APPENDIX A

Procedures for Responding to Allegations of Research Misconduct

UNC Greensboro is committed to upholding the highest standards of scientific rigor in Research. The University is committed to fostering an environment that promotes Research integrity and the responsible conduct of Research, discourages Research Misconduct, and deals promptly with Allegations or Evidence of possible Research Misconduct. These procedures are designed to provide a fair hearing, to discourage frivolous or malicious Allegations, and to take appropriate action when Research Misconduct has been alleged. Capitalized terms used in these procedures shall have the meanings assigned to them in the Research Misconduct Policy.

A Research Misconduct proceeding starts when an Allegation is made to an Institutional Official.

1. REPORTING RESEARCH MISCONDUCT

1.1 Any Covered Individual who has reason to believe that another Covered Individual has engaged in Research Misconduct must report their Allegation to an Institutional Official.

1.2 The Allegation may be made anonymously but must include sufficient factual detail to permit a determination that an Inquiry is warranted. A vague Allegation that Research Misconduct is occurring or has occurred is insufficient. For example, the Allegation should identify the person or persons who are believed to have engaged in Research Misconduct, the time period during which such misconduct has occurred, the nature of the Research Misconduct, and documentation (where it can be found) or other evidence (including names of Witnesses, if any) that can be consulted to verify the Allegation.

1.3 The Institutional Official who receives the Allegation must document in writing: the date and time of receipt, the name of the Complainant (if the Complainant agrees to be identified), the substance of the Allegation, and any supporting documentation or evidence that is provided by the Complainant.

1.4 The Institutional Official must forward the documentation of the Allegation to the RIO as soon as possible, but no later than three (3) business days after receipt by the Institutional Official.

2. THE PRELIMINARY ASSESSMENT OF ALLEGATIONS OF RESEARCH MISCONDUCT

The RIO or another designated institutional official shall conduct a preliminary assessment of the Allegation by reviewing the Allegation, supporting documentation and/or Witness statements to determine if the Allegation has enough substance to move forward to an Inquiry. The RIO shall complete the preliminary assessment promptly. If the preliminary assessment requires more than 10 days to complete, the RIO shall document and record the reasons for the delay and complete the preliminary assessment as promptly thereafter as possible.

2.1 The preliminary assessment shall be limited to determining:

- Whether the Complainant has alleged acts or omissions that fall within the definition of Research Misconduct;

- Whether the relevant Research or Research-related activity is of the type covered by the Research Misconduct Policy and these procedures; and

- Whether the Allegation is sufficiently credible and specific so that potential evidence of Research Misconduct may be identified and sequestered.

2.2 If the answers to the preliminary assessment are affirmative, the RIO or another institutional official will promptly (a) document the assessment, (b) initiate an Inquiry and sequester all Research Records and other evidence, and (c) refer the matter for an Inquiry. The RIO or other institutional official must retain the assessment documentation securely for seven years after completion of the misconduct proceedings. shall

2.3 If the answers to the preliminary assessment are not affirmative, all proceedings shall terminate, and the RIO shall notify the Complainant, the Respondent(s), and such Agencies as may be required by applicable law or regulation, that there is insufficient evidence for a finding of Research Misconduct. The RIO, or other institutional official, will write sufficiently detailed documentation to permit a later review by HHS ORI of why the University did not proceed to an Inquiry and securely retain this documentation for seven years.

2.4 Except as may otherwise be prescribed by applicable law, confidentiality must be maintained for any records or evidence from which Research subjects might be identified. Disclosure of Research Misconduct is limited to those who have a need to know to carry out a Research Misconduct proceeding. The University may be required by applicable law or regulation to disclose the identity of Respondent(s) and Complainants.

3. THE INQUIRY INTO ALLEGATIONS OF RESEARCH MISCONDUCT

The purpose of the Inquiry is to determine whether there is sufficient substance to the Allegation to warrant an Investigation. An Inquiry does not require a full review of all related evidence. The University 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. The purpose of the Inquiry is not to reach a final decision about whether Research Misconduct occurred or who was responsible.

3.1 Initiation of Inquiry

- Sequestration of Records. The RIO shall, on or before the date on which the Respondent(s) is notified or the Inquiry begins, whichever is earlier, promptly take all reasonable and

practical steps to obtain custody of all original or substantially equivalent copies of the Research Records and evidence needed to conduct the Research Misconduct proceeding. The records and evidence will be inventoried and sequestered in a secure manner and retained for seven years. The University will obtain, inventory, and securely sequester evidence that extends to whenever additional items become known or relevant to the Inquiry or Investigation. Where the Research Records or evidence encompass scientific instruments shared by several users, custody may be limited to copies of the data or evidence on such instruments.

- The Inquiry Committee. The IDO shall appoint a committee to conduct the Inquiry ("Inquiry Committee") from a pool of institutional faculty/staff. The Inquiry Committee should consist of at least three (3) individuals who do not have real or apparent conflicts of interest in the case, are unbiased, and have the necessary expertise to evaluate the evidence and issues related to the Allegation. The Inquiry Committee shall interview the principals and key Witnesses, with the option to record these individuals and conduct the Inquiry. The RIO shall take precautions to ensure that individuals responsible for carrying out any part of the Inquiry do not have unresolved personal, professional, or financial conflicts of interest with the Complainant, Respondent(s), or Witnesses. The University will ensure that all Inquiry Committee members understand their commission, keep the identities of Respondents, Complainants, and Witnesses confidential, and conduct the Research misconduct proceedings in compliance with University policy. If necessary, the IDO or RIO will seek additional expertise for the Inquiry Committee that may advise the Inquiry Committee but will not vote or participate in interviews. The experts can be from inside or outside of UNC Greensboro.

- Notice to the Respondent(s). At the time of or before beginning an Inquiry, the RIO shall make a Good Faith effort to notify in writing 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 will notify the Respondent(s) in writing. When appropriate, the University will give the Respondent(s) copies of, or reasons supervised access to, the sequestered materials. If the Inquiry subsequently identifies additional Respondents, the University 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.

- Notice to the Complainant. At the time of or before beginning an Inquiry, the RIO shall make a Good Faith effort to notify, in writing, the Complainant, if any, that an Inquiry has begun or will begin and the procedures that will be followed.

- Objections to the Inquiry Committee Members. The Respondent(s) has five (5) business days to challenge, in writing, the Inquiry Committee membership based on bias or conflict

of interest. The RIO will determine whether to replace the challenged member and will inform the Respondent(s) of the decision, in writing, within five (5) business days of receiving the challenge.

- Confidentiality. To the maximum extent possible, and within requirements of the law and regulations, the RIO must take all reasonable steps to preserve confidentiality of all persons involved except for sponsoring Agencies notified of the Research Misconduct proceedings where applicable. This may include documenting the person's permission to be named or their information to be shared.

4. IMMEDIATE NOTIFICATION OF AGENCIES

If at any time the RIO or Inquiry Committee has reason to believe that extenuating circumstances exist that warrant contacting an Agency, they shall immediately inform the IDO, who shall notify the appropriate Agency. Examples of such circumstances include, but are not limited to, the following:

- The health or safety of the public is at risk, including an immediate need to protect human or animal participants.
- Agency resources or interests are threatened.
- Research activities should be suspended.
- There is a reasonable indication of possible violations of civil or criminal law.
- Federal action is required to protect the interests of those involved in the Research Misconduct proceeding.
- There is reason to believe that the Inquiry may be made public prematurely, so that the Agency may take appropriate steps to safeguard evidence and protect the rights of those involved.

5. DETERMINATIONS OF THE INQUIRY COMMITTEE

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 Respondent and/or Witnesses.

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. An Investigation is warranted if (a) there is a

reasonable basis for concluding that the Allegation falls within the definition of Research Misconduct; and (b) preliminary information-gathering and fact-finding from the Inquiry indicates that the Allegation may have substance.

If the Inquiry Committee concludes that the Allegation warrants an Investigation, it shall prepare a written report that summarizes all pertinent information including the determination. If the Inquiry Committee determines that an Investigation is not warranted, it shall prepare sufficiently detailed documentation of the Inquiry to inform a later assessment by third parties of the reasons for not conducting an Investigation. Such report shall identify any other actions the Inquiry Committee feels should be taken in connection with the Allegation. All documentation of the decision not to further investigate an Allegation will be secured and maintained by the RIO for seven (7) years after the termination of the Inquiry.

- The Inquiry Report. Within 30 days of the Inquiry Committee's determination, a written report of the Inquiry will be prepared that includes the following information: 1) the names, professional aliases, and positions of the Respondent and Complainant(s)
  2) a description of the Allegation(s) of Research Misconduct; 3) identification of the source of the external support (for example the Public Health Service (PHS) and/or other), including, for example, grant numbers, grant applications, contracts and publications listing external support; 4) the composition of the Inquiry Committee, if used, including names(s), positions(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 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; 10) the basis on which any Allegations(s) do not merit further Investigations; 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.

- Notice to the Respondent(s). The RIO must notify the Respondent(s) whether the Inquiry found that an Investigation is warranted and provide the Respondent(s) with copies of the final Inquiry report and these policies and procedures. Within 14 calendar days of receipt of the final report, the Respondent(s) will provide his or her comments, if any, to the Inquiry Committee for its consideration.
- Notice to the Complainant. The RIO may notify the Complainant who made the Allegation whether the Inquiry found that an Investigation is warranted. The RIO may provide relevant portions of the Inquiry Committee report. If the University provides notice to one Complainant in a case, it will provide notice, to the extent possible, to all Complainant(s) in the case.

- Notice to DHHS ORI and other appropriate Agencies. If an Investigation is warranted, the IDO will notify DHHS ORI of the need for an Investigation within 30 days of the Inquiry

report and will notify DHHS ORI when the Investigation is initiated. This notification will be made in writing and be provided together with a copy of the Inquiry report. If an Inquiry is terminated before its completion, a report of the planned termination, including the reasons for such an action, should be made to DHHS ORI and any other Agencies that require it.

Upon request from DHHS ORI, the RIO will provide the following information: 1) the 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 to be considered in the Investigation.

The Inquiry Committee will forward the Inquiry Committee report to the RIO, who shall notify any Agencies as may be required by applicable laws or regulations. All aspects of the Inquiry (including the final Inquiry report and decision on whether an Investigation is warranted) must be completed within 60 days of the commencement of the Inquiry. If the Inquiry Committee is unable to complete its work in 60 days, it shall request an extension in writing from the IDO. This request must include documentation of the reasons for exceeding the 60-day period. If Agencies are involved, the RIO may need to request an extension from the Agencies.

6. THE INVESTIGATION OF ALLEGATIONS OF RESEARCH MISCONDUCT.

The purpose of the Investigation is to explore in detail the Allegation, to examine the evidence in depth, formally develop a factual record, pursue leads, and to determine specifically whether Research Misconduct has been committed, by whom, to what extent, and make recommendations to the IDO, who will make a decision based on a preponderance of evidence, on each Allegation and any University actions. The RIO will ensure that the Investigation Committee carry the Investigation through to completion and diligently pursue all significant issues related to Allegations.

The Investigation will also determine whether there are additional instances of possible Research Misconduct that would justify broadening the scope beyond the initial Allegation.

The Investigation must begin within 30 days of an Inquiry report that determines an Investigation is warranted. All aspects of the Investigation must be completed within 180 days of its commencement. If the Investigation Committee is unable to complete the Investigation in 180 days, it shall request an extension in writing from the IDO. For Investigations that involve Agencies, the RIO may need to request an extension from the Agencies. The University will notify HHS ORI of the decision to investigate and begin the Investigation within 30 days of deciding an Investigation is warranted.

- Convening the Investigation Committee. The IDO shall appoint the Investigation Committee. The Investigation Committee should consist of at least three (3) individuals who have the necessary expertise to evaluate the evidence and issues related to the Allegation, interview the principals and key Witnesses, and conduct the Investigation. The IDO shall take precautions to ensure that individuals responsible for carrying out any part of the

Investigation have the appropriate scientific expertise but do not have unresolved personal, professional, or financial conflicts of interest with the Complainant, Respondent(s), or Witnesses. If needed, the IDO may seek additional expertise for the Investigation Committee, who will advise the Investigation Committee, but not vote or participate in interviews. The experts can be from inside or outside of UNC Greensboro. 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 will use diligent efforts to ensure that the Investigation is thorough, sufficiently documented, and impartial and unbiased to the maximum extent practicable.

- Notice of Commencement of the Investigation. The RIO will notify the Respondent(s) that an Investigation is being undertaken, the nature of the Allegation(s), as well as the composition of the Investigation Committee, and the procedures that will be followed within 30 days of determining that an Investigation is warranted. If the Investigation subsequently identifies new/additional Allegations, the RIO must provide a written notice to the Respondent(s) within a reasonable amount of time of deciding to pursue any Allegations not addressed during the Inquiry or in the initial notice of the Investigation. If the Investigation subsequently identifies additional Respondents, the RIO will notify them in writing within a reasonable amount of time. The University may choose to either conduct a separate Inquiry or add new Respondent(s) to the ongoing Investigation. The University 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 this proceeding or any HHS ORI proceeding, whichever is later.

- Notice of Commencement of the Investigation to DHHS ORI. On or before the date that the RIO sends the Notice of Commencement of the Investigation, the RIO will notify the DHHS ORI of the decision to begin the Investigation and provide DHHS ORI a copy of the Inquiry report (see Section 11).

- If the alleged Research misconduct involves multiple institutions, the University 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. If the alleged Research Misconduct involves multiple Respondents, the University may either conduct a separate Inquiry for each new Respondent or add them to the ongoing proceedings. The institution must give additional Respondent(s) notice of and an opportunity to respond to the Allegations.

7. CONDUCTING THE INVESTIGATION

7.1 Confidentiality.

To the maximum extent possible, and within requirements of the law and regulations, the Investigation Committee and the RIO must preserve confidentiality of all persons involved except for Agencies notified of the Research Misconduct proceedings.

7.2 Interviewing Individuals

The Investigation Committee may interview any individual it identifies as having information or evidence relevant to the Investigation Committee's determinations, including, but not limited to, the Complainant and the Respondent(s). The University will number all relevant exhibits and refer to any exhibits shown to the interviewee during the interview by that number. The University will record and transcribe Interviews during the Investigation and make the transcripts available to the interviewee for correction. The University will include the transcript(s) with any corrections and exhibits in the Institutional Record of the Investigation. The Respondent(s) will not be present during the Witnesses' interviews, but the University will provide the Respondent with a transcript of each Interview, with redactions as appropriate to maintain confidentiality.

7.3 Pursuing Leads.

The Investigation Committee shall pursue diligently all significant issues and leads discovered that are determined relevant to the Investigation, including any evidence of additional instances of possible Research Misconduct, and continue the Investigation to completion.

7.4 Immediate Notification of Agencies.

If at any time the Investigation Committee has reason to believe that any of the following circumstances exist, it shall immediately inform the RIO, who shall notify the appropriate Agencies:

- The health or safety of the public is at risk, including an immediate need to protect human or animal subjects.
- Agency resources or interests are threatened.
- Research activities should be suspended.
- There is a reasonable indication of possible violations of civil or criminal law.
- Federal action is required to protect the interests of those involved in the Research Misconduct proceeding.

- There is reason to believe that the Research Misconduct proceeding may be made public prematurely, so that Agencies may take appropriate steps to safeguard evidence and protect the rights of those involved.

- The Research community or public should be informed.

8. Evidentiary Standards

The University bears the burden of proving, based on the Preponderance of the Evidence, that Research Misconduct occurred. The destruction, absence of, or a Respondent's failure to provide, Research Records adequately documenting the questioned Research shall be considered evidence of Research Misconduct, provided the University establishes by a Preponderance of the Evidence that:

8.1 A Respondent Intentionally, knowingly, or Recklessly had Research Records and destroyed them, or

8.2 Had the opportunity to maintain the Research Records but did not do so, or

8.3 Maintained the Research Records and failed to produce them in a timely manner, or

8.4 A Respondent's conduct constitutes a significant departure from accepted practices of the relevant Research community.

8.5 A Respondent has the burden of going forward with, and the burden of proving, by a Preponderance of the Evidence, any and all affirmative defenses raised. In determining whether the University has carried the burden of proof, the Investigation Committee shall give due consideration to admissible, credible evidence of honest error or difference of opinion presented by a Respondent.

9. CONCLUDING THE INVESTIGATION & THE FINAL INVESTIGATION REPORT

Upon the conclusion of the Investigation, the Investigation Committee shall prepare, in writing, a final report ("Investigation Report") for the IDO that shall:

9.1 Describe the nature of the Allegation, including any additional Allegation(s) addressed during the Research Misconduct proceeding;

9.2 If applicable, describe and document the support, including, for example, any grant numbers, grant applications, contracts, and publications listing such support. This documentation includes known applications or proposals for support that the Respondent has pending;

9.3 Describe the specific Allegation(s) for consideration in the Investigation;

9.4 Provide the composition of the Investigation Committee, including name(s), positions(s), and subject matter expertise;

9.5 Include an inventory of sequestered Research Records and other evidence, except records the University did not consider or rely on. This inventory will include manuscripts and 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;

9.6 Include transcripts of all Interviews conducted;

9.7 Identify the specific published papers, manuscripts submitted but not accept for publication (including online publication), funding applications, progress reports, presentations, posters, or other Research Records that contain the allegedly falsified, fabricated or plagiarized material;

9.8 Describe any scientific or forensic analyses conducted;

9.9 Include a copy of the policy and procedures;

9.10 Include any comments made by the Respondent and Complainant(s) on the draft Investigation Report and the committee's consideration of those comments.

9.11 Include a statement for each separate Allegation of whether the committee recommends a finding of Research Misconduct;

If the committee recommends a finding of Research Misconduct for an Allegation, the Investigation Report will present a finding for each Allegation. These findings will (a) identify the individual(s) who committed the Research Misconduct; (b) indicate whether the misconduct was Falsification, Fabrication, and/or Plagiarism; (c) indicate whether the Misconduct was committed Intentionally, Knowingly, or Recklessly; (d) identify any significant departure from the accepted practices of the relevant Research community and that the Allegation was proven by a preponderance of the evidence; (e) summarize the facts and analysis supporting the conclusion and consider the merits of any explanation by the Respondent; (f) identify the specific support; and (g) state 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.
The Investigation Committee should also provide a list of any current support or known applications or proposals for support that the Respondent has pending.

If a majority of the Investigation Committee finds that the individual has violated the Research

Misconduct Policy, it shall recommend, in writing, an appropriate course of action to the IDO, which shall include appropriate sanctions and adequate steps to ensure that the University meets its obligations, if any, to external Agencies affected by the violation, co- investigators and co-authors, funding Agencies and other Research sponsors, professional journals, and relevant clients. Any individual that does not agree with the majority can record their comments in a minority report that will be filed with the official proceeding records.

The University 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. The Respondent will submit any comments on the draft report to the institution within 30 days of receiving the draft Investigation Report. If the University 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 they received the report. The institution will add any comments received to the Investigation Report.

The IDO will review the Investigation Report and make a final written determination of whether the institution found Research Misconduct and, if so, who committed the misconduct. In this statement, the IDO will include a description of relevant institutional actions taken or to be taken.

All investigative information, including relevant Research Records, records of interviews and the transcripts or recordings of such interviews, and all records of the Research Misconduct proceedings must be maintained by the Research RIO and provided to HHS ORI upon request.

Unless custody has been transferred to HHS ORI or the RIO has been advised in writing by HHS ORI that the records no longer need to be retained, records of Research Misconduct proceedings must be maintained in a secure manner for seven (7) years after completion of such proceedings or the completion of any Public Health Service (PHS) proceeding involving an Allegation. The RIO is also responsible for providing any information, documentation, Research Records, evidence or clarification requested by HHS ORI to carry out its review of an Allegation or of the University's handling of an Allegation.

It is expected that all Inquiries and Investigations will be carried through to completion and all significant issues will be pursued diligently. The RIO must notify HHS ORI in advance if there are plans to close a case at the Inquiry, or Investigation on the basis that the Respondent(s) has admitted guilt, a settlement with the Respondent(s) has been reached, or for any other reason, except: 1) closing the case at the Inquiry stage on the basis that an Investigation was not warranted; or 2) a finding of no Research Misconduct at the Investigation stage, which must be reported to HHS ORI, as described in the Research Misconduct Policy.

10. NOTICE TO HHS ORI OF INSTITUTIONAL FINDINGS AND ACTIONS

Unless an extension is granted, the RIO must, within the 180-day period for completing the Investigation, submit the following to the HHS ORI: 1) a copy of the entire Institutional Record; 2) a statement of whether the University accepts the findings of the final Investigation Report; 3) a statement of whether the University found

Research Misconduct and, if so, who committed the Research Misconduct; and 4) a description of any pending or completed administrative actions against the Respondent(s).

11. CREATING AND TRANSMITTING THE INSITUTIONAL RECORD

After the IDO has made a final determination of Research Misconduct findings, UNC Greensboro will add the IDO's written decision to the Investigation Report and organize the Institutional Record in a logical manner.

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 must also include a general description of the records that were sequestered but not considered or relied on.

If the Respondent filed an appeal, the complete record of any institutional appeal also becomes part of the Institutional Record. For institutions with an internal appeals process, the University will wait until the appeal is concluded to transmit the Institutional Record to HHS ORI. After the IDO has made a final written determination, and any institutional appeal is complete, the institution must transmit the Institutional Record to HHS ORI.

12. POST-INVESTIGATION PROCEEDINGS

Where an Investigation concludes no Research Misconduct occurred:

12.1 The University shall make all reasonable and practical efforts, if requested and as appropriate, to protect or restore the reputation of any Respondent(s) determined by the Investigation Committee to have not been engaged in Research Misconduct.

12.2 The University shall make all reasonable and practical efforts to protect or restore the position and reputation of any Complainant, Witness, or Investigation Committee member and to counter potential or actual Retaliation against them.

13. ADMINISTRATIVE AND DISCIPLINARY ACTIONS

13.1. Seriousness of the Research Misconduct

In deciding what administrative or disciplinary actions are appropriate, the IDO should consider the seriousness of the Research Misconduct, including, but not limited to, the degree to which the Research Misconduct was knowing, intentional, or reckless; was an isolated event or part of a pattern; or had significant impact on the Research Record, Research subjects, other Researchers, institutions, or the public welfare. The lack of a HHS ORI finding of Research misconduct does not overturn the University's determination that conduct constituted professional or Research Misconduct warranting remediation under the University's policy.

13.2 Possible Administrative and Disciplinary Actions

Administrative and disciplinary actions include but are not limited to: appropriate steps to correct the Research Record; letters of reprimand; the imposition of special certification or assurance requirements to ensure compliance with applicable regulations or terms of an award; suspension or termination of an active award; written warning; demotion; suspension; salary reduction; dismissal; or other serious discipline according to the appropriate policies applicable to students, faculty, or staff. With respect to administrative actions or discipline imposed upon faculty and staff, the University must comply with all relevant personnel policies and laws.
With respect to administrative actions or discipline imposed upon students, the University must comply with all relevant student policies and codes.

13.3 If an Investigation concludes Research Misconduct has occurred, the violation may be addressed in various ways as stated below.

13.3.1 Respondent is a University Faculty Member

In the case of a Respondent who is a University faculty member, the IDO, together with the Provost and appropriate Dean(s), in consultation with the Office of Institutional Integrity and General Counsel, if needed, will determine what administrative and disciplinary sanctions to implement. The IDO shall document the recommended sanction(s) and forward it to the Chair(s) of the Respondent's department(s).

13.3.2 Respondent is EPS Non-Faculty or SHRA Employee

In the case of a Respondent who is EHRA non-faculty or SHRA Employee, the RIO Officer, Office of Human Resources, and the Office of Institutional Integrity and General Counsel, if needed, will determine what administrative and disciplinary sanctions to implement. The RIO shall document the recommended sanction(s) and Human Resources will forward it to the direct supervisor(s) of the Respondent's department(s)/unit(s).

13.3.3 Respondent is a Student

In the case of a Respondent who is a student, the IDO shall refer the Investigation Report to the Dean of Students, for appropriate administrative action, up to and including the imposition of discipline.

13.3.4 If the University believes that criminal or civil fraud violations may have occurred, the IDO shall promptly refer the matter to the appropriate investigative body.

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