

Chapman University Integrity in Research

I. Policy and Scope

Integrity of the research enterprise is central to the search for new knowledge: it calls for rigor, care, and accountability that are all the hallmarks of good scholarship. All individuals engaged in research at Chapman University are responsible for adhering to the highest standards of intellectual honesty and integrity in research. Faculty and other supervisors of research activities have a responsibility to set an example and to create an environment which encourages absolute intellectual integrity. Open communication, an emphasis on quality of research and publications, appropriate supervision of personnel, maintenance of accurate and detailed records of research procedures and results, and suitable assignment of credit and responsibility for research and publications are all essential for fostering intellectual honesty and integrity in research.

Chapman University will take prompt and deliberate action to investigate and address allegations of misconduct in research, based on the following principles:

- Institutional and academic responsibility for self-regulation;
- Mechanisms to protect the due process 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 applicable sponsor reporting requirements;
- Precautions against conflicts of interest

It is the responsibility of each individual applying for research funding or engaged in research at Chapman University to inform himself or herself of Chapman's policies relating to research and of the policies and procedures of the agencies funding his or her research. Under certain circumstances related to extramural funding, Chapman is obligated to notify funding agencies of investigations of misconduct. For example, the Public Health Service and the National Science Foundation regulations listed in the References section of this policy require such reporting. Copies of relevant policies should be available in the department in which the individual is working. Each new employee engaged in research should be given a copy of relevant policy statements. However, each employee is ultimately responsible for conducting his or her research in accordance with all applicable external and internal rules and regulations.

This policy and the associated procedures apply to all research activities conducted under the auspices of the Chapman University, whether or not they are externally funded. This Policy applies to any individual paid by, holding an appointment from, or affiliated with Chapman University, such as faculty members, post-doctoral fellows, trainees, technicians, and other staff members, guest researchers, graduate students and undergraduate students, regardless of where the research is performed.

II. Definitions

Misconduct/Misconduct in Research²: Fabrication, falsification, plagiarism, or other practices that deviate significantly from those that are commonly accepted within the scholarly, creative and scientific community for proposing, conducting, or reviewing research, or in reporting research results. Misconduct does not include unintentional error or honest differences in interpretations or judgments of data. Some examples of scientific misconduct are listed below.

A. Plagiarism: Taking credit for someone else's work and ideas, stealing others' results or methods, copying the writing of others without acknowledgment, or otherwise taking credit falsely. This may also include taking or releasing the data of others which were given in the expectation of confidentiality, e.g., appropriating ideas from submitted grant or contract proposals, or manuscripts for publication when one is a reviewer for granting agencies or journals.

B. Falsification of Data: Dishonesty in reporting results, ranging from fabrication of data, "fudging" or improper recording of data, gross negligence in collecting or analyzing data, to selective reporting or omission of conflicting data.

C. 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; citing unpublished papers 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.

D. Deliberate and Serious Violation of Regulation: Deliberate or reckless failure to adhere to safe research practices or to receive the approval required for work under research regulations of federal, state, local, or university agencies; deliberate misuse of research funds.

E. Failure to Report Unethical Research Practices: Covering up or otherwise failing to report episodes of misconduct or breaches of research ethics as set forth in this policy.

F. Legal Violations: Stealing or destroying the property of others (research, research papers, supplies, equipment, or products); deliberate misuse of research funds.

Preliminary Inquiry: Information gathering and initial fact-finding to determine whether an allegation of misconduct warrants an investigation. An inquiry is not intended to determine conclusively if wrongdoing has occurred, or to determine guilt or innocence.

Formal Investigation: The formal examination and evaluation of relevant evidence to determine if misconduct has taken place, to evaluate its seriousness, and, if possible, to determine responsibility. If misconduct has already been confirmed, an investigation may be necessary to determine the extent of

² The definition of misconduct is adapted in part from the Public Health Service, Department of Health and Human Services (42 CFR Part 93, Section 93.103, Definition of Research Misconduct, and the definition is consistent with the ethical principles and types of unacceptable conduct listed in the Chapman University Faculty Manual.

any adverse effects resulting from the misconduct and any necessary remedial or follow-up actions (e.g., publications requiring retraction).

Complainant: The individual(s) who submits an allegation of Research Misconduct.

Administrator: The person who is apprised of the allegation and is responsible for the initial assessment and determining whether a Preliminary Inquiry is warranted and a Formal Investigation is warranted.

Good Faith: As applied to a Complainant or witness, means having a belief in the truth of one's allegations or testimony that a reasonable person in the Complainant's or witness's position could have based on the information known to the Complainant or witness at the time. An allegation or testimony is not in good faith if made with knowing or reckless disregard for information that would negate the allegation or testimony. Good Faith, as applied to an Inquiry or Investigation committee member, means cooperating with the research misconduct proceeding by carrying out the duties assigned impartially for the purpose of helping an institution meet its responsibilities under this part. A committee member does not act in good faith if his or her acts on the committee are dishonest or influenced by personal, professional, or financial conflicts of interest.

HHS: The U.S. Department of Health and Human Services, the parent agency of the Public Health Service (PHS) and the National Institutes of Health (NIH).

NSF: The National Science Foundation.

Office of Research Integrity or ORI: The office to which the Secretary of Health and Human Services has delegated responsibility for addressing research integrity and misconduct issues related to Public Health Service activities.

Office of the Inspector General (NSF-OIG): The office that has delegated responsibility for addressing research integrity issues related to National Science Foundation activities.

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.

Research Record or Record: Research record means the record of data or results that embody the facts resulting from scientific inquiry, and includes any data, document, computer file, compact disc, computer diskette, or any other written or non-written account or object that reasonably may be expected to provide evidence or information regarding the proposed, conducted, or reported research that constitutes the subject of an allegation of Misconduct. A Research Record includes, but is not limited to, grant or contract applications, whether funded or unfunded; grant or contract progress and other reports; laboratory records, both physical and electronic, laboratory notebooks; notes; correspondence; videos; photographs; X-ray film; slides; biological materials; computer files and printouts; progress reports, manuscripts and publications; equipment use logs; laboratory procurement records; animal facility records; human and animal subject protocols; consent forms; medical charts; and patient research files.

Respondent: The person against whom an allegation of Research Misconduct is directed or who is the subject of Research Misconduct proceedings.

Retaliation: An adverse action taken against a Complainant, witness, or committee member by a

Respondent or an institution or one of its members in response to a Good Faith allegation of Research Misconduct or Good Faith cooperation with a Research Misconduct proceeding.

III. Procedures for Handling Allegations of Research Misconduct

A. Reporting Alleged Misconduct

Allegations of Misconduct originating from any source (student, staff, faculty, or an individual outside of the Chapman University community) are normally addressed to the dean of the school or the director of the program with which the researcher has primary affiliation. Allegations of misconduct received by the President or Chancellor or any other Chapman University official shall be referred to the dean of the school or the director of the program for further action under this policy (the "Administrator"). In the case of a potential conflict of interest between the Administrator and the researcher accused of misconduct, the allegation of misconduct will be referred to the Chancellor, who may serve as the Administrator or appoint a different person to serve as the Administrator for purposes of the complaint.

The identity of the individual filing the allegation of misconduct ("Complainant") will be protected, to the maximum extent possible, consistent with the due process rights of the accused. Allegations of misconduct against a faculty member will be reported to the appropriate dean, allegations against a dean will be reported to the Chancellor, and allegations against the Chancellor will be reported to the President. Allegations against a graduate student will be reported to the project director, the Director of Sponsored Research and to the appropriate dean. Allegations against an undergraduate student will be reported to the Dean of Students. The dean, director, President, Chancellor, or other campus official receiving the complaint ("Administrator") should proceed in a timely manner to contact the Complainant who has come forward with the allegation of misconduct. If the Complainant has directly observed unethical behavior, he or she should be prepared to testify to that observation if it is necessary to establish that such behavior has occurred. If the initial report of misconduct is oral, it must be put in written form before a preliminary inquiry can proceed.

Upon receiving an allegation of research misconduct, the Administrator will immediately assess the allegation to determine whether it is sufficiently credible and specific so that potential evidence of research misconduct may be identified, and whether the allegation falls within the definition of Research Misconduct. A Preliminary Inquiry must be conducted if these criteria are met.

The assessment period should be brief, preferably concluded within a week. In conducting the 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, except as necessary to determine whether the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified. The Administrator shall, on or before the date on which the Respondent is notified of the allegation, obtain custody of, inventory, and sequester all research records and evidence needed to conduct the research misconduct proceeding.

If the Administrator determines that the complaint (1) falls within the definition of Research Misconduct under this policy, and (2) is sufficiently credible and specific so that potential evidence of research misconduct may be identified, the inquiry and investigation procedures shall be discussed with the Complainant. If the Administrator determines that the complaint does not concern Research

Misconduct as defined in this policy, or is not sufficiently credible and specific so that potential evidence of research misconduct may be identified (e.g., 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), a Preliminary Inquiry should not be undertaken and the Complainant should be informed of the decision not to proceed. A memorandum to the file shall be prepared and maintained by the Administrator. If the Complainant chooses not to make a written allegation but the Administrator believes there is sufficient cause to warrant an inquiry, the matter will be pursued; in such a case there is no Complainant for the purposes of this policy.

B. Preliminary Inquiry:

The first stage of the formal process for handling allegations of research misconduct is the completion of the Preliminary Inquiry (“Inquiry”). The purpose of an Inquiry is to conduct an initial review of the evidence to determine whether to conduct a Formal Investigation. Therefore, an Inquiry does not require a full review of all the evidence related to the allegation. [See § 93.307(c).] The process may or may not move beyond this stage depending on the results of the Inquiry.

The Inquiry is conducted by the “complaint reviewer.” The Administrator may act as the complaint reviewer, or appoint an individual or individuals to act as complaint reviewer. In determining who shall serve as complaint reviewer, the Administrator should consider the seriousness of the allegations of misconduct, the need to complete the Inquiry and prepare a report in a timely fashion, whether the nature of the complaint requires that the complaint reviewer have special expertise in order to assess the allegations, and the availability of personnel to conduct the Inquiry. No complaint reviewer will be appointed who has a potential conflict of interest with the alleged misconduct or for a substantial reason might be unable to make an impartial evaluation of the subject of the Inquiry.

If requested by the complaint reviewer, Chapman's Director of Sponsored Research and/or the Director of Contracts and Grants may assist with respect to allegations of misuse of research funds and the University's counsel may provide legal advice in connection with the Inquiry and report. At the request of the complaint reviewer, and with the approval of the Administrator, the complaint reviewer may also seek input of a subject matter expert if the complaint reviewer deems such input necessary to conducting the Inquiry and a fair and impartial manner.

The Preliminary Inquiry procedures described below shall be followed:

1. A Preliminary Inquiry, including preparation of a written report, shall be completed within sixty (60) calendar days of the date of the initiation of the Inquiry, which begins when the complaint reviewer is appointed, unless the Administrator determines that circumstances clearly warrant a longer period. If the Administrator grants such an extension, the record of Inquiry shall include documentation of the reasons for exceeding the sixty day period.

2. If the Administrator does not serve as the complaint reviewer, the Administrator will prepare a charge for the complaint reviewer that:

- Sets forth the time for completion of the inquiry;
- Describes the allegations and any related issues identified during the allegation

assessment;

- States that the purpose of the inquiry is to conduct an initial review of the evidence, including the testimony of the respondent, complainant and key witnesses, to determine whether an investigation is warranted, not to determine whether research misconduct definitely occurred or who was responsible;
- States that an investigation is warranted if the committee determines: (1) there is a reasonable basis for concluding that an allegation falls within the definition of Research Misconduct and, (2) the allegation may have substance, based on the complaint reviewer's review during the Inquiry; and
- States that the complaint reviewer is responsible for preparing or directing the preparation of a written report of the Inquiry that meets the requirements of this policy.

The Administrator should be available throughout the Inquiry to review the charge, discuss the allegations(including any related issues), review the appropriate procedures for conducting the Inquiry, assist the complaint reviewer with organizing plans for the inquiry, answer any questions raised by the complaint reviewer, and otherwise advise the complaint reviewer as needed.

3. At the time of or before beginning the Inquiry, the complaint reviewer must make a good faith effort to notify the Respondent in writing, if the Respondent is known. This notification shall include a brief but specific description of the complaint, the name(s) of the complaint reviewer(s), the purpose of the Inquiry and the procedures to be followed. If the Inquiry subsequently identifies additional Respondents, they must be notified in writing. On or before the date on which the Respondent is notified, or the Inquiry begins, whichever is earlier, the complaint reviewer must take all reasonable and practical steps to obtain custody of all the research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence and sequester them in a secure manner, except that where the research records or evidence encompass scientific instruments shared by a number of 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.

The Administrator shall also inform the Chancellor of the initiation of an Inquiry. The Chancellor shall be responsible for notifying the ORI, NSF OIG, or any funding agencies of the Inquiry, as required.

4. If the Respondent believes that the complaint reviewer has a potential conflict of interest with the alleged misconduct or for a substantial reason might be unable to make an impartial evaluation of the Respondent, within three (3) days of the Respondent's receipt of this notification the Respondent shall notify the Administrator in writing of the specific basis for such a claim. The Administrator shall consider any information provided by the Respondent and any other information deemed relevant by the Administrator, and shall notify the Respondent in writing of the outcome of Respondent's challenge, which shall be within the Administrator's sound discretion.

5. The complaint reviewer will normally interview the complainant, the Respondent, and key witnesses as well as examining relevant research records and materials. The complaint reviewer should be circumspect during the Inquiry, contacting only those individuals reasonably required and apprising

them of the need for confidentiality. No inquiries outside of the University should be made at this juncture unless the complaint reviewer determines that such inquiry is reasonably necessary. The scope of the inquiry is not required to and does not normally include deciding whether misconduct definitely occurred, determining definitely who committed the research misconduct or conducting exhaustive interviews and analyses. (However, if a legally sufficient admission of research misconduct is made by the respondent, misconduct may be determined at the inquiry stage if all relevant issues are resolved.) All reasonable efforts shall be made by the complaint reviewer to preserve the confidentiality of all aspects of the Inquiry.

6. The complaint reviewer should keep careful records of the Inquiry including contacts with the Respondent, interviews, telephone conversations, and meetings. If the complaint reviewer determines to use tape 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.

7. The Respondent shall be expected to provide any evidence requested by the complaint reviewer as quickly as possible, and to respond to the complaint and provide other evidence on his or her own behalf within 30 calendar days of receiving notice of the Inquiry.

8. When any of the following conditions exist, the complaint reviewer will immediately advise the Chancellor. Because of requirements of federal funding agencies, the Chancellor shall, through the Office of Sponsored Research, provide notification to any affected funding agency as required in the following instances during both the Preliminary Inquiry and Formal Investigation stages:

- a. There is an immediate health hazard involved;
- b. There is an immediate need to protect Federal funds or equipment;
- c. There is an immediate need to protect the interests of the Complainant(s) or of the Respondent, as well as his/her co-investigators and associates, if any;
- d. It is probable that the alleged incident is going to be reported publicly;
- e. There is a reasonable indication of possible criminal violation as confirmed by the University's counsel. In that instance, the Chancellor must inform the funding agency within 24 hours of obtaining that information; or
- f. The safety of human or animal subjects is at risk or has been compromised, in which case the Chancellor shall promptly notify the Chairperson of the Chapman University Institutional Review Board (CUIRB).

9. An inquiry's purpose is to decide if an allegation warrants an investigation. An investigation is warranted if there is (1) a reasonable basis for concluding that the allegation(s) fall within the definition of Research Misconduct under this Policy, and (2) the information gathered during the Inquiry indicates that the allegation(s) may have substance. The complaint reviewer is responsible for evaluating the evidence, including the testimony obtained during the Inquiry.

10. The complaint reviewer shall prepare a draft report of the Inquiry, which shall include the following: (1) the name and position of the Respondent; (2) the name(s) and position(s) all persons who served as complaint reviewers; (3) a description of the allegations of research misconduct examined by the complaint reviewer; (4) a summary of the process used and evidence reviewed (documentary and interviews); (5) if any of the research involved in the allegations is supported by Public Health Service ("PHS) funds or National Science Foundation ("NSF") funds, a specification of grant numbers, grant applications, contracts and/or publications listing PHS or NSF support; and (6) a short and plain statement of the complaint reviewer's basis for recommending or not recommending that the allegations

warrant a Formal Investigation.

University counsel should review the report for legal sufficiency. Modifications should be made as appropriate in consultation with the Administrator and the complaint reviewer.

11. The complaint reviewer's draft report and all secured documents and data shall be submitted to the Administrator. The Administrator will forward a copy of the complaint reviewer's report to the Respondent along with a copy of this Policy, and inform the Respondent that he or she is entitled to comment on the report within seven (7) calendar days from the Respondent's receipt of the report. If the Respondent provides comments, those comments shall be attached to the report and made part of the record. The Administrator may notify the complainant whether the Inquiry found an investigation to be warranted and provide relevant portions of the draft Inquiry report to the complainant for comment. (A confidentiality agreement should be a condition for access to the 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 committee may revise the draft report as appropriate and prepare it in final form.

12. A copy of the final report shall be forwarded to the Chancellor. If the allegation involves a staff member, the Executive Vice President and Chief Operating Officer will receive a copy. If the allegation involves a student, the Dean of Students will also receive a copy.

13. The Administrator shall be responsible for determining whether the University will proceed to conduct a Formal Investigation. A Formal Investigation is warranted if the Administrator concludes that there is (1) a reasonable basis for concluding that one or more allegations fall within the definition of Research Misconduct under this Policy, and (2) the information gathered during the Inquiry indicates that the allegation(s) of Research Misconduct may have substance. The Administrator shall prepare a final report of the Inquiry, which shall include the report of the complaint reviewer (including the Respondent's comments, if any), and shall specify the allegations, if any, with respect to which a Formal Investigation is warranted.

a. If the Administrator determines that a Formal Investigation is not warranted, no other action shall be taken. The final report of the Preliminary Inquiry and any other detailed documentation to support the conclusion must be maintained by the Administrator in a secure manner for a period of at least seven years after the termination of the Inquiry. [§93.308(c)]

b. If the Administrator determines that a Formal Investigation is warranted, a Formal Investigation shall be initiated in accordance with Section III C of this policy within 30 calendar days from the determination by the Administrator that a Formal Investigation is warranted. [§93.310(a)]

c. The Administrator shall inform the Chancellor and the Respondent, in writing, of the final results of the Preliminary Inquiry by providing a copy of the final report of the Inquiry. The notification to the Respondent shall include a copy of this Policy, and if the allegation of Misconduct involves research which is supported by Public Health Service funds, the notification shall also include a copy of Part 93 of Title 42 of the Code of Federal Regulations. If the research involved is supported by the NSF, a copy of Part 689 of Title 45 CFR should be included. The Chancellor or the Chancellor's designee

shall provide any required notifications to the Office of Research Integrity or other external funding agencies. [See 93.310(b). for circumstances requiring reporting at this stage]The Administrator may notify the Complainant who made the allegation whether the inquiry found that an investigation is warranted, and may provide relevant portions of the report to the Complainant for comment. [§ 93.308] (A confidentiality agreement should be a condition for access to the report.)

C. Formal Investigation

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

1. The Investigation will be conducted in accordance with the following principles:
 - a. In carrying out the Investigation, timeliness must be guaranteed to ensure fairness and to protect the rights of the Respondent. The Investigation begins with the initial appointment of an Investigation Committee no later than thirty (30) calendar days after the determination by the Administrator that an Investigation is warranted. The final report of the Investigation, containing findings and recommendations, shall be completed within one hundred and twenty (120) calendar days from the beginning of the Investigation. If this deadline cannot be met, an interim report on the progress to date and an estimate for the date of completion of the report and other necessary steps shall be submitted to the Administrator with a request for extension. The Administrator shall provide a copy of the interim report, along with an explanation justifying the extension, to the Chancellor for submission to any funding agency, as required.
 - b. The Administrator shall inform the Respondent, in writing, of the initiation of the Investigation as determined in section C.2. This notification shall include a specification of the allegations of Research Misconduct to be investigated, shall identify the Complainant(s), and shall inform the Respondent of his or her right to be represented by counsel or other advisor during the Investigation. A copy of the advising letter shall be sent to the Chancellor who shall be responsible for notifying any funding agency, as required.
 - c. Prior to notifying Respondent of the Investigation, 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 research misconduct proceeding 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.
 - d. Investigations are typically conducted by an Investigation Committee (“Committee”).

The make-up of the Committee and the method of appointing the Committee will depend upon the relationship of the Respondent(s) to the University, and whether the allegations relate to research which is supported by public funding, as detailed in section C.2. In all cases, however, the Committee must consist of individuals who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the investigation and should include at least one individual with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation, interview the Respondent and Complainant and conduct the investigation. Individuals appointed to the Committee may also have served as the complaint reviewer. When necessary to secure the necessary expertise or to avoid conflicts of interest, Committee members may be selected from outside the University.

The Administrator shall notify the Respondent in writing of the identities of the individuals who have agreed to serve on the Committee. Within three (3) calendar days of such notification, the Respondent may submit to the Administrator written objections detailing the specific basis for any objection to any proposed Committee member based upon a personal, professional, or financial conflict of interest. The Administrator shall consider any information provided by the Respondent and any other information deemed relevant, and shall notify the Respondent in writing of the outcome of Respondent's challenge, which shall be within the Administrator's sound discretion. If the Administrator has referred the Investigation to the Dean of Students pursuant to section C.2.b., the Dean of Students shall serve in the role of Administrator for purposes of this provision.

- e. The Investigation shall include examination of all documentation but not necessarily limited to relevant research data and proposals, publications, correspondence, and memoranda of meetings or telephone calls. Consultation with non-Chapman experts may be required to carry out a thorough and authoritative evaluation of the relevant evidence. Whenever possible, interviews should be conducted with all individuals involved in making the allegation and against whom the allegation is made, as well as other individuals suggested by the parties or determined by the investigator as likely to have pertinent information regarding material allegations. Transcripts or detailed summaries of these interviews should be prepared and provided to the interviewed party for written comments to be appended to the summary and included as part of the investigatory file. (If the Committee determines to use tape 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.)
- f. A detailed investigative file should be maintained, including a log of investigative activities, copies of email and correspondence related to the investigation, all documents gathered for purposes of the investigation, transcripts or summaries of interviews, and any reference materials used in the course of the investigation.
- g. The University's counsel may be asked to provide legal advice in connection with the Investigation and report of findings.
- h. The standard of proof used to evaluate the allegations and make findings will be based on the preponderance of the evidence.

- i. A Committee must immediately advise the Chancellor when it determines that any of the following conditions, which had not been reported in the Preliminary Inquiry phase, is likely exist:
 1. There is an immediate health hazard involved;
 2. There is an immediate need to protect Federal funds or equipment;
 3. There is an immediate need to protect the interests of the Complainant(s) or of the Respondent, as well as his/her co-investigators and associates, if any;
 4. It is probable that the alleged incident is going to be reported publicly;
 5. There is a reasonable indication of possible criminal violation as confirmed by the University's counsel. In that instance, the Chancellor must inform the funding agency within 24 hours of obtaining that information; or
 6. The safety of human or animal subjects is at risk or has been compromised, in which case the Chancellor shall promptly notify the Chairperson of the Chapman University Institutional Review Board (CUIRB).

- j. Upon completion of the Investigation, the Committee shall prepare a Draft Investigation Report ("Draft Report"). This Draft Report shall:
 1. Describe the nature of the allegation of research misconduct, including identification of the Respondent(s) (which may include the Respondent's C.V. or resume);
 2. Describe and document the PHS or NSF support involved, if any, such as the numbers of any grants that are involved, grant applications, contracts, and publications listing PHS or NSF support;
 3. Describe the specific allegations of research misconduct considered in the Investigation;
 4. Include the institutional policies and procedures under which the investigation was conducted;
 5. Identify and summarize the research records and evidence reviewed and identify any evidence taken into custody but not reviewed;
 6. Include transcripts or accurate summaries of interviews conducted during the course of the Investigation;
 7. Include a statement of findings for each allegation of research misconduct identified during the investigation. Each statement of findings must: (1) identify whether the research misconduct was falsification, fabrication, or plagiarism, and whether it was committed intentionally, knowingly, or recklessly; (2) summarize the facts and the analysis that support the conclusion and consider the merits of any reasonable explanation by the respondent, including any effort by Respondent to establish by a preponderance of the evidence that he or she did not engage in research misconduct because of honest error or a difference of opinion; (3)

identify the specific PHS support, if any; (4) identify whether any publications 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 non-PHS federal agencies; and

8. Describe the Committee's recommendations for disciplinary action, if any, in accordance with applicable University policies. [42 CFR § 93.313(f)]

The Draft Report shall be submitted to the Administrator. If the Respondent is a Student, the Draft Report shall also be submitted to the Dean of Students.

- k. The Administrator must give the Respondent a copy of the Draft Report for comment and, concurrently, a copy of, or supervised access to the evidence on which the Draft Report is based. The Respondent will be allowed thirty (30) days from the date he/she received the draft report to submit comments to the Administrator. The Respondent's comments must be included and considered in the final report. [42 CFR § 312(a), 313(g)]

The Administrator may also provide the Complainant a copy of the Draft Report, or relevant portions of the Draft Report and any supporting evidence, for comment. If the Draft Report is provided to the Complainant, the Complainant's comments must be submitted within thirty (30) days of the date on which he/she received the Draft Report and the comments must be included and considered in the final report. (A confidentiality agreement should be a condition for access by the Complainant to the Report.) [42 CFR § 312(b), 313(g)]

- l. The Administrator will assist the Committee in finalizing the Draft Report, including ensuring that the comments of the Respondent and of the Complainant (if any) are included and considered, and transmit the final investigation report to the Chancellor (and to the Dean of Students if the Respondent is a student). If the final report of the Committee determines that the Respondent has engaged in misconduct as defined by this policy, the Administrator shall, within seven (7) calendar days, provide a written recommendation to the Chancellor regarding appropriate disciplinary action and other institutional corrective actions. If the Respondent is a student, the Dean of Students shall join in the Administrator's recommendation, or submit a separate recommendation if the Dean of Students and the Administrator do not agree on a recommendation. The Administrator's recommendation (along with any recommendation from the Dean of Students) shall be delivered to the Respondent at the same time it is delivered to the Chancellor. The Respondent shall have seven (7) calendar days to provide a response. 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, if he or she wishes, provide the Chancellor with his or her recommendations regarding the other findings and conclusions of the Committee.
- m. Within twenty-one (21) calendar days of the last day for Respondent to submit his/her response to the Administrator's recommendation of disciplinary action, the Chancellor will determine in writing: (1) whether the institution accepts the

investigation report, its findings, and the recommended disciplinary actions; and (2) the appropriate institutional actions in response to the accepted findings of research misconduct. If this determination varies from the findings of the Committee, the Chancellor will, as part of his/her written determination, explain in detail the basis for rendering a decision different from the findings of the Committee. Alternatively, the Chancellor may return the report to the Committee with a request for further fact-finding or analysis.

- n. When the Chancellor has reached a final decision on the case, he/she will normally notify both the Respondent and the Complainant in writing. The Chancellor will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the Respondent in the work, or other relevant parties should be notified of the outcome of the case. The Chancellor is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies, including the Office of Research Integrity if PHS funds are involved.

2. Formal investigation procedures are further determined in accordance with the following:

- a. If the Respondent is a faculty member, the investigation is initiated by the Administrator, who will appoint the Committee. Members of the Committee from Chapman University shall hold a faculty rank equal to or higher than the Respondent, unless there are an insufficient number of faculty members of sufficient rank available or willing to serve.
- b. If the alleged misconduct involves a student who does not otherwise have a faculty, administrative, or staff title, and the alleged misconduct does not involve PHS funded research, the Administrator refers the complaint to the Dean of Students, who initiates the Investigation in accordance with procedures described in the Chapman University Student Handbook.
 1. If the Dean of Students determines that the allegations are not supported by the evidence, that determination shall be final as to both the Complainant and the Respondent. The Administrator shall notify all parties of such determination with particular emphasis on fully restoring the reputation of the researcher and others under investigation.
 2. If the Dean of Students determines that the Respondent has engaged in misconduct as defined by this policy, the Chancellor shall consider the recommendations of the Dean of Students regarding appropriate disciplinary action and determine the most appropriate action in accordance with relevant Chapman University policies.
- c. If the Respondent is not in one of the above categories, the Administrator shall appoint a Committee which shall at least one academic appointee with expertise in the research area under investigation (if available) and no more than one faculty appointee or staff member from the Respondent's department.

D. Appeal Rights

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 Research 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 grievance committee 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 research 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 Handbook.

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, Student Conduct Code or Staff and Administrative Handbook, the provisions of this policy shall be applied.

E. Restoration of Reputation of the Respondent

If an Investigation is found to be not warranted, or the Respondent has been exonerated by an Investigation, then the University will make every effort to restore the Respondent’s reputation. This may be accomplished through communication with members of the scientific community who are aware of the matter, publicizing the final outcome in forums in which the allegation of research misconduct was previously publicized, expunging references to the allegations from Respondent’s personnel file, or through other steps worked out in coordination with the Respondent.

F. Discouraging Negative Actions

Retaliation on the part of the Respondent shall itself be treated as a violation of this research misconduct policy, incurring appropriate disciplinary action.

Malicious allegations on the part of a Complainant will be treated as separate violations of this research misconduct policy, incurring appropriate disciplinary action.

G. Policy Oversight and Amendments

The Senate Executive Board (SEB) shall assume responsibility for overseeing, revising, and/or amending these policies.