry is opened and notified in writing of the final determinations and resulting actions. The respondent is assumed not to have committed Research Misconduct unless and until a finding of such has been made in accordance with this Policy and should be protected from penalty and public knowledge of any accusation until judged culpable. The respondent will also have the opportunity to be interviewed by and present evidence to the inquiry and investigation committees, to review the draft inquiry and investigation reports, to consult with colleagues regarding the reports, and to have the advice of counsel. The respondent will be provided transcripts of interviews conducted throughout the research misconduct process. The respondent is responsible for cooperating with the conduct of an inquiry or investigation.

Allegations of Research Misconduct, and proceedings conducted under this Policy, may be damaging to the professional reputations of persons involved. A researchers' reputation is of paramount importance to a researcher's career, and serious consideration must be given before anyone takes action that has the potential to impair that reputation. Accordingly, persons subject to this Policy who make, receive, or learn of an allegation of Research Misconduct shall protect, to the maximum extent possible, the confidentiality of information regarding the complainant, the respondent, and other affected individuals. Throughout the research misconduct proceedings, reasonable efforts shall be made to protect the identity and the reputation of the respondent, and the proceeding

shall be handled in confidence, to the extent reasonably possible. Knowledge of the existence of a research misconduct proceeding and the identity of any participant in such a proceeding shall be limited, to the extent reasonably possible, to those who need to know in order to conduct a thorough, competent, objective, and fair research misconduct proceeding, or as otherwise required by state or federal law.

Prior to any meeting/interview with the respondent and if the respondent is covered by a collective bargaining agreement, Human Resources/Employee and Labor Relations will be consulted to ensure all collective bargaining requirements are met.

500.04 Complainant

The complainant may have an opportunity to testify before the inquiry and investigation committees and be informed of the results of the inquiry and investigation, and to be protected from retaliation. The complainant is responsible for making allegations in good faith and cooperating, in good faith, with an inquiry or investigation. Persons subject to this Policy who receive or learn of an allegation of Research Misconduct shall treat the complainant who has made a Good Faith allegation with fairness and respect and shall take reasonable steps to protect the position and reputation of the complainant and other individuals who cooperate with the Inquiry or Investigation against Retaliation.

To the extent reasonably possible, the University shall honor a complainant's request that the complainant's identity in a research misconduct proceeding be kept confidential, recognizing that there may be situations where the research misconduct proceeding cannot go forward if the complainant is not identified. The University will not tolerate retaliation against complainants, witnesses, experts, Advisory Committee members, or others for their involvement in a Research Misconduct proceeding.

500.05 Restoring Reputations

1. MSU shall undertake all reasonable, practical, and appropriate efforts to protect and restore the reputation of any person alleged to have engaged in Research Misconduct, but against whom no finding of research misconduct was made, if that person or his/her legal counsel or other authorized representative requests that MSU do so.
2. Complainants, Witnesses, and Committee Members. The University shall undertake all reasonable and practical efforts to protect and restore the position and reputation of any good faith complainant, witness, or committee member and to

counter potential or actual retaliation against those complainants, witnesses and committee members.

600.00 Receipt and Preliminary Assessment of Allegation

An allegation of research misconduct may be submitted to the RIO, the appropriate dean, or appropriate department head who will forward the complainant to the RIC. A complainant may discuss a concern with the RIO or with an appropriate dean, or department head without submitting a complaint.

Upon receiving a complaint, RIO will review the complaint, including potential conflicts of interests, to determine if an inquiry will be conducted. An inquiry is warranted if:

1. The alleged conduct meets the definition of research misconduct;
2. Is within the applicability criteria outlined in section 200:
3. The allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

During the preliminary assessment, RIO may talk to the complainant and others with knowledge of facts relevant to the allegation, but it is not required to do so. RIO may seek advice as necessary, including advice from subject matter experts, during the preliminary assessment.

If RIO determines that an allegation meets the elements of a research misconduct allegation, RIC will inform the appropriate dean and will initiate an inquiry into the allegation.

700.00 Inquiry

700.01 Purpose of Inquiry

The purpose of the inquiry is not to reach a final conclusion about whether misconduct definitely occurred or who was responsible but is a process of gathering information and initial fact-finding to determine whether an allegation or apparent instance of research misconduct warrants an investigation. An investigation is warranted if there is (1) a reasonable basis for concluding that the allegation falls within the definition of research

misconduct, and (2) preliminary information gathering and preliminary fact finding from the inquiry indicates that the allegation may have substance.

700.02 Notification of Respondent

RIC will inform the respondent that an allegation of research misconduct has been made against them, provide the respondent with a written summary of the allegation, and explain the process for addressing the allegation. RIC will make reasonable efforts to notify the respondent of the allegation in a face-to-face meeting, which generally will be attended by a representative of the dean's office.

700.03 Sequestration of Research Records

On or before the date when the respondent is notified of the allegation by RIC, RIC will take all reasonable and practical steps to appropriately sequester and preserve all potentially relevant research records and evidence. At any point in the research misconduct proceeding, RIC may undertake additional sequestrations. RIC may act through other MSU parties when appropriate.

The affected college must assist with the sequestration, providing information prior to the sequestration regarding the nature of the potential material involved and making personnel available with the necessary technical expertise to assist RIC during the sequestration.

During the sequestration, the respondent will be instructed by RIC to provide all potentially relevant research records that relate to the allegation. The respondent must identify and arrange to immediately provide RIC with all such records that could reasonably relate to the research that is the subject of the allegation, regardless of where the research records are located. The respondent has a continuing obligation to identify and provide such research records during the research misconduct proceeding. To the extent that any research records are not identified at the time of the initial sequestration but, instead, are identified later in the research misconduct proceeding, the respondent must give a clear written explanation of the reason. Late submission of research records or questions regarding the authenticity of research records may undermine the credibility of the evidence and may be a basis for requiring an investigation.

RIC will retain the original research record. Where appropriate, the respondent will be provided with copies of, or reasonable supervised access to the research record.

700.04 Response from Respondent

Within 14 calendar days of receiving notice of the allegation from RIC, the respondent must provide RIC with a detailed written response to the allegation, unless an extension of time has been granted by the RIO. The response must address the substance of the allegation in detail, specifically referencing any research records that support the response in order to allow RIC to readily understand the respondent's position and the basis for it, and readily locate and consult the relevant portions of the records. In addition, the response must clearly identify all relevant research records and explain how these records were created and their relevance to the allegation. The respondent must provide those records that have not already been produced.

700.05 Certificate Relating to Records

No later than 14 calendar days after respondent's deadline in providing RIC with an initial written response to the allegation, the respondent must submit a signed letter to RIC:

1. Explaining all efforts that were made to locate all potentially relevant research records and evidence, including in this explanation the identity of all places where such records were located in the past, all places that were searched, and all places where such records were found;
2. Declaring that all such research records that were located during the search have been provided to RIC;
3. Identifying and describing any such research records that cannot be located; and
4. Providing a full and clear explanation of where and when the missing research records were created and stored, when they were last seen, and why they are missing.

700.06 Obligation of University Personnel to Provide Records

RIC is specifically charged and authorized to take custody of all relevant research records and evidence from the files and laboratories of the respondent and other University faculty, academic personnel, student and staff. Such persons are required to provide RIC with all original data books, laboratory notes, electronic records, and other records that RIC believes are potentially relevant to a research misconduct proceeding; and submit to RIC, upon request, the type of signed letter that is described in section 600.05 above. If it is determined that providing such records may significantly disrupt the research of an investigator, RIC may arrange for a copy to be made for use by an investigator. An investigator may be allowed access to the original material if RIC determines such access can be provided while maintaining the integrity of the investigation record.

700.07 Additional Allegations

If RIC becomes aware of information during the course of the inquiry that credibly gives rise to an additional allegation of research misconduct, that allegation may be added to the inquiry as appropriate. Absent extraordinary circumstances, RIC shall inform the respondent in writing of the additional allegation and allow the respondent 14 calendar days to provide a detailed written response to the additional allegation, following the procedure set forth in Section 600.04 above. RIC can include the allegation in any current allegation, or it can be set forth in a separate allegation.

700.08 Scope of Inquiry

During the inquiry, RIC has the discretion to talk to such witnesses and review such evidence as it believes is necessary to make the inquiry decision. However, RIC is not obligated to conduct any such witness interviews or to perform an exhaustive review of all the evidence as part of the inquiry process.

700.09 The Inquiry Report

The inquiry shall be completed within 90 calendar days after the respondent receives notice of the allegation, unless any extensions of time have been granted by the RIO. RIC, after consulting with the dean, or designee, shall prepare an inquiry report that indicates whether an investigation is warranted.

The inquiry report shall contain the following information:

(1) The name, professional aliases, and positions of the respondent and complainant;

(2) A description of the allegations of research misconduct;

(3) The federal or sponsor support involved, including, for example, grant numbers, grant applications, contracts, and publications listing support;

(4) The composition of the inquiry committee, if used, including names(s), position(s), and subject matter expertise;

(5) Inventory of sequestered research records and other evidence and description of how sequestration was conducted;

(6) Transcripts of any transcribed interviews;

(7) Timeline and procedural history;

(8) Any scientific or Forensic analysis conducted;

(9) The basis for recommending that the allegation(s) warrant an investigation;

(10) The basis on which any allegation(s) do not merit an investigation;

(11) Any comments on the inquiry report by the respondent or the complainant; and

(12) Any institutional actions implemented, including communications with journals or funding agencies.

The respondent shall be provided with a copy of the inquiry report and given 14 days to submit written comments to RIC. These comments shall be attached to the final inquiry report. RIC also may, at its discretion, provide relevant portions of the inquiry report to the complainant for comment.

700.10 The Inquiry Determination

RIO shall notify the respondent and the dean, or designee, regarding its decision and provide them with a copy of the inquiry report. RIO may, as it deems appropriate, inform the complainant or others of the result of the inquiry.

When an investigation is found to be warranted, RIO will notify granting agencies supporting the research/creative activity under investigation as may be required by the granting agency, state or federal law or regulations. Notice of the pending investigation also may be confidentially communicated by RIO or the dean's office, as appropriate, to anyone who intends to publish or otherwise disseminate the results of the research to which the allegation relates.

800.00 The Investigation

800.01 Purpose of Investigation

The purpose of the investigation is to explore in detail the allegations, to examine the evidence in depth, and to determine specifically whether misconduct has been committed, by whom, and to what extent. The investigation will also determine whether there are individual instances of possible misconduct that would justify broadening the scope beyond the initial allegations. The findings of the investigation will be set forth in an investigation report.

800.02 Overview of Investigation

During the investigation, an Advisory Committee formally develops the factual record, examines that record, and makes an informed recommendation to the RIO concerning whether the respondent engaged in research misconduct, applying the relevant standards set forth in Section 300 of this policy. The investigation process must begin within 30 calendar days after the RIO's issuance of the inquiry report, unless an extension of time has been granted by the RIO.

800.03 Sequestration of Additional Research Records

The RIO will immediately sequester any additional pertinent research records that were not previously sequestered during the inquiry. The sequestration should occur before or at the time the Respondent is notified that an investigation has begun. 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. The procedures to be followed for sequestration during the investigation are the same procedures that apply during the inquiry.

800.04 Appointment of Advisory Committee

Upon issuance of the final inquiry report, the RIO, in consultation with dean, or designee, shall select a proposed Advisory Committee. The Advisory Committee shall consist of scholars who are not reasonably known to have any conflict of interest with the complainant or the respondent that would interfere with their service on the Advisory Committee. The Advisory Committee shall possess expertise that is determined to be relevant to the research or scholarship at issue in the allegation and at least one member shall be a scholar from outside the department or unit.

The RIO shall notify the respondent of the identity of the proposed Advisory Committee members. Within one week after being advised of the identity of the proposed Advisory Committee, the respondent can object to the appointment of any Advisory Committee member if it can be clearly shown that there is an apparent, perceived, or actual conflict of interest. The respondent shall notify the RIO in writing of the objection and shall clearly state the basis for the objection, providing a copy of this objection to the dean, or designee.

Thereafter, the RIO, in consultation with dean, or designee, shall determine whether the respondent's objection sets forth a basis for declining to appoint the proposed member to the Advisory Committee. If the RIO determines it is appropriate to select a different member to the Advisory Committee, the respondent shall be notified of this new selection

and provided with the same opportunity to object as was provided with respect to the initially proposed Advisory Committee members.

After appointing the Advisory Committee and consulting with the dean, or designee, about the content of the Committee's charge, the RIO shall charge the Advisory Committee by way of a letter that outlines the research misconduct allegation and the Advisory Committee's responsibilities during the investigation. The respondent shall be provided with a copy of the RIO's letter.

800.05 Role of Advisory Committee

The RIO will define the subject matter of the investigation in a charge to the committee that describes the allegations identified during the inquiry; defines research misconduct; and identifies the respondent(s). The charge will state that the committee is to evaluate the evidence and testimony of the respondent, complainant, and key witnesses to determine whether, based on a preponderance of the evidence, research misconduct occurred and, if so, to what extent, who was responsible, and its seriousness. The Advisory Committee shall review such records and evidence, interview such persons, and obtain such additional evidence as it believes is necessary to make an informed recommendation to the RIO on the merits of the allegation. If interviews occur during the investigation transcribed interviews must be taken and maintained.

800.06 Additional Issues

The Advisory Committee is expected to diligently pursue all significant issues and leads that are determined to be relevant to the investigation, including any evidence of additional instances of possible research misconduct. If the Advisory Committee becomes aware of information during the course of the investigation that credibly gives rise to an additional possible allegation of research misconduct, the Advisory Committee shall ask the RIO to determine whether the allegation should be added to the current investigation. The RIO shall consult with the dean, or designee, when determining whether to add the allegation to the current investigation. If added, this allegation can be included in any current allegation, or it can be set forth in a separate allegation.

In the event that the RIO instructs the Advisory Committee to add the allegation to the investigation, absent extraordinary circumstances, RIC shall inform the respondent in writing of the additional allegation and allow the respondent 14 calendar days to provide a detailed written response to the allegation, with such response complying with the requirements of Section 700.04 of this policy. The respondent shall provide all relevant

research records that have not yet been produced and shall submit a signed certification about the records that relate to the additional allegation, in accordance with Section 700.05 of this policy.

800.07 Procedural Matters

The Advisory Committee shall operate in closed session. The dean's office and RIC shall provide assistance in scheduling meetings/appointment with the advisory committee, respondent, complainant, and witnesses. The dean's office and RIC shall also provide assistance with collection of evidence, as appropriate, for the Advisory Committee. The Advisory Committee may request the assistance of RIC and the dean's office during the Advisory Committee's deliberations and its preparation of the investigation report, but neither RIC nor the dean's office shall participate in the Advisory Committee's deliberations or vote on whether research misconduct occurred.

800.08 Interviews

During the investigation, the Advisory Committee must interview each respondent, complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the respondent. Interviews must be conducted in the following manner:

1. Interviews during the investigation must be recorded and transcribed.
2. Any exhibits shown to the interviewee during the interview must be numbered and referred to by the number in the interview.
3. The transcript of the interview must be made available to the relevant interviewee for correction.
4. The transcript(s) with any corrections and numbered exhibits must be included in the institutional record of the investigation.
5. The respondent must not be present during the witnesses' interviews but must be provided a transcript of the interview.

800.09 Investigation Report

The Advisory Committee shall prepare and provide the respondent, through RIC, a draft investigation report that includes the Advisory Committee's recommendation to the RIO concerning whether research misconduct should be found. A separate recommendation shall be made for each allegation of research misconduct. The draft investigation report

generally shall be accompanied by a copy of any evidence on which the report is based that has not already been provided to the respondent, or the respondent shall be given supervised access to this evidence.

Both the draft and the final investigation report shall comply with the requirements of any applicable funding agency and shall include:

1. Description of the nature of the allegation(s) of research misconduct, including any additional allegations(s), addressed during the research misconduct proceeding.
2. The federal, state or private financial support, including, any grant numbers, grant applications, contracts, and publications listing federal, state or sponsor support;
3. Description of the specific allegation(s) of research misconduct for consideration in the investigation of the respondent.
4. Composition of investigation committee, including name(s), position(s), and subject matter expertise.
5. Inventory of sequestered research records and other evidence, except records the institution did not consider or rely on; and a description of how any sequestration was conducted during the investigation. This inventory must include manuscripts and funding proposals that were considered or relied on during the investigation.
6. Transcripts of all interviews conducted, as described in 42 CFR Section§ 93.310(g).
7. Identification of the specific published papers, manuscripts submitted but not accepted for publication (including online publication), PHS funding applications, progress reports, presentations, posters, or other research records that allegedly contained the falsified, fabricated, or plagiarized material.
8. Any scientific or forensic analyses conducted.
9. If not already provided to ORI, the institutional policies and procedures under which the investigation was conducted.
10. Any comments made by the respondent or complainant on the draft investigation report and the investigation committee's consideration of those comments.
11. A statement for each separate allegation of whether the investigation committee recommends a finding of research misconduct.
12. If the investigation committee does not recommend a finding of research misconduct for an allegation, the investigation report must provide a detailed rationale for each separate allegation.

13. List of any current support or known applications or proposals for support that the respondent has pending with Public Health Services (PHS) and non-PHS Federal agencies.

For each allegation for which the Advisory Committee recommends a finding of research misconduct, the committee shall include the following in its report:

1. Identify the individual(s) who committed the research misconduct.
2. Indicate whether the research misconduct was falsification, fabrication, and/or plagiarism.
3. Indicate whether the research misconduct was committed intentionally, knowingly, or recklessly.
4. State whether the other requirements for a finding of research misconduct, as described in 42 CFR Section § 93.103, have been met.
5. Summarize the facts and the analysis which support the conclusion and consider the merits of any explanation by the respondent.
6. Identify the specific funding support.
7. Identify whether any publications need correction or retraction.

The respondent shall be allowed 30 calendar days to review the draft report and provide written comments to RIC, which will be immediately forwarded by RIC to the Advisory Committee. The Advisory Committee shall consider these comments and address them in its final investigation report. The Advisory Committee, through RIC, also may provide relevant portions of the draft investigation report to the complainant for comment. Any comments on this draft report shall be submitted by the complainant to RIC for consideration by the Advisory Committee.

The final investigation report and research misconduct decision (see section 900.00) shall be issued within 180 calendar days of the initiation of the investigation, including conducting initiation of the investigation, including conducting the investigation, preparing the report of findings, providing the draft report for comment in accordance with Federal Rules. 93.312. The respondent's comments shall be attached to this final investigation report, as shall the complainant's comments, if any. Copies of the final investigation report shall be provided to the Vice President of Research and Economic Development (VPRED), the dean, or designee, the Federal Office for Research Integrity (ORI) and any applicable funding agency, if the agency so requires. If the investigation requires longer than 180

days the University must seek ORI written approval for any extensions exceeding the 180 day period, clearly outlining the reasons for the delay.

900.00 Decision

900.01 Overview of Vice President of Research and Economic Development's Decision

The VPRED makes the final determination whether the respondent engaged in research misconduct and whether any corrective action is appropriate. The VPRED's decision is the final decision of the University with respect to whether research misconduct occurred. This research misconduct decision is not subject to review.

900.02 Decision-Making Process

In making the research misconduct decision, the VPRED shall consider the report of the Advisory Committee and the respondent's comments, as well as any other material the VPRED believes is relevant. At the respondent's request, the respondent may meet with the VPRED to present any information that the respondent believes is pertinent to the VPRED's decision.

Before reaching a final decision with respect to research misconduct, the VPRED shall meet with the Advisory Committee. If the VPRED is considering departing from the Advisory Committee's recommendation on whether research misconduct should be found, the VPRED shall explain to the Committee the reasons for contemplated departure and obtain Committee's feedback.

The VPRED then shall decide, for each allegation, whether the respondent engaged in research misconduct. This decision, along with its rationale, shall be documented in writing by the VPRED.

900.03 Decision

1. **No Finding of Research Misconduct.** If the VPRED does not find that the respondent engaged in research misconduct, the research misconduct proceeding shall be closed.
2. **Finding of Research Misconduct.** If VPRED finds that the respondent engaged in research misconduct, VPRED will take the appropriate corrective actions in determining whether law enforcement agencies, professional societies, professional

licensing boards, editors of journals in which falsified/plagiarized reports may have been published, collaborators of the respondent in the work, or other relevant parties are notified of the outcome of the case. The University will also ensure compliance with funding of sponsoring agency notification requirements are met.

The following shall guide the issuance of sanctions for employees and students who have been found to have engaged in research misconduct. All sanctions in response to a policy violation are final and may only be appealed through processes to the extent permitted by the faculty handbook, human resource policy, collective bargaining policy or student code of conduct. Recommendations may include the requirement that publications be corrected or retracted:

EMPLOYEES

The Dean of the College has the final authority to levy any sanctions as a result of a policy violation. Before the decision is issued to the individual, the Dean must consult with Human Resources (to account for human resource policies), the Faculty Handbook and collective bargaining agreements if applicable) and may also consult with other subject area experts as well as the Dean of the Graduate School and others before determining appropriate sanctions. Sanctions will be issued in writing to the individual who has been determined to have violated the policy.

STUDENTS

If the respondent is a graduate student the Graduate Dean, in consultation with the Dean of the College, will levy sanctions as a result of policy violations in accordance with Graduate School policies and any other applicable University policies. If the respondent is an undergraduate student the Dean of Students, in consultation with the Dean of the College, will act in accordance with the Student Code of Contact, and any other applicable University policies to levy sections. Before the decision is issued to the individual, the Graduate Dean or the Dean of Students may consult with subject area experts, HR and others before determining appropriate sanctions. It is the duty of the Graduate Dean or Dean of Students to issue in writing corrective and/or disciplinary actions to the respondent, where appropriate.

The Dean of the College, or designee, in consultation with the Graduate Dean and appropriate subject matter experts, if applicable, shall make a recommendation of corrective and/or disciplinary action to the Dean of Students (see the sanctioning section of

the Student Code of Conduct). Once the recommendation is made to the Dean of Students, it is the duty of the Dean of Students to issue in writing corrective and/or disciplinary action. The Dean of Students may impose sanctions that are less or more severe than the recommendation based on the Dean of Students' response to similar violations, and other violations of university policy by the individual.

900.04 Notifications

Upon making a decision relative to research misconduct, the RIO shall notify the respondent, the complainant, and the dean, or designee, of that decision, and notify others if appropriate. Where research misconduct has been found, the respondent and the dean, or designee, shall be advised of any corrective or disciplinary action that has been or is being taken.

RIC shall provide information relative to the research misconduct finding, including any pending and completed corrective or disciplinary actions relating to the respondent, to any applicable funding agency, if the agency so requires, in accordance with that agency's requirements.

1000.00 Appeal

The determination of VPRED with respect to a finding of research misconduct and corrective actions is binding. The appeal of any disciplinary determination will be handled in accordance with the applicable faculty, student, or staff personnel policy or collective bargaining agreement.

1100.00 Maintenance and Custody of Research Records and Evidence Appeal

MSU shall take the following specific steps to obtain, secure, and maintain the research records and evidence pertinent to the research misconduct proceeding:

MSU shall maintain all records of the research misconduct proceeding, as defined in 42 CFR Section 93.317(a), for 7 years after completion of the proceeding, or any Office of Research Integrity (ORI) or U.S. Department of Health and Human Services (HHS) proceeding under Subparts 0 and E of 42 CFR Part 93, whichever is later, unless MSU transferred custody of the records and evidence to HHS, or ORI has advised us that MSU no longer needs to retain the records.

1200.00 Interim Protective Actions

At any time during a research misconduct proceeding, MSU shall take appropriate interim actions to protect public health, federal funds and equipment, and the integrity of the supported research process.

The necessary actions will vary according to the circumstances of each case, but examples of actions that may be necessary include delaying the publication of research results, providing for closer supervision of one or more researchers, requiring approvals for actions relating to the research that did not previously require approval, auditing pertinent records, or taking steps to contact other institutions that may be affected by an allegation of research misconduct.

1300.00 Notification and Coordination with ORI

1300.01 Notifying ORI of the Decision to Open an Investigation and of Institutional Findings and Actions Following the Investigation

If the research misconduct allegations involve U.S. Public Health Service (PHS) research, the RIO or designee shall provide ORI with the written finding by the RIO and a copy of the inquiry report containing the information required by 42 CFR Section 93.309(a) on or before the date the investigation begins

Upon a request from ORI, MSU shall promptly send: (1) a copy of institutional policies and procedures under which the inquiry was conducted; (2) the research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and (3) the charges for the investigation to consider.
The RIO or designee shall promptly provide to ORI after the investigation: (1) A copy of the investigation report, all attachments, and any appeals; (2) A statement of whether the institution found research misconduct and, if so, who committed it; (3) A statement of whether the institution accepts the findings in the investigation report; and (4) A description of any pending or completed administrative actions against the respondent.

1300.02 Notifying ORI of Special Circumstances that May Require Protective Actions

At any time during a research misconduct proceeding, MSU shall notify ORI immediately if there is reason to believe that any of the following conditions exist:

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

1300.03 Institutional Actions in Response to Final Findings of Research Misconduct

MSU will cooperate with and assist ORI and HHS, as needed, to carry out any administrative actions HAS may impose as a result of a final finding of research misconduct by HAS.

1300.04 Cooperation with ORI

MSU shall cooperate fully and on a continuing basis with ORI during its oversight reviews of this institution and its research misconduct proceedings and during the process under which the respondent may contest ORI findings of research misconduct and proposed HAS administrative actions. This includes providing, as necessary to develop a complete record of relevant evidence, all witnesses, research records, and other evidence under our control or custody, or in the possession of, or accessible to, all persons that are subject to our authority.

1300.05 Reporting to ORI

When required by regulation, the RIO will report to ORI any proposed settlements, admissions of research misconduct, or institutional findings of misconduct that arise at any stage of a misconduct proceeding, including the allegation and inquiry stages.