Date Published: 8-1-2018

Research Integrity Policy

Applies to: (examples; Faculty,Staff, Students, etc)

Faculty , Staff , Students

Policy Overview:

Issued: 08-01-2018

Next Review Date: 03-14-2022

Frequency of Review: Annually

Federal regulations require that institutions applying for or receiving federal research funding have an established administrative process for reporting, reviewing, investigating, and taking appropriate actions to address allegations of research misconduct. The goal of this policy is to provide a framework to resolve allegations of research misconduct as rapidly and fairly as possible and to protect the rights and integrity of all individuals involved.

Applies to Faculty, Staff, Students, Trainees, and any individual involved in research on behalf of or approved by UHSP regardless of the funding source.

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Definitions:

Term	**Definition**
Allegation	A disclosure of possible research misconduct through any means of communication
Complainant	An individual or entity who brings forth an allegation of research misconduct in good faith
Research Integrity and Safety Committee (RISC)	A standing University committee, comprised of at least five (5) faculty appointed for defined terms of service, which evaluates and adjudicates cases of alleged research misconduct against staff, students, trainees, postdoctoral appointees, and/or faculty members. The RISC determines whether, based on a preponderance of the

	evidence, research misconduct has occurred and recommends what, if any, corrective actions and sanctions are warranted.
Conflict of interest	Financial, personal, or professional relationships which may compromise, or appear to compromise an individual's decisions.
Evidence	Any document, tangible item, or testimony offered or obtained during a research misconduct proceeding, including the research record, which tends to prove or disprove the existence of an alleged fact.
Fabrication	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	Having a belief in the truth of one's statements such that a reasonable person in the same position could have, based on the information known to one at the time. Examples include: (i) An allegation is not made in good faith if made with knowing or reckless disregard or willful ignorance of certain facts that would disprove said allegation; (ii) Good faith as applied to a committee member means cooperating with the purpose of helping the institution meet its responsibilities regarding investigation of allegations of research misconduct.
Plagiarism	The appropriation of another person's ideas, processes, results, or words without giving appropriate credit.
Preponderance of the Evidence	Proof by information that, compared with that opposing it, leads to the conclusion that the fact at issue is more probably true than not.
Public Health Service (PHS)	Federal agencies designated as components of the US Public Health Service with the Department of Health and Human Services (e.g. Center for Disease Control & Prevention, Food & Drug Administration, National Institutes of Health, The Agency for Healthcare Research & Quality).
Research	A systematic experiment, study, evaluation, demonstration, or survey designed to develop or contribute to general knowledge (basic research) or specific knowledge (applied research).
Research Integrity Inquiry Panel (RIIP)	An ad hoc group of faculty appointed by the Vice President of Research in consultation with the Deans which conducts an initial unprejudiced preliminary evaluation of the available facts and circumstances underlying a specific allegation of research misconduct. The RIIP will determine (a) whether or not the conduct, if it did occur, would constitute research misconduct, and (b) whether there is sufficient evidence of the alleged misconduct to warrant a full investigation. The RIIP does not make a determination as to whether the research misconduct occurred.
Research Misconduct	*See definition in Policy Details section.*
Research Record	The record of data or results that embody the facts resulting from scientific inquiry, including but not limited to primary research material, research proposals, laboratory records (physical and electronic), research animals, images, machines and equipment, progress reports, abstracts, theses, oral presentations, internal reports, journal articles, correspondence.
Respondent	The person against whom an allegation of research misconduct is directed or who is the subject of a research misconduct proceeding.
Retaliation	Adverse action taken against an individual involved in a research misconduct proceeding, including but not limited to, complainant, witness, or committee member, by a member of the UHSP community in response to a good faith allegation of research misconduct or good faith cooperation with a research misconduct investigation.

Details:

UHSP defines research misconduct as:

1. Fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results; or
2. Knowing violations of federal and institutional rules and regulations governing the conduct of research involving human research participants that are serious or continuing; or
3. Violations of the University's Policy for Authorship on Scientific and Scholarly Publications.

Research misconduct does not include honest error or differences of opinion or differences in interpretations of data.

A finding of research misconduct requires that:

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

UHSP has the burden of proof for making a finding of research misconduct. The respondent has the burden of proof for any affirmative defenses raised, which includes a claim of honest error or differences of opinion.

I. Rights and Responsibilities

Individuals covered by this policy shall act in good faith during their involvement in the research misconduct proceedings as well as promptly provide all requested available materials and maintain strict confidentiality of the proceedings.

II. Allegations

Members of the UHSP community are expected to report observed, suspected, or apparent research misconduct. All allegations of research misconduct from sources inside or outside the University will be considered. An individual should direct an allegation of research misconduct to the Vice President of Research or the Director of Research Administration (DRA). An individual can also direct an allegation to deans, department or division heads, or as directed by the UHSP Code of Ethics. Any member of the UHSP administration or community who receives an allegation of research misconduct shall promptly forward it to the Vice President of Research or the DRA. If an individual is concerned about possible research misconduct or is unsure whether an incident qualifies as research misconduct, he or she may contact the Vice President of Research, DRA or the College's General Counsel to discuss the suspected misconduct confidentially.

Individuals are encouraged to submit allegations of research misconduct in writing so as to assure a clear understanding of the issues raised, although allegations may be made orally. Anonymous allegations are acceptable, however, sufficient detail and/or corroborating evidence must be provided to determine whether an inquiry should be initiated. Allegations should be made based on factual issues and provide specific information when possible. An allegation should include:

1. The name(s) of the respondent, if known;
2. A brief summary of the circumstances surrounding the complaint,
3. A description of each allegation.

All individuals are expected to act in good faith when making allegations of research misconduct and while cooperating with research misconduct proceedings. In the event that allegations of research misconduct are made in bad faith or research misconduct proceedings are materially impeded by any member of the UHSP community, including but not limited to the respondent or complainant, the dean of the appropriate college or appropriate administrator shall impose sanctions subject to the limitations set forth within Section VI.

Investigations of research misconduct will not be initiated if the alleged activity occurred more than 6 years in the past. If the alleged activity began more than 6 years in the past, but continued into the 6 year period, it will be reviewed.

III. Organizational Structure

1. The Vice President of Research with the assistance of the DRA is responsible for implementing UHSP's policies and procedures on research misconduct as outlined herein. The Vice President of Research and the DRA shall assist all members of the UHSP community to comply with applicable policies, laws, and regulations related to research integrity including research misconduct proceedings.
2. Research Integrity and Safety Committee (RISC) works in conjunction with the DRA to administer and conduct a hearing, where appropriate, in cases of alleged research misconduct.
3. The DRA shall be responsible for providing or coordinating appropriate expertise and administrative support to the RIIP and RISC. The DRA shall conduct or be present at all meetings, interviews, and other proceedings regarding allegations of research misconduct.

IV. Confidentiality

All those participating or involved in research misconduct proceedings shall not disclose or discuss any information regarding the allegations, the proceedings, or the identity of individuals involved in the proceedings except as necessary to the proper discharge of their responsibilities hereunder and as required by law.

V. Inquiry and Investigation

A. Initial Review of an Allegation

1. Upon receiving an allegation of research misconduct, the Vice President of Research will immediately assess the allegation to determine whether it:

a. Falls within the definition of research misconduct, and
b. Is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

2. Absent a finding by the Vice President of Research that the complaint is frivolous or insubstantial on its face or does not allege an instance of research misconduct, the matter will be referred to the DRA to promptly initiate the inquiry process.

B. Sequestering and Handling of Evidence

At any point during an inquiry or investigation, evidence may be obtained and/or sequestered. The DRA or his/her designee will, in good faith, take all reasonable and practical steps necessary to obtain custody, inventory, and secure all original evidence (physical

and electronic) relevant to the allegation including, but not limited to, research proposals, laboratory records, protocols, images, specimens, machines and equipment, abstracts, theses, oral presentations, internal reports, journal articles, and correspondence. All available material identified as relevant to the allegation shall be promptly provided.

The lack of research records adequately documenting the questioned research is evidence of research misconduct where it is established by a preponderance of the evidence that the respondent:

1. Intentionally, knowingly, or recklessly had research records and destroyed them,
2. Had the opportunity to maintain the records but did not do so, or
3. Maintained the records and failed to produce them in a timely manner.

Upon request and where appropriate copies of the sequestered evidence will be provided to the respondent except for materials not amenable to copying or the respondent will be given reasonable, supervised access to the sequestered evidence. Copies of sequestered evidence will also be provided upon request to the individual(s) who provided the original material to the DRA except for materials not amenable to copying. All reasonable steps, consistent with time constraints and other obligations imposed by federal regulations, shall be taken to eliminate or minimize any disruption that might be created for ongoing research efforts by such requirements to produce documentation. Individuals involved in the securing of evidence relevant to the allegation shall not discuss or disclose the request with anyone outside of the official proceedings, without approval from the DRA. At the conclusion of and dependent upon the outcome of the proceedings, sequestered evidence will be returned as appropriate.

Records of research misconduct proceedings, including the evidence, will be maintained by the DRA in a secure manner for seven (7) years after completion of University proceedings or, when related to PHS funds, the completion of any PHS proceedings involving the research misconduct allegation.

C. Inquiry Process

The inquiry, which is the responsibility of the RIIP, is an unprejudiced preliminary evaluation of the available facts and circumstances underlying the allegations to determine if a full investigation is warranted.

1. To initiate the inquiry process, the Vice President of Research will:

a. Appoint a RIIP in consultation with the Deans and the Vice President of Research. The RIIP shall consist of at least three (3) faculty members giving due consideration to their research experience. The Vice President of Research may also solicit assistance from an appropriate individual (senior faculty member or non-faculty scientist from within or outside the University) with requisite scientific expertise in the relevant field to serve as an ad hoc non-voting member of the RIIP and the RISC. RIIP members shall be carefully selected in order to minimize either the substance or the appearance of personal or professional conflicts of interest. No member of the RIIP will be assigned to an allegation involving his or her own department or division. The Respondent will be notified of the names of the RIIP members and any ad hoc members and will be provided an opportunity to voice concerns regarding any potential conflicts of interest.

b. Provide written notice to the respondent. The notification will include a description of all allegations of research misconduct made against the respondent along with an explanation and documentation of the University's policies in regard to allegations of misconduct including the respondent’s rights and responsibilities. The respondent will also be notified that the University will not tolerate acts of retaliation against any individual participating in a research misconduct proceeding. If evidence or allegations of additional issues arise during the RIIP process, the DRA will provide written notice of the RIIP’s intention to broaden its inquiry to the implicated individuals, Vice President of Research, appropriate dean, and appropriate department or division head.

c. At the time or before the DRA notifies the respondent, the DRA shall:

i. Sequester all records and evidence relevant to the allegation, as described in Section V.B.

ii. Notify the respondent’s department or division head, the Vice President of Research, and the dean of the respondent’s school of all allegations of research misconduct and the initiation of the inquiry process.

2. The RIIP will review the evidence and conduct interviews of the complainant, the respondent, and any other key witnesses the RIIP may consider necessary to its inquiry. At this stage the complainant's name may be kept confidential, but s/he will be made aware that as the process moves forward, the complainant's identity may have to be revealed in order to afford the respondent a full and fair opportunity to respond to the allegations.

3. All interviews conducted by the RIIP will be transcribed by a certified court reporter. Each interviewee will be provided with a copy of the transcript and given five (5) days to review the transcript of their interview(s) for accuracy. Changes to the transcript are limited to factual errors. Additional comments or information may be provided in a separate document. The final corrected versions of all transcripts will be part of the official record of the misconduct proceedings.

4. The respondent may have an attorney or other individual present at all meetings, interviews, and other proceedings with the RIIP to act as an advisor. This individual will not be permitted to actively participate in the proceedings and will be required to channel all communications with the DRA, RISC, RIIP, and/or any members thereof through the College’s General Counsel.

5. During the inquiry, the RIIP will diligently pursue all significant issues, leads, new allegations of research misconduct as well as complaints of retaliation.

6. The RIIP will determine by a preponderance of the evidence (a) whether or not the conduct, if it did occur, would constitute research misconduct, and (b) whether there is sufficient evidence of the alleged misconduct to warrant a full investigation.

7. The RIIP will generate a draft written report of its inquiry and recommendations for further action. The report will include, but may not be limited to, the following elements:

a. The name and position of the respondent;
b. A description of the allegations of research misconduct;
c. The research support related to the allegation;

d. The institutional policies and procedures under which the inquiry was conducted;
e. The basis for recommending whether or not the alleged actions warrant a full investigation.

8. The DRA shall promptly submit to the respondent a written draft RIIP report. The respondent shall be allowed five (5) working days from receipt of the draft RIIP report to comment on the report. Based on the comments received, the RIIP will revise the report as appropriate and will then generate the final RIIP report. Any and all comments submitted by the respondent shall be made a part of the final RIIP report and will then be submitted to the RISC for review and determination.

9. Conclusion of Inquiry

a. Prior to receiving the final RIIP report, the RISC will be notified in writing of the allegations of research misconduct and the respondent's identity. Members shall notify the DRA in writing of any actual or potential, personal or professional, conflicts. The DRA may also determine whether any person involved in handling an allegation of research misconduct has an unresolved personal, professional, or financial conflict of interest and take appropriate action, including recusal, to ensure that no person with such conflict is involved in the research misconduct proceeding;
b. After review of the final RIIP report including the recommendations whether to proceed to a full investigation or to dismiss the allegations, the RISC shall, by majority vote, decide whether to accept or reject the recommendations of the RIIP and thus whether to initiate an investigation or dismiss the allegations. During its determination, the RISC may also address any additional issues identified by the RIIP, if applicable. The DRA shall then notify the respondent, the respondent's department head, the dean of the respondent's college, and the Vice President of Research of the RISC's determination and provide each with a copy of the final RIIP report.
c. If the RISC determines an investigation is not warranted, the allegations are dismissed. In the event that the allegations are dismissed, the DRA shall maintain documentation in sufficient detail to permit a later assessment of the reasons why the RISC decided not to conduct an investigation.
d. If the RISC determines there is sufficient basis to warrant an investigation, a prompt and thorough investigation into the allegation shall be initiated by the RISC within thirty (30) calendar days of the completion of the inquiry. External agencies shall be notified of the decision to proceed to an investigation as provided in Section V.F.

10. Absent extraordinary circumstances, the inquiry shall be completed within sixty (60) calendar days of the initiation of the inquiry. The inquiry may extend beyond sixty (60) calendar days for good cause by making a written request to the Vice President of Research. If granted, the reason for any extension must be documented in the official record and noted in the final RIIP report. The DRA will provide written notification to the respondent and any other individuals, as appropriate, if there is an extension.

D. Investigation Process

An Investigation, which is the responsibility of the RISC, includes an examination of all relevant evidence and interviews with all individuals involved to determine whether research misconduct has occurred and to recommend what, if any, corrective actions and sanctions are warranted.

1. An investigation is initiated by the RISC by:

a. Providing notice to the respondent. The notice will include a description of all allegations that will be investigated. The RISC will diligently pursue all significant issues and leads that are determined to be relevant. If evidence or allegations of additional issues are identified, the DRA will provide written notice of the RISC's intention to broaden its investigation to the respondent, other implicated individuals, appropriate dean, Vice President of Research, and appropriate department or division head.
b. Sequestering any additional evidence relevant to the allegations, as described in Section V.B.

2. Within 30 days of the RISC determination that an investigation is warranted, or at any other time as required by federal regulations, external research sponsors and regulatory agencies shall be informed of the research misconduct proceedings by the DRA in accordance with applicable laws, regulations, and rules. Upon request, and as required by law, the DRA will also provide a copy of the final RIIP report, evidence reviewed, transcripts of any interviews, and copies of all relevant documents. See VIII.G for other notifications related to an investigation.

3. The RISC will make a good faith effort to determine the scope/extent of the misconduct and whether there is evidence of other instances of research misconduct related to any other research with which the individual is involved.

4. All interviews conducted by the RISC will be transcribed by a certified court reporter, as outlined in Section V.C.3.

5. The respondent shall be permitted to have an attorney or other individual present to the same extent specified under Section V.C.4.

6. The RISC's responsibility is to determine whether, based on a preponderance of the evidence, research misconduct has occurred and to recommend what, if any, corrective actions and sanctions are warranted. By majority vote, the RISC shall decide whether to dismiss the allegation of research misconduct or make a determination that research misconduct occurred. The determination need not be unanimous.

7. The RISC will generate a draft report of its investigation, determinations, and recommendations for further action, if any, The report may also set forth recommendations as to the appropriate sanctions and/or corrective actions and will include, but may not be limited to, the following elements:

a. Description of the nature of the allegations of research misconduct;
b. Description of the research support related to the allegations of research misconduct;
c. Description of the specific allegations of research misconduct for consideration in the investigation;
d. Policies and procedures under which the investigation was conducted.
e. Identification and summary of the research records and evidence reviewed, and identify any evidence taken into custody but not reviewed.

f. For each separate allegation of research misconduct identified during the investigation, provide a finding as to whether research misconduct did or did not occur, and if so:

i. identify whether the research misconduct was falsification, fabrication, or plagiarism, and if it was intentional, knowing, or in reckless disregard;
ii. Summarize the facts and the analysis which support the conclusion and consider the merits of any reasonable explanation by the respondent;
iii. Identify the specific research support;
iv. Identify whether any publications need correction or retraction;
v. Identify the person(s) responsible for the misconduct; and
vi. List any current support or known applications or proposals for support that the respondent has pending with non-PHS Federal agencies.

8. The RISC shall promptly submit to the respondent the draft report as well as copies of, or supervised access to, the evidence on which the report is based. The respondent shall be allowed five (5) working days from receipt of the draft report to provide comments on the report. Based on the comments received, the RISC will revise the report as appropriate and generate the final RISC report. Any and all comments submitted by the respondent will be made a part of the final report.

9. The DRA will provide a copy of the final RISC report to the respondent, the Vice President of Research, and to the dean of the respondent's college. The DRA will notify the respondent's department or division head, in writing, of the outcome of the investigation. When the RISC determines research misconduct has occurred, the respondent's department or division head will also be provided a copy of the final RISC report.

10. Absent extraordinary circumstances, the investigation shall be carried through to completion within one hundred twenty (120) calendar days. The investigation may extend beyond one hundred twenty calendar days only with the written approval of the Vice President of Research. If an extension is granted, the DRA will (a) document the reason and terms of the extension in the final RISC report and the official record, (b) notify the respondent and any other applicable parties in writing of an extension, (c) and provide periodic progress reports to any research sponsors as requested or as required by law. Additionally, requests for extending the investigations involving PHS funding must be submitted in writing to ORI for approval.

E. Final Disposition of the Proceedings

The appropriate dean or department or division head ("supervisor"), shall review the final RISC report, including the RISC's recommended sanctions and/or corrective actions, and impose such sanctions and/or corrective actions as the dean or supervisor considers appropriate under the circumstances, as described below:

1. Imposition of sanctions related to a finding of research misconduct:

a. If the RISC determines that research misconduct has occurred, the respondent shall be given an opportunity to present to the dean or supervisor, in person or in writing (as the respondent may elect), any facts or considerations the respondent believes should be taken into account in the determination of appropriate sanctions within five (5) calendar days after the DRA forwards the final RISC report as described in section VIII.D.9. The dean or supervisor shall impose sanctions as appropriate, no later than thirty (30) calendar days and no earlier than five (5) calendar days after the DRA forwards the final RISC report, subject to the following exceptions:

i. Should the dean recommend termination of appointment of a faculty member with tenure, or of a non-tenured faculty member prior to the end of a current term of appointment, a proceeding shall be instituted by the University before the Hearing Committee, in accordance with Section IX. of the UHSP Policy on Academic Freedom, Responsibility, and Tenure. The Hearing Committee shall review the reports of the RIIP and RISC and related documentation and may hear such additional relevant, non-cumulative testimony as it deems necessary.
ii. The dean or supervisor shall impose sanctions against a student or staff member in accordance with the relevant University or college policies.

b. In cases involving PHS funding, the Vice President of Research and the Dean or supervisor shall assist in administering and enforcing any HHS administrative actions imposed on members of the institution

2. Imposition of corrective actions in the absence of a finding of research misconduct:

a. Absent a finding of research misconduct, the RISC may recommend corrective actions to be completed by an individual. The Dean or supervisor in consultation with the DRA will determine if any corrective actions should be completed. Corrective actions may include, but are not limited to, formal education in the responsible conduct of research, monitoring and/or oversight of research projects, or the addition of research team members with specific qualifications.

3. The dean or supervisor may delegate the imposition of sanctions and/or other corrective actions to the department or division head, who will require the respondent or other individuals, as appropriate, to fulfill corrective measures as deemed necessary.

F. Other Actions and Notifications

1. The Vice President of Research may direct the department or division head to keep individuals or entities outside of the University, including but not limited to, collaborating scientists, other institutions, and journal editors informed of any outcomes on a need-to-know basis.

2. The Vice President of Research and the DRA shall keep individuals within the University, including but not limited to, witnesses and collaborating scientists, informed of any outcomes on a need-to-know basis.

3. If the RISC dismisses the allegation of research misconduct for any reason, the Vice President for Research, the DRA, and the respondent's dean or appropriate department or division head will make diligent efforts to restore the respondent's reputation.

4. From the time the RISC decides to initiate an investigation or at any other time as required by federal regulations, the Vice President of Research with the assistance of the DRA shall keep external agencies informed regarding the status of research misconduct proceedings in accordance with applicable laws, regulations, and rules. The Vice President of Research shall notify ORI immediately if (1) the health and safety of the public is at risk; (2) if HHS resources or interests are threatened; (3) if research activities should be suspended; (4) if federal action is required to protect the research misconduct proceedings; (5) if the alleged incident might be publicly reported; (6) if the research community or public should be informed; or (7) if reasonable indication of possible criminal violations is found.

5. The Vice President of Research shall notify ORI prior to closing research misconduct proceeding prematurely for any reason, including but not limited to an admission of guilt by the respondent.

6. When an investigation involves PHS funding, the Vice President of Research with the assistance of the DRA will provide to the Health and Human Services Office of Research Integrity (ORI) the following: the final RISC report, copies of research records and evidence reviewed, transcripts of any interviews, and copies of all relevant documents. The Vice President of Research with the assistance of the DRA shall also notify the ORI of the sanctions and/or institutional actions imposed by the University and will ensure full and continuing cooperation during the ORI's oversight review as specified in federal regulations.

7. The University will comply with the reporting requirements of any other federal funding agency in accordance with the applicable laws and regulations.

G. Admissions of Responsibility

1. The RISC shall carry inquiries and investigations through to completion and pursue diligently all significant issues; however, if a respondent chooses to admit to all of the allegations of research misconduct against him/her, the RISC may close a case at the inquiry or investigation, on the basis that the respondent has admitted responsibility. A written statement of responsibility shall be prepared admitting to each of the allegations of research misconduct, summarizing the evidence, and illustrating the elements of a finding of research misconduct:

a. There be a significant departure from accepted practices of the relevant research community; and
b. The misconduct be committed intentionally, knowingly, or recklessly; and
c. The allegation be proven by a preponderance of the evidence.

2. The Respondent will meet with the Vice President of Research or the DRA and one or more RISC members to review the written statement of responsibility. This meeting will be transcribed by a certified court reporter. The Respondent will be provided an opportunity to review the transcript.

3. When all relevant issues are resolved, the written statement of responsibility is signed by the Respondent. If a Respondent admits responsibility for a portion of the allegations or all relevant issues are not able to be resolved, the RIIP/RISC will continue with the inquiry or investigation.

4. Prior to accepting an admission of responsibility, the RISC will make a good faith effort to determine the scope/extent of the misconduct and whether there is evidence of other instances of research misconduct related to any other research with which the individual is involved.

5. For allegations involving PHS funded research, notification in advance of closing based on the admission of guilt will be submitted to the ORI for approval.

VI. Protection from Retaliation

The University is committed to and strongly believes in the importance of protecting all individuals from retaliation for his/her activities in cooperation with, or initiation of, research misconduct proceedings, provided, however, such activities were not undertaken in bad faith. The University will not tolerate acts of retaliation, actual or perceived, against individuals participating in research misconduct proceedings. If any person involved in a research misconduct proceeding feels s/he has been adversely affected by retaliation, they should notify the Vice President of Research, DRA, RISC, or appropriate dean or department or division head immediately.

A. Administrative Review

The Vice President of REsearch wth the assistance of the DRA is responsible for taking reasonable and practical steps to protect all individuals from retaliation for his/her activities, as outlined in this policy. The Vice President of Research will provide written notice to the appropriate dean and department or division head, the President, and other individuals as deemed necessary. Based on observations and/or conversations with the individuals involved in the proceedings, including the RISC members, the Vice President of Research may determine administrative steps are needed to address any potential opportunities for retaliation. Administrative steps may include, but are not limited to, seeking intervention by Human Resources, discussions with the department or division head to develop actions to assure protection, consultation with the Office of General Counsel or other steps necessary to protect against retaliation. The DRA shall update the RISC on the steps taken to protect the individual.

B. Formal Complaint

1. If an individual feels that the administrative steps have not provided adequate protection, s/he may submit a formal written complaint of retaliation to the Vice President of Research who will initiate an investigation.

a. The written complaint of retaliation will include:

i. Identification of the University member who committed an adverse action against the individual
ii. Any documents or information that supports the compliant

b. Once the Vice President of Research receives a formal complaint of retaliation, the following steps will be initiated:

i. Written notice of the allegations of retaliation will be provided to the implicated individual(s), appropriate dean, and appropriate department or division head.

ii. A subcommittee of the RISC will be convened to review the compliant.

c. The review of the complaint by a subcommittee of the RISC will include, but is not limited to, interviewing the individual and any witnesses deemed appropriate. The RISC subcommittee will prepare a written report of their findings and recommendations for resolution and submit it to the dean or appropriate department or division head.

d. The Dean or appropriate department head shall take corrective actions, which may include redress of any disadvantage suffered by the individual and sanctions against the individual found to have committed the retaliation.

e. The decision of the dean or appropriate department or division head is final.

f. The Vice President of Research or the DRA shall update the RISC on the decision of the dean or the department or division head and the corrective actions taken.

C. Bad Faith

If the subcommittee of the RISC believe that the allegation of retaliation was not made in good faith, the individual alleging retaliation will be notified in writing of the concerns. The individual shall be allowed five (5) working days from receipt of the written notice to reply to the concerns. If the RISC subcommittee finds that the allegation was not made in good faith, the matter will be referred to the Dean or appropriate division head. The Vice President of Research will work with the dean of the appropriate school division head to impose the appropriate sanctions subject to any applicable policies and procedures governing faculty, staff, and students.

VII. Violations of this Policy

Violations of this policy, may subject the individual to corrective actions or other sanctions as deemed appropriate including separation from the University. Violations of this policy include but are not limited to, allegations of research misconduct or retaliation made in bad faith, violations of confidentiality requirements, or failure to provide records or evidence upon request.

Responsibilities:

Position/Office/Department	Responsibility
Director of Research Administration	Coordinate administration of the reporting, investigation, review, findings and sanctions of the RIIP and RISC; provide advice and answer questions regarding research integrity issues
Dean, department or division head	Exercise final administrative authority and decision making on findings and sanctions of the RIIP and RISC in accordance with College policies applicable to faculty, staff and students
Vice President of Research	Appoint committees, oversee implementation of the policy in conjunction with the DRA.

Policy Contacts:

Name	Contact Information
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