

### **Reason for Policy**

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

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### **Entities Affected by this Policy**

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

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### **Web Site Address for this Policy**

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

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### **Responsible Office**

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

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### **Enactment & Revision History**

01 April 2026	Revisions to update policy to reflect federal regulatory changes
03 August 2017	Policy number revised from 09.00.02 to 11.06.02 and technical changes enacted by the University Secretary
26 March 2012	Reviewed and approved by the Interim University President
08 February 2010	Policy number revised from 2.000 to 09.00.02
05 October 2009	Emergency revisions approved by the University President
23 October 1996	Revised and approval recommended by the University President's staff
04 May 1990	Effective Date

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## General Policies and Principles

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

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

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

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

The University of Oregon will respond to each allegation of research misconduct in a thorough, competent, objective, and fair manner. The University of Oregon will take all reasonable and practical steps to ensure the cooperation of Respondents and other institutional members with research misconduct proceedings, including, but not limited to, their providing information, research records, and other evidence. The University of Oregon will cooperate with the Office of Research Integrity (ORI), or any other applicable agencies or entities during any research misconduct proceeding or compliance review. This includes addressing deficiencies or additional allegations in the institutional record if directed by ORI or other agencies/entities and assisting in administering and enforcing any Health and Human Services (HHS) or other agency/entity's administrative actions imposed on institutional members. This policy will be publicly available.

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

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

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

## Scope

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

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

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

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

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

## Definitions

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

**Allegation:** a disclosure of possible research misconduct through any means of communication and brought directly to the attention of an institutional or regulatory official.

**Assessment:** a consideration of whether an allegation appears to fall within the definition of research misconduct; if funded, appears to involve PHS-supported biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or research training; and is sufficiently

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Knowingly:** to act with awareness of the act.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Sequestration:** the process of securing evidence.

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

## Roles

### Research Integrity Officer

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

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

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

Alleged or apparent retaliation may be reported to the RIO. The RIO will review the allegation of retaliation and, if necessary, work with other institutional officials to make all reasonable and practical efforts to counter any potential or actual retaliation and protect and restore the position and reputation of the person against whom the retaliation is directed.

The RIO may assist and consult with the IDO in:

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

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

## Complainant

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

## Respondent

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

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

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

## Committee Members

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

During an inquiry, committee members will determine whether an investigation is warranted, documenting the decision in an inquiry report. During an investigation, committee members participate in recorded interviews of each Respondent, Complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including

witnesses identified by the Respondent(s). They will also determine whether the Respondent(s) engaged in research misconduct and document the decision in the investigation report. They consider Respondent and/or Complainant comments on the inquiry and/or investigation report(s) and document that consideration in the inquiry and/or investigation report(s).

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

## Witnesses

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

## Institutional Deciding Official

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

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

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

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

## Institutional Members

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

Institutional members will cooperate with the RIO and other institutional officials in the review of research misconduct allegations and the conduct of inquiries and Investigations. Institutional members, including Respondents, have an obligation to provide evidence relevant to research misconduct allegations to the RIO and other institutional officials. Institutional members may not retaliate or threaten retaliation in any way against Complainants, Respondents, witnesses, committee members or any others involved in research misconduct assessment and/or proceedings. Institutional members should immediately report any alleged or apparent retaliation to the RIO.

## Procedures for Addressing Allegations of Research Misconduct

### Assessment

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

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

### Inquiry

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

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

#### **Sequestering Evidence and Notifying the Respondent**

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

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

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

#### **Convening the Inquiry Committee**

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

#### **Determining Whether an Investigation Is Warranted**

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

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

#### **Documenting the Inquiry**

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

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

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

### **Completing the Inquiry**

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

The University of Oregon will notify the Respondent of the inquiry's final outcome and provide the Respondent with copies of the final inquiry report, controlling regulations if any, and this policy.

Upon completion of the inquiry, the University of Oregon will add the inquiry report and all records considered or relied on during the inquiry to the institutional record.

### **If an Investigation Is Not Warranted:**

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

### **If an Investigation is Warranted:**

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

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

## Investigation

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

### **Notifying the Respondent and Sequestering Evidence**

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

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

### **Convening an Investigation Committee**

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

### **Conducting Interviews**

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

### **Documenting the Investigation**

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

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

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

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

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

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

### **Completing the Investigation**

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

### **IDO Review of the Investigation Report**

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

### **Findings of Research Misconduct**

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

Such actions may include, but are not limited to:

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

### **Creating and Transmitting the Institutional Record**

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

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

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

## Other Procedures and Considerations

### **Conflicts of Interest**

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

### **Multiple Institutions and Multiple Respondents**

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

### **Respondent Admissions**

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

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

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

#### **Termination of Respondent's Employment**

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

#### **New Evidence**

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

#### **Appeal**

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

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

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

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

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

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

#### **Unacceptable or Questionable Research Practices**

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

#### **Retaliation**

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

#### **Other Special Circumstances**

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

1. Health or safety of the public is at risk, including an immediate need to protect human or animal subjects.
2. Federal (Health and Human Services or other supporting body) resources or interests are threatened.
3. Research activities should be suspended.
4. There is reasonable indication of possible violations of civil or criminal law.
5. Federal action is required to protect the interests of those involved in the research misconduct proceeding.
6. The applicable regulatory body may need to take appropriate steps to safeguard evidence and protect the rights of those involved.

## **Records Retention**

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

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#### **Related Resources**

*Federal Regulations*

42 C.F.R. Part 93 (PHS)

45 C.F.R. Part 689 (NSF)

14 C.F.R. Part 1275 (NASA)

10 C.F.R. Part 733 (DOE)

U.S. Dept. of Justice Scientific and Research Integrity Policy

Dept. of Defense Directive 3216.2

NSF Proposal and Award Policies and Procedures Guide (PAPPG) 24-1

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

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