



INTEGRITY IN RESEARCH & SCHOLARLY ACTIVITIES POLICY

November 2025

I. INTRODUCTION

A. Statement of Philosophy

Integrity in research and scholarly activities is central to the academic enterprise. All individuals engaged in research and scholarly activities at Chapman University (the “University”) are responsible for adhering to the highest standards of intellectual honesty, rigor, and transparency. Faculty and other supervisors of research activities, in particular, have a responsibility to set an example and to create an environment which encourages absolute intellectual integrity and the responsible conduct of research. Open communication; an emphasis on quality of research and publications; appropriate supervision and treatment of personnel; concern for the health and safety of human and animal subjects; maintenance of accurate data and detailed records of research procedures and results; responsible use of external funds; and suitable assignment of credit and responsibility for research and publications are all essential for fostering intellectual honesty and integrity in research and scholarly activities.

The University is committed to promoting a climate of integrity in research and scholarly activities. To this end, the University encourages the reporting of any incident of potential or perceived misconduct in research and scholarly activities and will take prompt and deliberate action to investigate and address Allegations of misconduct, based on the following principles:

- Institutional and academic responsibility for self-regulation;
- Mechanisms to protect the rights of the accused, the interests of those making an accusation, and the public interest;
- The highest degree of confidentiality compatible with an effective response and responsible reporting requirements; and
- Precautions against conflicts of interest in the implementation of this Policy.

B. Scope and Applicability of the Policy

This Policy applies to acts or practices that deviate significantly from those commonly accepted within the scholarly or scientific communities for proposing, designing, conducting, performing, or reporting research or scholarly activities, and that constitute Dishonesty in Presentation and Publication, Fabrication, Falsification, and/or Plagiarism.

This Policy does not apply to unintentional errors or honest differences in the interpretation or judgment of data, nor does this Policy and its procedures apply to authorship or collaboration disputes.

This Policy and the associated procedures are established to comply with 42 CFR Part 93 (Public Health Service Policies on Research Misconduct, the “PHS Regulation”) and apply to all research and scholarly activities conducted under the auspices of the University, whether or not those activities are externally funded.

This Policy applies to any individual who is employed by, is an agent of, or who holds an appointment from or

affiliation with the University, such as officials; tenured and untenured faculty members; post-doctoral and other fellows; trainees; technicians; visiting researchers; staff members such as research coordinators and support staff; graduate and undergraduate students; and volunteers or nonemployees; as to each such individual, *regardless* of where the research or scholarly activity is or was performed or whether the individual receives pay from the University.

Although there is no definitive and exhaustive list of examples of misconduct, those outlined below may serve as guides in identifying Research Misconduct.

1. **Falsification or Fabrication:** This includes falsification, modification, or fabrication of data or facts, or selective inclusion or exclusion designed to mislead or to support false conclusions.
2. **Plagiarism:** This form of misconduct consists of any attempt to receive credit for the work of another, including taking credit for someone else's work, ideas, or methods, copying the writing of others without proper acknowledgment, or otherwise taking credit falsely.
3. **Misrepresentations in publication:** This form of misconduct involves the publishing or public circulation of material intended to mislead the reader. Examples include misrepresenting data (particularly its origins) or adding or deleting the names of other authors without consent.

It is the responsibility of individuals applying for research funding or external support, or those engaged in research or scholarly activity at the University, to inform themselves of Chapman's policies relating to research and to inform themselves of the policies and procedures of the agencies funding their activities. Copies of relevant policies are available on the website of the Office of Research and Graduate Education, Research Integrity & Compliance, and Sponsored Programs Services, and on the websites of the offices of Institutional Compliance and Legal Affairs.

All persons engaged in research and/or scholarly activities at the University are ultimately responsible for conducting their activities in accordance with all applicable external and internal policies, rules and regulations.

C. Statute of Limitations

This Policy and its procedures only apply to Allegations occurring within six (6) years of the date that the University or (as applicable) HHS received an Allegation, *subject to the following exceptions:*

- If and when the Respondent continues or renews any incident of alleged Research Misconduct that occurred before the limitation period, through the use of, citation to or republication of those portion(s) of the Research Record (*e.g.*, processed data, journal articles, funding proposals, data repositories) associated with the alleged misconduct, for the potential benefit of the Respondent, the limitation period begins at the time of the last use, citation or republication. For alleged Research Misconduct that appears subject to this subsequent use exception, but the University determines is not subject to the exception, the University will document its determination that the subsequent use exception does not apply and will retain this documentation for the later of seven (7) years after completion of the University's proceeding or the completion of any HHS proceeding.
- Where the alleged Research Misconduct, if it occurred, would possibly have a substantial adverse effect on public health or safety, as determined by the University or (as applicable) ORI, there is ***no statute of limitations***.

D. Revisions to the Policy

The University's Compliance Committee shall assume responsibility for updating this Policy. All substantive changes to the Policy are subject to approval by the Board of Trustees, except when such changes are mandated by federal funding agencies or applicable law.

II. DEFINITIONS

Accepted practices of the relevant research community: Practices established by 42 CFR part 93 and by PHS funding components, as well as commonly accepted professional codes or norms within the overarching community of researchers and institutions that apply for and receive PHS awards.

Administrative Record: Comprises: the Institutional Record; any information provided by the Respondent to ORI, including but not limited to the transcript of any virtual or in-person meetings under § 93.403(b) between the Respondent and ORI, and correspondence between the Respondent and ORI; any additional information provided to ORI while the case is pending before ORI; and any analysis or additional information generated or obtained by ORI. Any analysis or additional information generated or obtained by ORI will also be made available to the Respondent.

Administrator: The person who is apprised of Allegation(s) and is responsible for conducting an Initial Assessment and determining whether an Inquiry and an Investigation are warranted. The Administrator is usually the Vice President of Research Integrity & Compliance, unless the Vice President of Research designates an alternate individual to serve as Administrator.

Allegation: A disclosure of possible misconduct in research or scholarly activities through any means of communication and brought directly to the attention of an institutional or HHS official.

Complainant: The individual(s) bringing forth Allegation(s). It is assumed that the Complainant makes the Allegation(s) in Good Faith, even if the Allegation(s) are proven to be a misunderstanding, misinterpretation or miscalculation of the facts and no misconduct was actually committed.

Dishonesty in Presentation and Publication: Knowingly presenting material or publishing articles that will mislead listeners or readers, e.g., misrepresenting data (particularly its originality); adding the names of other authors without permission or authors who have not earned the credit; exerting pressure to join the list of authors when the level of contribution did not warrant inclusion; citing unpublished papers or scholarly work without permission, or including inadequate footnote or endnote attributions so that readers cannot tell who produced which data; publishing the same material more than once without identification of prior publication; serving as a coauthor of a research paper or article without reviewing the material to be published.

Deciding Official (DO): The University official who makes final determinations on Allegations and any institutional administrative actions. The Deciding Official cannot be the same individual as the RIO and should have no direct prior involvement in the University's Assessment, Inquiry, or Investigation. A DO's appointment of an individual to conduct an Assessment of Allegations, or to serve as an Inquiry or Investigation committee member, is not considered direct prior involvement for purposes of this Policy. Chapman's Deciding Official is the Vice President for Research.

Evidence: Anything offered or obtained during a misconduct proceeding, including any documents (whether in hard copy or electronic form), tangible item, or testimony, that tends to prove or disprove an alleged fact.

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.

Inquiry Reviewer: The individual or committee of individuals charged with conducting an Inquiry of an Allegation(s) of misconduct. The Inquiry Reviewer is appointed by the Vice President for Research. Typically, the Inquiry Reviewer is the relevant dean of the Respondent's school or college, though he or she may seek confidential assistance from others.

Investigation: The formal development of a factual record and the examination of that record that meets the criteria and follows the procedures of 42 CFR 93.310 through 93.317. Investigation involves the systematic examination and evaluation of relevant evidence to determine if misconduct in research has taken place, to evaluate its seriousness, and, if possible, to determine responsibility. An Investigation may also be necessary to determine the extent of any adverse effects resulting from the misconduct and any necessary remedial or follow-up actions (e.g., publications requiring retraction). The Investigation Committee is responsible for conducting the Investigation and its members are appointed by the Vice President for Research.

Good Faith: (a) As applied to a Complainant or witness, means having a reasonable belief in the truth of one's Allegations or testimony based on the information known to the Complainant or witness at the time. An Allegation or cooperation with a Research Misconduct Proceeding (including by providing testimony) is not in Good Faith if made with knowledge of, or reckless disregard for, information that would negate the Allegation or testimony. As applied to Inquiry Reviewer(s) or Investigation Committee member(s), means cooperating with the Research Misconduct Proceeding by impartially carrying out the duties assigned for the purpose of helping an institution meet its responsibilities under this Policy, including, as applicable, the PHS Regulation. Inquiry Reviewers or Investigation Committee members do not act in Good Faith if their acts or commissions during the Research Misconduct Proceeding are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the Research Misconduct Proceeding.

Initial Assessment: A consideration of whether an Allegation appears to fall within the definition of Research Misconduct; 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. The Assessment is not meant to determine if misconduct actually occurred, but rather to determine if there is sufficient substance to the Allegations to warrant an Inquiry. The Assessment is conducted by the Administrator.

Inquiry: Preliminary information-gathering and preliminary fact-finding that meets the criteria and follows the procedures of 42 CFR 93.307 through 93.309, to determine whether an Allegation has sufficient substance to warrant an Investigation by an Investigation Committee. An Inquiry is not intended to determine conclusively if misconduct has occurred. The Inquiry Reviewer(s) are responsible for conducting the Inquiry.

Institutional Record. Comprises: (a) The records that the University compiled or generated during the Research Misconduct Proceeding, except records the University did not consider or rely on. These records include but are not limited to (1) documentation of the Assessment as required by § 93.306(c); (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 as required by § 93.309(c); (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 pursuant to § 93.310(g), and information the Respondent provided to the institution; (4) decision(s) by the Deciding Official, such as the written decision from the Deciding Official under § 93.314; (5) the complete record of any institutional appeal consistent with § 93.315; (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 Committee: The group of individuals appointed by the Vice President of Research to conduct an Investigation of an Allegation.

Knowingly: To act with awareness of the act.

Office of Research Integrity (ORI): The U.S. Department of Health and Human Services (HHS) Office of Research Integrity.

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, but 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. Self-plagiarism and authorship disputes do not meet the definition of Research Misconduct.

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.

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 about, or the underlying mechanism relating to, matters to be studied.

Research Integrity Officer (RIO): The University official responsible for administering this Policy and overseeing the procedures herein. The Vice President of Research Integrity & Compliance acts as the RIO and as the Administrator, for the purposes of 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, as applicable, under 42 CFR Part 93, including Assessments, Inquiries, Investigations, ORI oversight reviews, and appeals under subpart E of the PHS Regulation.

Research Record(s): Record of data or results that embody the facts resulting from research activity. 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; computers and scientific equipment used; progress reports; manuscripts; abstracts; theses; records of oral presentations; online content; lab meeting reports; internal reports; journal articles; and other dissemination artifacts (e.g., presentations, posters). Data or results may be in physical or electronic form. This also includes documents and materials provided by the Respondent to refute Allegations at any point during a Research Misconduct Proceeding. It does not include notations, interpretations or analyses performed by the Complainant in support of his/her Allegation.

Respondent: The individual against whom an Allegation is directed or who is the subject of a Research Misconduct Proceeding.

Retaliation: An adverse action taken against a Complainant, witness, Administrator, Inquiry Reviewer, or Investigation Committee member by the University in response to (a) a Good Faith Allegation or (b) Good Faith cooperation with a Research Misconduct Proceeding. This definition does not include University personnel actions that may be taken against individuals to protect the integrity of the research and safety of any research participants, nor does it include actions which may be taken by research funders (whether government or private) or by research oversight bodies.

Spoliation: The destruction, mutilation, or alteration of records or materials unfavorable to the party causing the spoliation.

III. GENERAL POLICIES AND PRINCIPLES

A. Responsibility to Report Misconduct

It is the responsibility of University faculty, staff, and students to report any incident of potential misconduct in Good Faith and in accordance with the definitions and terms of this Policy. Individuals who are unsure whether a suspected incident constitutes Research Misconduct are encouraged to discuss the matter with their Dean or the Vice President of Research Integrity and Compliance, which may include discussing it anonymously and/or hypothetically. Allegations of misconduct originating from any source (student, staff, faculty, or an individual outside of the University community) shall be pursued in a timely manner and in accordance with this Policy and, as applicable, the PHS Regulation.

B. Duty to Participate in Research Misconduct Proceedings

Consistent with the values and principles of the University, all campus community members have a duty to participate in the Research Misconduct Proceeding described in this Policy as a condition of their employment, enrollment, or other affiliation with Chapman. Even former members of the Chapman community, if they have information essential to proceedings under this Policy, should regard themselves as having a duty to assist as reasonably requested.

If a Respondent fails to answer a charge or to participate in any Research Misconduct Proceeding, their Dean will be notified of that fact by the Assistant Vice President of Research Integrity & Compliance. Failure to respond to a charge or to appear at a hearing will be considered a breach of responsibility. Furthermore, a Respondent will not prevent any Research Misconduct Proceeding from moving forward by their silence or absence. Failure to respond may result in the Research Misconduct Proceeding relying solely on the testimony and evidence provided by persons other than the Respondent, including the Complainant.

It is the responsibility of all members of the University community to inform the University when a situation involving possible misconduct is encountered. Such circumstances involving possible misconduct in research and scholarly activities should normally be referred to the appropriate Dean or the Vice President of Research Integrity & Compliance. Any other person associated with the University receiving a report or formal complaint alleging misconduct in research and scholarly activities shall forward it on a timely basis to the appropriate Dean or the Assistant Vice President. It is not necessary that someone filing a complaint be directly or negatively affected by the action(s) in question; it is sufficient that the Complainant believe, in Good Faith, that misconduct may have occurred.

C. Protecting Complainants and Prohibiting Retaliation

The identity of a Complainant will be protected, to the maximum extent possible, consistent with the rights of the Respondent in accordance with University policy. If the Complainant has directly observed potentially problematic behavior, he or she should be prepared to testify to that observation if it is necessary to establish that such behavior has occurred.

The University will take all reasonable and practical steps to protect the positions and reputations of Complainant(s) and to protect these individuals from retaliation by Respondent(s) and/or other members of the University community. The University has zero tolerance for retaliation. Good Faith complaints may not result in retaliation against Complainants. Additionally, Respondents are free to defend themselves against Allegations without fear of reprisal for such defense. Malicious Allegations on the part of a Complainant (i.e., Allegations not made in Good Faith) will be treated as separate violations of this Policy, incurring appropriate disciplinary action.

If it is determined that the Allegation was made frivolously, vindictively, maliciously, or with knowledge that the Allegation was not true, serious consequences may occur for the Complainant, including dismissal or expulsion, if an employee, student, or faculty member, and/or civil action. Retaliation on the part of the Respondent shall itself be treated as a violation of this Policy, incurring appropriate disciplinary action.

D. Confidentiality

To the extent possible, the University will limit disclosure of the identity of Respondents, Complainants, and witnesses while conducting Research Misconduct Proceedings to those who need to know, consistent with a thorough, competent, objective and fair Research Misconduct Proceeding, and as allowed by law. Those who need to know may include institutional review boards, journals, editors, publishers, co-authors, and collaborating institutions. This limitation on disclosure no longer applies once the University has made a final determination of Research Misconduct findings.

- (1) For Allegations involving PHS-funded research or scholarly activity, the University must disclose to ORI the identity of Respondent(s), Complainant(s), and any other relevant persons pursuant to an ORI review of Research Misconduct Proceedings under the PHS Regulation.

Additionally, confidentiality must be maintained for any records or evidence from which research subjects might be identified. Disclosure is limited to those who have a need to know to carry out procedures under this Policy.

This section does not prohibit the University from managing published data or acknowledging that data may be unreliable.

The University expects all individuals involved in an Allegation to maintain the highest degree of confidentiality compatible with an effective response and responsible reporting requirements. Administrators may use written confidentiality agreements or other mechanisms to ensure that appropriate confidentiality is maintained.

E. Notification to Funding Agencies

For Allegations that involve externally funded research, the University shall make timely notification to the funding agency, consistent with the requirements of that agency. The Vice President of Research, or their designee, shall be responsible for notifying external funding agencies.

In cases involving federally funded research, the Vice President for Research, or their designee, will take any necessary interim administrative actions, as appropriate: (1) to protect Federal funds; (2) to ensure that the purpose of the Federal financial assistance is carried out; and (3) to notify any funding agency, particularly PHS agencies as required by 42 CFR 93.305, when circumstances warrant.

F. Standard of Proof

The burden of proof for making a finding of misconduct in research or scholarly activity rests with the University or with the integrity oversight arm of the funding agency. The standard of proof used to make a finding of Research Misconduct is Preponderance of the Evidence. A Respondent's destruction of Research Records documenting the questioned research is evidence of Research Misconduct where the University or HHS establishes by a Preponderance of the Evidence that the Respondent Intentionally or Knowingly destroyed records after being informed of the Allegations. A 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 has the burden of proof for all affirmative defenses s/he may assert. In determining whether the University has carried the burden of proof imposed by this Policy, the finder of fact shall give due consideration to admissible, credible evidence of honest error or difference of opinion presented by the Respondent.¹ The Respondent has the burden of proof going forward with and proving, by a Preponderance of the Evidence, any mitigating factors relevant to a decision to impose administrative actions after a Research Misconduct Proceeding.

IV. SPECIFIC PROCEDURES FOR HANDLING ALLEGATIONS OF MISCONDUCT

A. Overview

The University will process an Allegation in phases, allowing for a more in-depth investigation in later stages, if warranted. An Allegation that is found not to warrant further response in any one of the phases does not proceed to the next phase. The phases through which an Allegation may pass, in the order in which they occur, are:

1. The Initial Assessment (performed by the Administrator);
2. The Inquiry (performed by the Inquiry Reviewer(s));
3. The Investigation (performed by the Investigation Committee); and
4. The Final Decision (determined by the Vice President of Research).

B. Reporting Allegations

Allegations shall be reported to appropriate institutional officials, depending on the institutional status of the Respondent, as set forth in the chart below. The Vice President of Research Integrity & Compliance shall typically serve as the Administrator of the Allegation, as defined in this Policy. In the case of a potential conflict of interest between the Administrator and the Respondent, the Allegations will be referred to the Vice President for Research, who shall appoint a different person to serve as the Administrator for purposes of the Allegations. Generally, the Administrator will be as follows:

Respondent	Administrator
Student	Chair of Academic Integrity Committee
Staff member	Chief Operating Officer
Faculty member	Asst. VP for Research Integrity
Associated researcher	Asst. VP for Research Integrity
Unit Dean	Asst. VP for Research Integrity
Direct reports to the Provost	Asst. VP for Research Integrity
Direct reports to the President	Asst. VP for Research Integrity

In most instances, the Vice President of Research is responsible for ruling on potential conflicts of interest, rendering a final decision following an Investigation, and notifying external funding agencies, when required.

V. THE INITIAL ASSESSMENT

A. Purpose

Upon receiving an Allegation, the Administrator will immediately assess the Allegation to determine whether it is sufficiently credible and specific so that potential evidence of misconduct may be identified – that is, whether there is sufficient substance to the Allegation to warrant proceeding – and whether the Allegation, if proven, would fall within the definition of misconduct as outlined in this Policy and, as applicable, the PHS Regulation.

¹ 42 CFR§ 93.105(b)(2)

B. Timeline

The Initial Assessment should be concluded within seven (7) calendar days after the day the Administrator receives the Allegation, unless an extension is requested and approved in writing by the Vice President for Research.

C. Examination of Evidence

The Initial Assessment's purpose is to determine whether an Allegation warrants an Inquiry. The Initial Assessment only involves the review of readily accessible information relevant to the Allegations. Upon receiving an Allegation, the Administrator will promptly determine whether the Allegation (a) falls within the definition of Research Misconduct set forth in this Policy and (b) is sufficiently credible and specific to identify and sequester potential evidence. In conducting the Initial Assessment, the Administrator need not interview the Complainant, Respondent, or other witnesses, or gather data beyond any that may have been submitted with the Allegation.

D. Outcome of the Initial Assessment

If the Administrator finds that the Allegation (1) does not fall within the scope of misconduct under this Policy or (2) does not have sufficient substance or is not sufficiently credible and specific so that potential evidence of misconduct may be identified, the Administrator shall inform the Respondent, the Complainant, and the Vice President for Research that the Allegation will not be investigated further and shall document the Assessment results, consistent with 42 CFR 93.306(c)(3) when applicable.

If the Administrator finds that the Allegation (1) falls within the scope of misconduct under this Policy, and (2) has sufficient substance and is sufficiently credible and specific so that potential evidence of misconduct may be identified, the Administrator shall discuss the Inquiry and Investigation procedures with the Complainant, where possible. If, pursuant to this discussion, the Administrator determines that the Allegation does not concern misconduct within the scope this policy, or is not sufficiently credible and specific so that potential evidence of misconduct may be identified², the Administrator shall inform the Respondent, the Complainant, and the Vice President of Research that the Allegation will not be investigated further and shall document the Initial Assessment outcome in sufficient detail to enable any required Federal review.³

If, pursuant to the discussion with the Complainant, the Administrator is confirmed in their determination that there is sufficient substance to the Allegation, the Administrator shall document the Assessment; promptly sequester all Research Records and other evidence, consistent with 42 CFR 93.305(a); notify the Respondent; and promptly initiate an Inquiry.

If the Complainant withdraws or otherwise fails to support the Allegation, but the Administrator believes there is sufficient cause to pursue the Allegation, the Administrator may initiate an Inquiry regardless of Complainant's withdrawal; in such a case there is no Complainant for the purposes of this Policy.

E. Student Respondents

If the Administrator determines that an Allegation against a student Respondent warrants an Inquiry yet also determines that the alleged misconduct: (1) was not supported by external funds; and (2) was not published or presented for external audiences, then the Administrator pursues the complaint in accordance with the procedures described in the Chapman University Academic Integrity Policy.

² For example, the Complainant is unable to provide information of a specific incident or act that would constitute misconduct, or the Complainant is unprepared to testify to the misconduct and such a testimony would constitute the only evidence of the misconduct.

³ For PHS funding, see 42 CFR 93.306

If the Administrator determines that an Allegation against a student Respondent warrants an Inquiry yet also determines that the alleged misconduct: (1) was supported by external funds; or (2) was published or presented for external audiences or reported to the funder, then the Administrator must refer the complaint to the Unit Dean who supervises the research in which the misconduct allegedly occurred. The Unit Dean will serve as the Administrator from this point forward.

F. Multiple Institutions

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.

VI. THE INQUIRY

A. Purpose

The Inquiry is the first stage of the formal process for evaluating Allegations. The purpose of an Inquiry is to conduct an initial review of the evidence to determine whether an Investigation is warranted. Therefore, an Inquiry does not require a full review of all the evidence related to the Allegation.

B. Timeline

An Inquiry is initiated when the Vice President for Research appoints a Inquiry Reviewer. The Inquiry, including the submission of a written report, shall normally be completed within ninety (90) calendar days of the date the Inquiry Reviewer is appointed. If the Administrator determines that circumstances warrant a longer period of time, the Vice President for Research may grant an extension. In such a case, the record of the Inquiry shall include documentation of the reasons for exceeding the ninety (90) day period, consistent with 42 CFR 93.307(h)(2).

C. Inquiry Reviewer

The Inquiry is conducted by the Inquiry Reviewer, who shall be an individual or individuals appointed by the Vice President for Research to serve in this capacity. In determining who shall serve as Inquiry Reviewer(s), the Vice President for Research should consider the seriousness of the Allegations, the need to complete the Inquiry in a timely fashion, the availability of personnel to conduct the Inquiry, and whether the nature of the complaint requires that the Inquiry Reviewer have special or technical expertise to assess the Allegations. The Vice President for Research should not appoint an Inquiry Reviewer who has a potential, perceived, or actual conflict of interest or for a material reason might be unable to make an impartial evaluation of the subject of the Inquiry.

The Vice President for Research shall provide the Inquiry Reviewer(s) with a charge letter at the time of appointment. This letter will:

- Set forth the timeline for completion of the Inquiry;
- Describe the Allegations and any related issues identified during the Assessment phase;
- State that the purpose of the Inquiry is to conduct an *initial review of the evidence*, including (as deemed appropriate by the Inquiry Reviewer(s)) the testimony of the Respondent, Complainant and key witnesses, *to determine whether an Investigation is warranted*, but not to determine or draw any conclusions regarding whether misconduct occurred or who was responsible;

- State that the Inquiry Reviewer is responsible for preparing or directing the preparation of a written report of the Inquiry that meets the requirements of this Policy and 42 CFR 93 as applicable; and
- State that the Vice President for Research will call for an Investigation if the Inquiry Reviewer(s) determine: (1) that there is a reasonable basis for concluding that one or more Allegations falls within the definition of misconduct, and (2) that such Allegation(s) are sufficiently credible and specific so that potential evidence of Research Misconduct may be identified, based on the Inquiry Reviewer's review during the Inquiry.

D. Notification

At the time of or before beginning the Inquiry, the Administrator must make a Good Faith effort to notify the Respondent in writing that an Allegation of misconduct has been made. This notification shall include a brief but specific description of the Allegation(s), the name(s) of the Inquiry Reviewer(s), the purpose of the Inquiry, and a copy of this Policy. If there is more than one Respondent, only Allegations specific to a particular Respondent are to be included in the notification to that Respondent.

If the Inquiry subsequently identifies additional Respondents, they must also be notified in writing. Notifications will be consistent with 42 CFR 93.205. The University is not required to conduct a separate Inquiry for each new Respondent.

Respondents should be given the opportunity to admit that misconduct occurred and that they committed the misconduct. Once such an admission has been made, the University may terminate its review of an Allegation, provided the University's acceptance of the admission and any proposed settlement is approved by the appropriate funding or oversight agencies (if required) and consistent with applicable requirements.

For Allegations related to PHS-funded research, the University will promptly notify ORI in advance if at any point during the proceedings (including the Assessment, Inquiry, Investigation, or Appeal stage) it plans to close a Research Misconduct Proceeding 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 will not close the case until providing ORI with the Respondent's signed, written admission. 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. The University must not close the case until giving ORI a written statement confirming the Respondent's culpability and explaining how the institution determined that the Respondent's admission fully addresses the scope of the misconduct.

The Inquiry Reviewer shall immediately advise the Vice President of Research if any of the following conditions exist, which may require immediate notification to a funding agency or other urgent action:

- There is an immediate need to suspend research activities;
- There is an immediate need to protect Federal funds, equipment or data;
- There is an immediate need to protect the interests of the Complainant(s) or of the Respondent, as well as principal investigators, co-investigators, co-authors, and associates, if any;
- There is a likelihood that the alleged incident is going to be reported publicly;
- There is a reasonable indication of *possible violation of civil or criminal law*, as confirmed by the University's legal counsel. In that instance, the Vice President of Research must inform the funding agency within 24 hours of confirmation by legal counsel; or
- The health or safety of the public is at risk or has been compromised, including any risk to human or animal subjects, in which case the Vice President of Research shall promptly notify the Chair of the Chapman University Institutional Review Board (CUIRB) or Chair of the Chapman University Institutional Animal Care and Use Committee (CUIACUC).
- Federal action may be required to protect evidence and the rights of those involved in the Research Misconduct Proceeding.

The Vice President of Research, or their designee, shall be responsible for notifying any relevant funding agencies, if required, during the Inquiry stage.

E. Conflict of Interest

The University shall take all reasonable steps to ensure an impartial and unbiased Inquiry, to the maximum extent practicable, including participation of persons with appropriate scientific expertise who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the Inquiry or Investigation, including Respondent, Complainant(s), and any witnesses, whether those conflicts are actual, perceived, or potential conflicts.⁴

If the Respondent believes that the Inquiry Reviewer has a potential, perceived, or actual conflict of interest or for a legitimate reason might be unable to make an impartial evaluation of the Respondent, the Respondent shall notify the Vice President of Research in writing of the specific basis for such a claim within three (3) calendar days of the Respondent's receipt of Administrator's notification. The Vice President of Research shall consider any information provided by the Respondent, and any other information deemed relevant by the Vice President of Research, and shall notify the Respondent in writing of the outcome of the Respondent's challenge, which shall be within the Vice President of Research's sound and sole discretion.

F. Securing Evidence

Before or at the time of notifying the Respondent of the Allegation(s) and whenever additional items become known or relevant, the Inquiry Reviewer, with the assistance of the Administrator, must take all reasonable and practical steps to obtain custody of all Research Records and other evidence. The Inquiry Reviewer shall inventory the records and evidence and sequester them in a secure manner. In the case that the Research Records or evidence encompass equipment or instruments shared by multiple users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments. Where appropriate, the Respondent shall be given copies of, or reasonable supervised access to, the Research Records, consistent with 42 CFR 93.305(b).

During the Inquiry, the Respondent shall be expected to provide any evidence requested by the Inquiry Reviewer as quickly as possible, and to respond to the complaint and provide other evidence on their own behalf within thirty (30) calendar days of receiving notice of the Inquiry.

G. Examination of Evidence

As a matter of good practice, the Inquiry Reviewer should interview the Complainant and give him or her a transcript or recording of the interview for correction.⁵ In addition, the Inquiry Reviewer will normally interview the Respondent and key witnesses as well as examine relevant Research Records and materials. The Inquiry Reviewer should be circumspect during the Inquiry, contacting only those individuals reasonably required to allow the Inquiry Reviewer to complete the Inquiry, and apprising those individuals of the need for confidentiality. No inquiries outside of the University should be made at this juncture unless the Inquiry Reviewer determines that such Inquiry is necessary and reasonable.

The Inquiry does not require the Inquiry Reviewer to conduct exhaustive interviews and analyses. All reasonable efforts shall be made by the Inquiry Reviewer to preserve the confidentiality of all aspects of the Inquiry.

Findings of Research Misconduct, including the determination of whether the alleged misconduct was committed Intentionally, Knowingly, or Recklessly, cannot be made at the Inquiry stage.

⁴ 42 CFR 93.310(f)

⁵ 42 CFR 93.310(g)

H. Record Keeping

The Inquiry Reviewer should keep detailed records of the Inquiry, including contacts with the Respondent, interviews, telephone conversations, and meetings. If the Inquiry Reviewer determines to use media recordings for record-keeping purposes, such recordings shall only be made in compliance with applicable law, which generally requires the consent of the recorded parties. Records and data, or copies thereof, essential to the Inquiry must be kept in a secure location under the control of the Vice Provost of Faculty Affairs for seven (7) years. Specific security requirements may vary by the type of records to be stored and by any specific requirements imposed by an external funder and will be observed as appropriate.

I. Assistance

The Administrator and the Vice President of Research should be available to the Inquiry Reviewer throughout the Inquiry to review the charge and the procedures for conducting the Inquiry; to assist with organizing plans for the Inquiry; and to answer any questions raised by the Inquiry Reviewer.

The Inquiry Reviewer may consult with experts confidentially within and outside of the University to conduct a fair and impartial Inquiry and a thorough and authoritative evaluation of the relevant evidence. In all such consultations, the Inquiry Reviewer should maintain confidentiality as far as is possible.

J. Draft Inquiry Report

At the conclusion of the Inquiry, regardless of whether an Investigation is warranted, the Inquiry Reviewer shall prepare a Draft Inquiry Report, which shall include:

- The names, professional aliases, and positions of the Respondent and Complainant(s);
- Provide the name(s), position(s), and subject matter expertise of all persons who served as Inquiry Reviewer(s);
- A description of each individual and specific Allegation examined by the Inquiry Reviewer;
- Details of any external funding support (including federal agency support) for the research activities associated with the Allegations, including any award numbers, award applications, contracts, and publications listing support of such funding source(s);
- For each individual Allegation, summarize the process used and evidence reviewed (documentary and testimonial), including addressing which evidence was relied upon and which was not (and why);
- An inventory of sequestered Research Records and other evidence and description of how sequestration was conducted;
- Transcripts of any interviews that were transcribed;
- An Inquiry timeline and procedural history;
- Any scientific or forensic analyses conducted;
- The basis for recommending that the Allegation(s) warrant an Investigation;
- The basis for recommendation that any Allegation(s) do not warrant Investigation;
- Any institutional actions implemented, including internal communications or external communications with journals or funding agencies; and
- Documentation of potential evidence of honest error or difference of opinion.

The Inquiry Reviewer should submit the Draft Inquiry Report to the University's counsel, who shall review the report for legal sufficiency. The Inquiry Reviewer should then submit the Draft Inquiry Report, along with all secured documents and data, to the Administrator.

K. Right to Review and Respond

Consistent with 42 CFR 93.307(g)(3), the Administrator shall be responsible for providing a copy of the Draft Inquiry Report to the Respondent and informing the Respondent that he or she is entitled to comment on the

report within ten (10) calendar days from the Respondent's receipt of the report, or such other period as may be deemed appropriate by the Administrator. Respondent also shall be granted access to all transcripts of transcribed interviews.

The Administrator shall notify the Complainant whether the Inquiry determined that an Investigation is warranted and may, but is not required to, provide relevant portions of the Draft Inquiry Report to the Complainant for comment. The Complainant must enter into a confidentiality agreement in order to access the Inquiry report.

L. Final Inquiry Report

Any comments that are submitted by the Respondent or Complainant will be attached to the Final Inquiry Report. Based on the comments, the Inquiry Reviewer may revise the Draft Inquiry Report as appropriate. The Inquiry Reviewer shall then finalize the Inquiry report and submit it to the Vice President for Research.

The Final Inquiry Report, along with the Vice President's written determination and any other detailed documentation to support the determination must be added to the Institutional Record and be maintained by the Vice Provost of Faculty Affairs in a secure manner for a period of at least seven (7) years after completion of the University's proceeding or (as applicable) HHS proceeding, whichever is later.

M. Outcomes of the Inquiry

Within ten (10) calendar days of receiving the Final Inquiry Report, the Administrator, in consultation with the Vice President of Research, shall determine whether the University will conduct an Investigation ("Investigation"). An Investigation is warranted if the Inquiry Reviewer concludes that: (1) there is a reasonable basis for concluding that one or more Allegations fall within the definition of misconduct under this Policy, and (2) the information gathered during the Inquiry indicates that the Allegation(s) of misconduct may have sufficient substance to warrant an Investigation.

If the Administrator determines that an Investigation is not warranted, the Administrator shall provide the Respondent and the Vice President of Research with a copy of the Final Inquiry Report, along with a letter explaining the Administrator's determination that an Investigation is not warranted. The Administrator shall also provide a copy of this letter to the Complainant and may provide the Complainant with relevant portions of the Final Inquiry Report, as the Administrator deems appropriate, subject to Complainant's execution of a confidentiality agreement.

If the Administrator determines that an Investigation is warranted, he or she shall notify the Respondent, in writing, of the initiation of an Investigation. This notification shall (1) specify each Allegation to be investigated, (2) inform the Respondent of their right to be represented by counsel or other advisor during the Investigation, and (3) refer the Respondent to this Policy. The Administrator shall also provide the Respondent with a copy of the Final Inquiry Report and any other detailed documentation to support the determination of the Administrator. If the alleged misconduct involves research supported by external funds, the Administrator shall refer the Respondent to 42 CFR Part 93. If the alleged misconduct involves research supported by the National Science Foundation, the Administrator shall refer the Respondent to 45 CFR Part 689.

If the Administrator determines that an Investigation is warranted, the Administrator shall also notify the Vice President of Research by providing a copy of the advising letter, along with a copy of the Final Inquiry Report. The Vice President of Research, or their designee, shall be responsible for notifying external funding agencies, as may be required, and for providing these agencies with the following information, upon request: (1) a copy of this Policy; (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.

For research funded by PHS, notification to ORI that an Investigation will be conducted must be submitted within thirty (30) days of the University's determination that an Investigation is warranted, consistent with 42 CFR

93.310(b). The Vice President for Research, or their designee, shall notify ORI of the decision to begin an Investigation on or before the date the Investigation begins and provide an Inquiry report that meets the requirements of 42 CFR 93.307 and 42 CFR 93.309.⁶

The Administrator shall also notify principal investigators, co-investigators, and co-authors, if any, whose research may be affected by the alleged misconduct. These individuals must enter into a confidentiality agreement in order to access the Inquiry report.

The University is not required to notify a Complainant of whether the Inquiry found that an Investigation is warranted. The University may, but is not required to, provide the Complainant with relevant portions of the Final Inquiry Report, as the Administrator deems appropriate. The Complainant must enter into a confidentiality agreement to access the Inquiry report. If there are multiple Complainants and the University chooses to notify one Complainant of the Inquiry results, all Complainants must be notified by the University, to the extent possible.

VII. THE INVESTIGATION

A. Purpose

The purpose of the Investigation is to develop a factual record by exploring the Allegation(s) in detail and examining the evidence in depth, leading to recommended findings on whether misconduct has been committed, by whom and to what extent, and what disciplinary actions (if any) should be imposed. The Investigation will also determine whether there are additional instances of possible misconduct that would justify broadening the scope beyond the initial Allegation.

B. Timeline

The Vice President for Research shall appoint an Investigation Committee to begin its Investigation within thirty (30) calendar days of the date the Administrator determines that an Investigation is warranted. The Investigation Committee shall conclude its Investigation and submit a written report containing its findings and recommendations within one hundred eighty calendar days (180) of being appointed. If this deadline cannot be met, the Investigation Committee shall submit a request for an extension to the Vice President for Research, along with an interim report on their progress to date and an estimated date for the completion of the report. If the VPR approves this request, the Administrator shall provide a copy of the interim report, along with an explanation justifying the extension, to the Respondent and the Vice President of Research. The Vice President of Research, or their designee, shall inform funding agencies of the extension, if required by the funding agency. When PHS funding is implicated, if the Investigation cannot be completed within the 180 calendar day timeline, the University must request an extension in writing from ORI, which request must include the circumstances or issues warranting additional time.⁷

C. Investigation Committee

The Investigation Committee is charged with conducting the Investigation. The Investigation Committee shall include at least three members, all of whom shall hold the rank of Full Professor and at least one of whom shall be tenured. In appointing members of the Investigation Committee, the Vice President for Research shall consider the relationship of the Respondent(s) to the University and whether the Allegations relate to research or scholarly activity that was supported by external funding. In all cases the Investigation Committee must consist of individuals who do not have a personal, professional, or financial conflict of interest that would prevent them from acting without bias. The Investigation Committee should include at least one individual from outside the Respondent's primary unit and should include at least one individual with the appropriate expertise to conduct the

⁶ 42 CFR 93.310(b)

⁷ 42 CFR 93.311

Investigation, interview the Respondent and Complainant, and evaluate the evidence and issues related to the Allegation. The Administrator may not serve on the Investigation Committee.

At the time of appointment, the Administrator shall provide a charge letter to the Investigation Committee. This letter shall:

- Describe each specific Allegation and any related issues identified during the Inquiry;
- Identify the Respondent(s);
- Inform the Investigation Committee that it must conduct the Investigation as prescribed by this Policy and 42 CFR 93, as applicable;
- Provide a definition of misconduct in research;
- Inform the Investigation Committee that it must evaluate the evidence and testimony to determine whether, based on a Preponderance of the Evidence, misconduct has occurred and, if so, the type and extent of it and who was responsible; and
- Inform the Investigation Committee that it must prepare or direct the preparation of a written report of the Investigation that meets the requirements of this Policy, 42 CFR 93.313, or other external sponsor requirements, as applicable.

D. Notification

The Administrator shall notify the Respondent, in writing, of the initiation of an Investigation and the identities of the individuals who have agreed to serve on the Investigation Committee. The Administrator shall also notify the Respondent, in writing, of any new Allegations not addressed in the Inquiry or in the initial notice of Investigation, within a reasonable time after the determination to pursue those Allegations.

If the Investigation subsequently identifies additional Respondents, they must also be notified in writing. Notifications will be consistent with 42 CFR 93.205. The University is not required to conduct a separate Inquiry for each new Respondent. While an Investigation into multiple Respondents can convene with the same Investigation Committee members, separate Investigation Reports and Research Misconduct determinations are required for each Respondent.

The Administrator shall notify the Vice President of Research of the initiation of any Investigation. In addition, the Administrator and/or the Investigation Committee shall notify the Vice President of Research immediately if any of the following conditions, not reported in the Inquiry phase, are deemed likely to exist:

- There is an immediate health hazard;
- There is an immediate need to suspend research activities;
- There is an immediate need to protect Federal funds or equipment;
- There is an immediate need to protect the interests of the Complainant(s) or of the Respondent, as well as principal investigators, co-investigators, co-authors, and associates, if any;
- There is a likelihood that the alleged incident is going to be reported publicly;
- There is a reasonable indication of possible criminal violation as confirmed by the University's counsel. In that instance, the Vice President of Research or their designee must inform the funding agency within 24 hours of obtaining that information; or
- The health or safety of human or animal subjects is at risk or has been compromised, in which case the Vice President of Research or their designee shall promptly notify the Chair of the Chapman University Institutional Review Board (CUIRB) or Chair of the Chapman University Institutional Animal Care and User Committee.¹⁹

The Vice President of Research, or their designee, shall be responsible for notifying any affected funding agencies, if required, during the Investigation stage.

E. Conflict of Interest

If the Respondent believes that any proposed Investigation Committee member has a potential conflict of interest or for a substantial reason might be unable to make an impartial evaluation of the Respondent, the Respondent shall notify the Vice President of Research in writing of the specific basis for such a claim within three (3) calendar days of the Respondent's receipt of the Administrator's notification. The Vice President of Research shall consider any information provided by the Respondent and any other information deemed relevant by the Vice President of Research and shall notify the Respondent in writing of the outcome of the Respondent's challenge, which shall be within the Vice President's sole discretion.

F. Sequestering Records and Evidence

Before or at the time the Respondent is notified of the initiation of an Investigation and whenever additional items become known or relevant, the Administrator shall take all reasonable and practical steps to obtain custody of and sequester in a secure manner, all Research Records and evidence needed to conduct the Investigation that were not previously sequestered during the Inquiry. The need for additional sequestration of records for the Investigation may occur for any number of reasons, including the University's decision to investigate additional Allegations not considered during the Inquiry stage or the identification of records during the Inquiry process that had not been previously secured. The procedures to be followed for sequestration during the Investigation are the same procedures that apply during the Inquiry.⁸

G. Examination of Evidence

The Investigation Committee shall examine evidence including, but not limited to, the following: research data and proposals, publications, correspondence, and memoranda of meetings or telephone calls.

The Investigation Committee must interview the Complainant, where possible, and provide him or her a copy of the transcript or recording of the interview for correction. The Investigation Committee must also interview the Respondent and provide him or her a copy of the transcript or recording of the interview for correction. The Investigation Committee should also interview individuals suggested by the Complainant and the Respondent, as well as other individuals determined by the Investigation Committee as likely to have pertinent information regarding Allegations. Any exhibits shown to an interviewee during the interview must be numbered and referred to by that number in the interview. All interviewees in an Investigation are obligated to maintain the confidentiality of their interactions with the Investigation Committee. Transcripts or detailed summaries of these interviews should be provided to the interviewed party for correction and should be included in the investigatory file.⁹ If the Investigation Committee decides to use media recordings for record-keeping process, such recordings shall only be made in compliance with applicable law, which generally requires the consent of the recorded parties.

The Investigation Committee shall exercise due diligence to examine all evidence relevant to reaching a decision on the merits of each specific Allegation. The Investigation Committee should also diligently pursue all significant issues and leads discovered that are deemed relevant to the Investigation, including any evidence of additional instances of possible misconduct.¹⁰

H. Record Keeping

The Investigation Committee should maintain a detailed investigative file, including a log of investigative activities, copies of correspondence related to the Investigation, transcripts or summaries of interviews, reference materials used in the course of the Investigation, and other documents gathered for purposes of the Investigation. Records and data, or copies thereof, essential to the Investigation must be kept in a secure location under the

⁸ 42 CFR 93.305(a)(1) and 93.305(a)(2)

⁹ 42 CFR § 93.310(g)

¹⁰ 42 CFR 93.310(j)

control of the Vice Provost of Faculty Affairs for seven (7) years and made available, in cases of PHS funding, to ORI upon request. Specific security requirements, such as double-locking, vary by funding agency and will be observed as appropriate.¹¹

I. Assistance

The Administrator and the Vice President of Research, or their designee, should be available to the Investigation Committee throughout the Investigation to review the charge, review the appropriate procedures for conducting the Investigation, assist with organizing plans for the Investigation, answer any questions raised by the Investigation Committee, and otherwise advise the Investigation Committee.

The Investigation Committee may consult confidentially with experts within and outside of the University in order to conduct a fair and impartial Investigation and a thorough and authoritative evaluation of the relevant evidence. In all such consultations, the Investigation Committee should maintain confidentiality as far as is possible.

J. Draft Investigation Report

Upon completing its Investigation, the Investigation Committee shall prepare a Draft Investigation Report. The Draft Investigation Report shall include:

- Identify the Respondent(s)
- Describe the nature of each specific and individual Allegation, including any additional Allegation(s) addressed during the Research Misconduct Proceeding;
- Describe and document the level of support from external funding agencies implicated in the Allegation(s);
- Details of any external funding support (including Federal agency support) for the research activities associated with the Allegations, including any award numbers, award applications, contracts, and publications listing support of such funding source(s);
- The composition of the Investigation Committee, including name(s), position(s), and subject-matter expertise;
- A copy of this Policy;
- An inventory of sequestered Research Records and other evidence, including manuscripts and funding proposals, except records the University did not consider or rely on, as well as a description of how any sequestration was conducted during the Investigation;
- Transcripts of all interviews conducted during the course of the Investigation;
- Identification of the specific published papers, manuscripts submitted but not accepted for publication (including online publication), external funding applications, progress reports, presentations, posters, or other Research Records that contain the allegedly Falsified, Fabricated, or Plagiarized material;
- Any scientific or forensic analyses conducted;
- Include a statement of findings for each Allegation of misconduct identified during the Investigation. Each statement of findings must: (1) specify the nature of the misconduct and whether it was committed Intentionally, Knowingly, or Recklessly; (2) summarize the facts and the analysis that support the conclusion, utilizing the appropriate burden of proof and considering the merits of any reasonable explanation by the Respondent, including any effort by the Respondent to establish by a Preponderance of the Evidence that he or she did not engage in misconduct because of honest error or a difference of opinion; (3) identify the support by external funding agencies, if any; (4) identify whether any publications/presentations need correction or retraction; (5) identify the person(s) responsible for the misconduct; and (6) list any current support or known applications or proposals for support that the Respondent has pending with external funding agencies;
- Describe the Investigation Committee's recommendations for disciplinary action, if any, in accordance

¹¹ 42 CFR 93.318(a)

- with applicable University policies; and
- If the Investigation takes longer than 180 calendar days to complete, the reasons for exceeding the 180-day period.¹²

The Investigation Committee should submit the Draft Investigation Report to the University's counsel, who shall review the report for legal sufficiency. The Investigation Committee should then submit the Draft Investigation Report, along with all secured documents and data, to the Administrator.

K. Right to Review and Respond

The Administrator shall be responsible for providing the Respondent with a copy of the Draft Investigation Report and concurrently a copy of, or supervised access to, the evidence on which the Draft Investigation Report is based. The Respondent will be allowed thirty (30) calendar days from the date he or she received the Draft Investigation Report to submit comments to the Administrator. The Respondent's comments (if any) must be included and considered in the Final Investigation Report.¹³ Respondent also shall be granted access to all transcripts of transcribed interviews.

The Administrator also may, but is not required to, provide the Complainant a copy of the Draft Investigation Report, or relevant portions of the Draft Investigation Report and any supporting evidence, for comment. If the Draft Investigation Report is provided to the Complainant, the Complainant will be allowed thirty (30) calendar days from the date he or she received the Draft Investigation to submit comments to the Administrator. The Complainant's comments (if any) must be included in the Final Investigation Report. The Complainant must enter into a confidentiality agreement in order to access the Draft Investigation Report.¹⁴

L. Final Investigation Report and Recommendations

The Administrator will assist the Investigation Committee in finalizing the Draft Investigation Report, including ensuring that the comments of the Respondent and Complainant (if any) are included and that the Investigation Committee's recommended actions are clearly stated. The Administrator shall add to the Investigation Report their written concurrence with the Investigation Committee's recommendations or their alternative recommendations; in case the Administrator does not agree with the recommendations of the Investigation Committee. The Administrator shall transmit the Final Investigation Report to the Respondent and the Vice President of Research, within seven (7) calendar days of receiving it from the Investigation Committee.

A finding of Research Misconduct made under this Policy requires that—

- 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.

M. Right to Review and Respond

The Respondent shall have seven (7) calendar days to provide a response to the actions recommended in the Final Investigation Report. This response shall be limited to the recommendation of discipline (as opposed to a challenge to the determination that misconduct occurred). The Administrator may also provide the Vice President of Research with recommendations regarding any other findings and conclusions of the Investigation Committee.

¹² 42 CFR § 93.313

¹³ 42 CFR 93.312(a)

¹⁴ 42 CFR 93.312(b)

VIII. CONCLUSION

A. The Final Decision

Within twenty-one (21) calendar days of the last day for Respondent to submit a response to the Final Investigation Report, the Vice President of Research will determine in writing: (1) whether the University accepts the Final Investigation Report and its findings, and (2) what the University's actions in response to the findings shall be. In making the Final Decision, the Vice President of Research shall use Preponderance of the Evidence as the standard of proof. If the Final Decision rendered by the Vice President of Research varies from the findings and recommendations of the Investigation Committee, the Vice President of Research will, as part of this written determination, explain in detail the basis for rendering a decision different from that of the Investigation Committee. Alternatively, the Vice President of Research may return the report to the Investigation Committee with a request for further fact-finding or analysis. In such cases, where PHS funding is involved, any extension to the timeline that may be needed is subject to ORI's approval.

B. Notification

When the Vice President of Research has reached a Final Decision on the case, he or she will normally notify, in writing, the Respondent, the Complainant and the Principal Investigator(s) (if any). The Vice President of Research will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals, collaborators, or other relevant parties should be notified of the outcome of the case.

For research funded by PHS, after the Vice President of Research has made a final written determination, and any institutional appeal is complete, the University must transmit the Institutional Record to ORI.

ORI will complete its own review of the Administrative Record. A lack of an ORI finding of Research Misconduct does not overturn a determination by the University that the conduct constituted professional or Research Misconduct warranting remediation under this Policy.

The Vice President of Research is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies and, in particular, for PHS-funded activities, for providing information related to the alleged Research Misconduct and related Research Misconduct Proceedings to ORI and for transferring custody or providing copies of the Institutional Record, or any component of it, and any sequestered evidence to HHS.¹⁵

C. Right to Appeal

If the Respondent is a faculty member subject to Section X of the Chapman University Faculty Manual ("Section X"), he or she may file a grievance with respect to any disciplinary action imposed as a result of a finding of misconduct, in accordance with the procedures described in Section X. Such grievance shall be limited to the nature and level of disciplinary action imposed. The Faculty Grievance Board shall accept the factual findings and conclusions of the Investigation and shall not accept evidence or consider argument relating to the underlying factual findings of the Investigation, such as whether misconduct occurred.

Students who do not otherwise have an academic, administrative, or staff title may appeal under the policies and procedures outlined in the Chapman University Student Conduct Code or procedures of the Academic Integrity Committee, depending on the findings.

Staff members may appeal under relevant policies in the Staff and Administrative Handbook.

In the event of any inconsistencies between this Policy and otherwise applicable provisions of the Faculty Manual,

¹⁵ 42 CFR 93.316

Student Conduct Code, Academic Integrity Committee or Staff and Administrative Handbook, the provisions of this Policy shall be applied.

D. Restoration of Reputation of the Respondent

If an Investigation is found to be not warranted, or the Respondent has been exonerated by an Investigation, all references to the Allegation(s) shall be expunged from the Respondent's personnel file. In addition, the University will make all reasonable, practical efforts, if requested and as appropriate, to protect or to restore the Respondent's reputation. This may be accomplished through communication with members of the research community who are aware of the Allegation, publicizing the final outcome in forums in which the Allegation was previously publicized, or taking other steps worked out in coordination with the Respondent and the Vice President of Research.

E. Termination or Resignation of the Respondent

The termination of the Respondent's institutional affiliation, by resignation or otherwise, before or after an Allegation has been reported, will not preclude or terminate the misconduct proceeding or otherwise limit any of the University's responsibilities.

If the Respondent, without admitting to the misconduct, elects to resign their position after the University receives an Allegation, the Initial Assessment will proceed, as well as the Inquiry and Investigation, as appropriate based on the outcome of each preceding step. If the Respondent refuses to participate in the process after resignation, the Administrator, Inquiry Reviewer, and Investigation Committee will use their best efforts to reach a conclusion regarding the Allegation, noting in their reports the Respondent's failure to cooperate and its effect on the evidence.

F. Premature Closures

Generally, all Inquiries and Investigations will be carried through to completion and all significant issues will be pursued diligently. If the University plans to end proceedings at the Inquiry or Investigation stages on the basis that the Respondent has admitted guilt, the University has reached a settlement with the Respondent, or for any other reason except for a finding of no misconduct, the Vice President of Research, or their designee, must notify the appropriate funding agencies in advance of such closure. For PHS funded activities, any admission of guilt must be in writing and provided to ORI before the University's proceedings can be closed.¹⁶

WHO APPROVED THIS POLICY

Senior Staff member submitting the policy: Martina Nieswandt

Date approved: 12/1/25



President

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¹⁶ 42 CFR 93.317(a)