APM 510

**POLICY ON MAKING AND RESPONDING TO ALLEGATIONS OF RESEARCH**

**MISCONDUCT AT FRESNO STATE**

**I. INTRODUCTION**

**A. GENERAL POLICY**

California State University, Fresno (“Fresno State”) endorses the belief that honesty and integrity in the

pursuit and dissemination of knowledge are two of the most important values of the academy.

Accordingly, it is expected that Fresno State administrators, faculty, staff, students and research managers

shall cooperate to maintain high standards of ethical behavior in the conduct of scientific research.

Accuracy, validity and reliability should be the hallmarks of research results generated in the scientific

enterprise. To this end, the university requires that all researchers be aware of and abide by the code of

ethics established by their professions or disciplines.

This document spells out the policies and procedures for reporting and investigating allegations of

research misconduct by Fresno State faculty, staff, students and associates. It also outlines the required notifications to campus units, as well as external (including federal) agenciesofuch allegations and investigations. This policy addresses only research misconduct as defined below.

Allegations of misconduct outside the scope of this policy should be directed to the appropriate

administrator for investigation.

Sponsoring agencies expect that the university will exercise the primary responsibility for ensuring the

integrity of and the accountability for the scientific research conducted by faculty and for addressing

misconduct in science. Integrity of the research process requires adherence by scientists to honest and

replicable methods. Compliance with the regulations of these agencies requires that the university provide

assurances on:

(a) how allegations of research misconduct in research or research training (and applications for it) will be addressed and

(b) how the university fosters a research environment and promotes education that discourages research misconduct.

The standard is one of fairness and truthfulness whereby the intent to deceive or reckless disregard for the

truth is evident. Misconduct comes at a high price for scientists and for the public. Cases of misconduct in

science involving fabrication, falsification, and plagiarism breach the trust that allows scientists to build

on the work of other researchers and permits policymakers and others to make decisions based on

scientific evidence and judgment. Hence, it is important for scientists to demonstrate accountability that

accompanies investment in research.

University policy prohibits the illegal and unethical behavior, described herein as “research misconduct.”

The university will take steps to prevent retaliation against any individual, who, acting in good faith,

reports or provides information about suspected research misconduct. The Research Integrity Officer will

monitor the treatment of individuals who report or provide information about the suspected misconduct,

as well as the treatment of the respondent who has been cleared. Any instances of alleged or apparent

retaliation will be immediately investigated and stopped.

To promote responsible conduct of research, the University will educate the community through

workshops about this policy, proper research conduct, and authorship fairness.

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**B. SCOPE**

This policy and the associated procedures apply to any person paid by, under

the control of, or affiliated with the institution, such as faculty, students, scientists, trainees, technicians and

other staff members, fellows, guest researchers, or collaborators at Fresno State. . Research includes the creation of proposals, projects, books and papers, as well as the dissemination of results (written and oral) and performances in all fields of academia, and is not limited to science, engineering, mathematics, and education. While sexual harassment and misconduct, and the creation of a hostile work and research environments can coexist with, and lead to research misconduct, the allegation and investigation of these should be made through the established campus protocols (Title IX coordinator, Human Resources), as this policy is specific to allegations and the reporting of research misconduct.

The PHS regulation at 42 C.F.R. Part 93, Subpart A applies to any grant

proposal submitted to the PHS, any research funded by the PHS, or any results reported to the PHS. The

NSF regulation at 45 C.F.R. Part 689 applies to any grant proposal submitted to the NSF, any research

funded by the NSF, or any results reported to the NSF.

**C. DEFINITIONS**

1. Research misconduct is defined as fabrication, falsification, plagiarism, contributing to deceptive conferences or journals or other practices that or other practices that

significantly deviate from those commonly accepted within the scientific community for

proposing, conducting, evaluating**,** or reporting research. It does not include honest error, or

honest differences in interpretations or judgments of data.

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

b. *Falsification* is 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.

c. *Plagiarism* is the appropriation of another person’s ideas, creative products, processes, results, or words

without giving appropriate credit.

d.

e. Deceptive conference or journal is a conference or journal that “prioritize[s] self-interest at the expense of scholarship and [is] characterized by false or misleading information, deviation from best editorial and publication practices, a lack of transparency, and/or the use of aggressive and indiscriminate solicitation practices.” (Grudniewicz et al., 2019) The Library can provide guidance in identifying such conferences and journals. Each department shall maintain either a list of acceptable conference and journals or deceptive conferences and journals for their area(s) of expertise. This list shall be used in determination of acceptable publications for the purposes of retention, tenure, and promotion.

2. *Allegation* means any written or oral statement or other indication of possible research

misconduct made to an institutional official.

3. *Conflict of interest* means the real or apparent interference of one person's interests with the

interests of another person, where potential bias may occur due to prior or existing personal or

professional relationships.

4. *Deciding Official* means the Provost and Vice President for Academic Affairs (Provost)\*, the

Fresno State official who makes final determinations on allegations of research misconduct and

any responsive institutional actions.

5. *Good faith allegation* means an allegation made with the honest belief that research misconduct

may have occurred. An allegation is not in good faith if it is made with reckless disregard for or

willful ignorance of facts that would disprove the allegation.

6. *Inquiry* means gathering information and initial fact-finding to determine whether an allegation or

apparent instance of research misconduct warrants an investigation.

7. *Investigation* means the formal examination and evaluation of all relevant facts to determine if

misconduct has occurred, and, if so, to determine the responsible person and the seriousness of

the misconduct.

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8. *NSF* means the National Science Foundation. NSF regulation means the National Science Foundation

regulation establishing standards for institutional inquiries and investigations into allegations of

research misconduct, which is set forth in 45 C.F.R. Part 689, entitled “Research Misconduct.”

9. *ORI* means the Office of Research Integrity, the office within the U.S. Department of Health and

Human Services (DHHS) that is responsible for the research misconduct and research integrity

activities of the U.S. Public Health Service.

10. *PHS* means the U.S. Public Health Service, an operating component of the DHHS.

11. *PHS regulation* means the Public Health Service regulation establishing standards for

institutional inquiries and investigations into allegations of research misconduct, which is set

forth at 42 C.F.R. Part 93, Subpart A, entitled "Responsibility of PHS Awardee and Applicant

Institutions for Dealing With and Reporting Possible Misconduct in Science."

12. *Research Integrity Officer* means the Dean of the Division of Research and Graduate Studies (DDRGS),

the Fresno State official responsible for (i) assessing allegations of research misconduct, (ii) determining when such allegations warrant inquiries, and for (iii) overseeing inquiries and investigations.

13. *Research record* means any data, document, computer file, recording, 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 research 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 notebooks; notes; correspondence; videos; photographs; X-ray film; slides; biological

materials; computer files and printouts; 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.

14. *Respondent* means the person against whom an allegation of research misconduct is directed or

the person whose actions are the subject of the inquiry or investigation. There can be more than

one respondent in any inquiry or investigation.

15. *Retaliation* means any action that adversely affects the employment or other institutional status of

an individual that is taken by an institution or an employee because the individual has in good

faith, made an allegation of research misconduct or of inadequate institutional response thereto or

has cooperated in good faith with an investigation of such an allegation.

16.

17. *Whistleblower* means a person who makes an allegation of research misconduct.

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**II. REPORTING RESPONSIBILITY**

1. Any individual or review committee who believes or has knowledge that an act of research misconduct is occurring or has

occurred has a reporting responsibility, and shall notify the Research Integrity Officer orally or in writing[[1]](#footnote-1). The oral or written allegation(s) shall include a description of the nature of the perceived misconduct and any

evidence in support of such claims. No anonymously delivered allegations will be acted upon.

2. The Research Integrity Officer shall immediately notify Provost\* of any allegations that are under inquiry.

3. The Dean of the Division of Research and Graduate Studies (DDRGS)\* shall advise all levels of

review with regard to research issues, including government policies and regulations of the

relevant funding agency. The DDRGS\* serves as the Research Integrity Officer.

4. The Associate Vice President for Faculty Affairs\* shall be consulted with regard to due process rights

of the respondent and other procedural questions.

**III. CAUTIONS AND ASSISTANCE**

The gathering and assessing of information in case of alleged research misconduct can be extremely

difficult. Confidentiality is essential to protect the academic and professional reputations of those

involved, as well as the interest of the public and of anyone who might be harmed by the alleged

misconduct. Every attempt should be made to assure that any inquiry or investigation is done in a timely,

fair, objective, competent and thorough manner**.** In the course of conducting inquiries or investigations,

the following provisions are applicable.

1. Expert assistance, including from outside the university, should be sought as necessary to conduct

a thorough and authoritative evaluation of all evidence.

2. Precautions should be taken to avoid real or apparent conflicts of interest on the part of those

involved in the inquiry or investigation.

3. Care should be taken in the preparation and maintenance of all documentation relevant to the

inquiry or investigation.

4. The anonymity of accused individuals and, if they wish it, the confidentiality of those who in

good faith reported the alleged misconduct, should be protected to the maximum extent possible,

and care should be taken to protect their positions and reputations. Except as required in the

reporting provisions of this document, only those directly involved in an inquiry or investigation

should be aware that the process is being conducted or have any access to information obtained

during its course.

5. The university shall take all reasonable steps to ensure that neither any panel member nor any

other person involved in the procedures is either biased against the accused person(s) or the whistleblowers, no do they havea

conflict of interest.

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**IV. PRELIMINARY INQUIRY**

1. Upon receipt of an allegation of research misconduct[[2]](#footnote-2) the Research Integrity Officer shall

immediately initiate the inquiry process and shall so inform the Provost\*. The purpose of the

inquiry is to make a preliminary evaluation of the available factual evidence and testimony of the

respondent, whistleblower, and key witnesses to determine whether the presented evidence of possible

research misconduct warrants an investigation. The purpose of the inquiry is not to reach a final

conclusion about whether misconduct definitely occurred or who was responsible. The findings

of the inquiry must be set forth in an inquiry report.

2. Should the Research Integrity Officer have a real or apparent conflict of interest with the case, the

Provost\* shall designate another university administrator to conduct the preliminary inquiry.

3. The preliminary inquiry shall be carried out by the Research Integrity Officer and governed by the procedures

identified below.

a.

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c. Inquiry Process

The respondent will be provided with written notification of the allegation. The Research Integrity Officer will interview the whistleblower, the respondent, and key witnesses as well as

examine relevant research records and materials. The Research Integrity Officer will

evaluate the evidence and testimony obtained during the inquiry. After consultation with

the institutional counsel, the Research Integrity Officer will

decide whether there is sufficient evidence of possible research misconduct to

recommend further investigation. The scope of the inquiry does not include deciding

whether misconduct occurred or conducting exhaustive interviews and analyses.

4. The Inquiry Report

a. Elements of the Inquiry Report

A written inquiry report must be prepared that states the allegations; the PHS support; a summary of the inquiry

process used; a list of the research records reviewed; summaries of any interviews; a

description of the evidence in sufficient detail to demonstrate whether and investigation is

warranted or not; and the Research Integrity Officer's determination as to whether an investigation is

recommended and whether any other actions should be taken if an investigation is not

recommended. Institutional council will review the report for legal sufficiency.

b. Comments on the Draft Report by the Respondent and the Whistleblower

The Research Integrity Officer will provide the respondent with a copy of the draft

inquiry report for comment and rebuttal and will provide the whistleblower, if they are

identifiable, with portions of the draft inquiry report that address the whistleblower's role

and opinions in the investigation.

Within 14 calendar days of their receipt of the draft report, the whistleblower and

respondent will provide their comments, if any, to theResearch Integrity Officer. Any comments

that the whistleblower or respondent submits on the draft report will become part of the

final inquiry report and record. Based on the comments, the Research Integrity Officer may

revise the report as appropriate.

5. Inquiry Decision and Notification

a. Decision by Deciding Official

The Research Integrity Officer will transmit the final report and any comments to the

Deciding Official, who will make the determination of whether findings from the inquiry

provide sufficient evidence of possible research misconduct to justify conducting an

investigation. The inquiry is completed when the Deciding Official makes this

determination, which will be made within 30 days of the date of the receipt of allegation by the Research Integrity Officer. Any extension of this period will be based on good cause and recorded in the

inquiry file.

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b. Notification

The Research Integrity Officer will notify both the respondent and the whistleblower in

writing of the Deciding Official's decision of whether to proceed to an investigation and

will remind them of their obligation to cooperate in the event an investigation is opened.

The Research Integrity Officer will also notify all appropriate institutional officials of the

Deciding Official's decision.

6. Time Limit for Completing the Inquiry Report

The Research Integrity Officer will normally complete the inquiry and submit its report in writing to the

Deciding Officer no more than 30 calendar days following the receipt of the allegation unless the

Deciding Officer approves an extension for good cause. If theDeciding Officer

approves an extension, the reason for the extension will be entered into the records of the case

and the report. The respondent also will be notified of the extension.

The report and all supporting records, documents, testimony, and information will be

immediately sequestered and secured by the Research Integrity Officer, who will keep all records

for a minimum of 7 years.

Sequestration involves requesting all relevant files from the Respondent so they can be assessed

by the committee. An attorney may accompany the Research Integrity Officer. Receipts are

signed to indicate the records removed. Copies of records will be provided upon request. The

records will be stored in a secure location and will be inventoried.

The Research Integrity Officer immediately will notify ORI if there is an admission of guilt.

**V. REPORTING OF HAZARDS AND VIOLATIONS**

Notwithstanding any other provision in these procedures, and regardless of the stage at which the matter

is being handled, the Research Integrity Officer shall be informed immediately if any of the following

circumstances are discovered:

a) an immediate health hazard;

b) an immediate need to protect federal or university funds or equipment;

c) an immediate need to protect the whistleblower; the respondent; or witnesses;

d) likelihood that an alleged incident will be reported publicly;

e) a reasonable indication of possible criminal violation of federal or state law.

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**VI. FORMAL INVESTIGATION**

1. If the Deciding Official decides that a more detailed, formal investigation is warranted to

determine if there was fabrication, falsification or plagiarism, the Deciding Official shall

immediately initiate a formal investigation. The purpose of the investigation is to examine the

evidence and to reach a final conclusion about whether misconduct occurred and who was

responsible.

2. Should the Deciding Official have a real or apparent conflict of interest with the case, the

President\* of the University shall designate another university administrator to oversee the

investigation.

3. The investigation shall be conducted by the Investigation Panel and governed by the procedures

identified below.

a. Appointment of the Investigation Panel

The Deciding Official will appoint an Investigation Panel of three impartial investigators

after consultation with the Chair of the Personnel Committee of the Academic Senate\*,

the Chair of the Academic Policy & Planning Committee\*, the Dean of the Division of

Research and Graduate Studies\*, and the Associate Vice President for Faculty Affairs\*.

The investigators shall be impartial tenured Professors who have been involved in

scientific research and/or grant administration. The investigators shall have no potential

or real conflicts of interest with the respondent or their research. The Investigation

Panel shall elect a chair from its membership.

b. Charge to the Investigation Panel and First Meeting

The Investigation Panel chair will prepare a charge for the Investigation Panel that

describes the allegation(s) and states that the purpose of the investigation is to examine

the previously gathered evidence and to reach a final conclusion about whether research

misconduct definitely occurred and who was responsible.

At the Investigation Panel’s first meeting, the chair will discuss the allegation(s) with the

Investigation Panel, any related issues, and the appropriate procedures for conducting the

investigation, and answer any questions raised by the Investigation Panel. The Research

Integrity Officer, Provost\*, and/or institutional counsel will be present or available

throughout the inquiry to advise the Investigation Panel as needed.

c. Investigation Timeline

Before the Investigation begins, the Research Integrity Officer will notify ORI about the

impending investigation.

The Investigation Panel will discuss the investigation procedures with the Deciding

Official before beginning investigation and agree on an investigation timeline. The

Investigation Panel shall meet within thirty (30) days of the completion of the inquiry.

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d. Investigation Procedures

The investigation shall generally be governed by the procedures identified below in

accordance with ORI recommendations.

i.

ii.

The investigation will involve examination of all documentation collected by the Research Integrity Officer including, but not limited to, relevant research records, computer files, proposals,

manuscripts, publications, correspondence, memoranda, and notes of telephone calls. If

needed, the whistleblower, respondent and key witnesses shall be interviewed again and the

interviews audio recorded. The interview recordings should be part of the file.

Should the investigation involve the Public Health Service or the National Science

Foundation, the respective guidelines contained in the Code of Federal Regulations should

be consulted. For the Public Health Service, the reference is 42 CFR 50 et seq. For the

National Science Foundation, the reference is 45 CFR 689.1 et seq. See also Section VII

below.

e. Written Report

i. The written investigation report shall contain:

 a. A description of the policies and procedures followed;

 b A list of relevant documents and other evidence reviewed;

 c. A clear statement of the findings and the basis for them;

ii. A finding of research misconduct must be based on factual findings of:

(1) significant departure from accepted practices of the relevant research community; and

 (2) intentional, knowing, or reckless action.

iii. A finding of research misconduct must be proven by a preponderance of the evidence.

iv. The written report shall contain a statement whether or not the Deciding Official should consider taking an

appropriate personnel action without specifying what that action might be.

v. The respondent shall be provided a copy of the draft report and provided seven (7)

days to comment in writing to the Investigation Panel. These comments shall be

appended to the report submitted to the Deciding Official.

vi. after considering the written comments of the respondent (if any), a written report,

including any recommendations, shall be forwarded to the Deciding Official.

vii. A written report shall be submitted to the Deciding Official no later than ninety (60)

days from the appointment of the Investigation Panel. If this time frame is not

possible, the reasons are to be documented in writing and the Deciding Official so

informed as quickly as possible.

viii.

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f. Comments on the Written Investigation Report

i. After receiving a copy of the investigative report, the respondent shall be provided

seven (7) days to submit written comments and any additional documentation to the

Deciding Official.

ii. The Deciding Official shall review the conclusions and recommendations of the

Investigation Panel and shall make a final decision regarding the matter.. The Deciding Official shall make the final

decision no later than sixty (30) days after receiving the final report.

iii. If the Deciding Official determines that a personnel action, including discipline, is

warranted, appropriate steps shall be taken consistent with the provisions of the

Collective Bargaining Agreement and university policies. In cases relating to the Public

Health Service or National Science Foundation, the relevant agency shall be notified of

any pending disciplinary action within thirty days of the issuance of the final report.

iv. The respondent can appeal the final decision by contesting the rationale to the

Deciding Official within seven (7) days of receiving the letter.

v. The letter, written investigation report, and all supporting records, documents,

testimony, and information will be sequestered and secured by the Research

Integrity Officer, who will keep all records for a minimum of 7 years.

**VII. NOTIFICATION TO EXTERNAL AGENCIES**

The University will comply with the requirements and regulations of its funding agencies. Section VIII

below reflects those requirements for the U. S. Public Health Service (PHS) and the National Science

Foundation (NSF). In any particular situation and for other agencies, other criteria may apply, and the

appropriate administrator is advised to review current regulations and requirements.

1 Under circumstances not involving Public Health Service or National Science Foundation or other

regulated funding agencies, the university will make information regarding any adjudicated research misconduct allegation available to the public upon request, to the extent which the requestor is entitled to such information under state and federal law.

 2 This decision will normally be made upon the conclusion of the final report. However, if required by

urgent circumstances, such a disclosure may be made at any time. Absent such urgent need, the university

will not make interim reports to outside agencies unless required by external regulation.

3 Where false or misleading data has been published as the result of research misconduct, the university

may disclose relevant information to affected scholarly and/or scientific publications or agencies.

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**VIII. PUBLIC HEALTH SERVICE (PHS) AND NATIONAL SCIENCE FOUNDATION (NSF)**

**NOTIFICATION REQUIREMENTS**

PHS requires annual assurances from the university of compliance as well as aggregated information on

allegations, inquiries, and investigations. Further, in accord with PHS and NSF regulations, in cases

involving research funded by either of those agencies, the funding agency will be informed in the

following situations. Except as specifically described at the end of this section, the following notifications

to external agencies will be made only by the AVPRSP\* on behalf of the Provost\*, and on the basis of the

information provided by the Provost\*.

**1. Outcome of an Inquiry**

PHS and NSF will be notified of the outcome of an inquiry of possible research misconduct involving

funds from their agency only if that outcome includes the recommendation to conduct a full investigation.

Documentation from inquiries, even those that do not recommend further investigation, will be

maintained for a period of three (3) years and made available upon an agency's request.

**2. Commencement of an Investigation**

Written notification will be provided to PHS or NSF upon determination that an investigation will be

conducted. This notice is to be provided on or before the commencement of the investigation, and must

include all information required by the agency. In the case of PHS-funded research, this notice must

include at least the following: name(s) of the accused individual(s); general nature of the allegation(s);

and the PHS proposal or award number involved. Regulations provide that this information will be held in

confidence to the extent permitted by law. Note, however, that although the information will not be

disclosed to peer reviewers or PHS advisory committees, it may be used by the Secretary of Health and

Human Services in making decisions about the award or continuation of funding.

**3. Written Request for a Time Extension**

Although PHS regulations permit 120 days for completion of the investigation and submission of the final

report, CSUF requires the Investigation Panel to consult with the DDRGS\* if it appears that the final

report will take more than 90 days to complete.

If the investigation and determination of personnel action are likely to take more than 120 days to

complete, the DDRGS\* will so notify PHS and provide reasons for the delay, interim progress reports, the

estimated date of completion of the report, and any other necessary information. If an extension is

granted, PHS may require the submission of periodic interim reports, or the agency may undertake its

own investigation prior to the University's completion of its investigation.

NSF requires completion of the inquiry within 90 days, and completion of the investigation, including

submittal of the final report, within 180 days. If completion of either is expected to be delayed, NSF may

require submission of periodic status reports.

**4. Interim Reports**

PHS must be apprised during an investigation of facts that may affect current or potential lPHS funding of

the individual(s) under investigation, or that may need to be disclosed in order to ensure proper use of

federal funds or protection of the public interest. Similarly, NSF requires interim reports if the seriousness

of the apparent misconduct so warrants; if immediate health hazards are involved; if NSF's resources,

reputation, or other interests need protecting; or if federal action may be needed to protect the interests of

a subject of the investigation or others potentially affected

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**5. Termination of an Investigation**

. PHS will be notified prior to Fresno State accepting an

admission of guilt from the respondent and therefore terminating the investigation. PHS retains the right to

investigate the matter further on its own.

**6. Final Outcome**

PHS and NSF will be notified of the final outcome of an investigation involving their funded project(s),

and provided with a complete copy of the final report. the final report to PHS must include a statement

about the sanction (if any) to be imposed by the institution**.**

**7. Special Emergency Notifications**

In addition, the PHS must be informed at any stage of an inquiry or investigation if any of the following are discovered: (1) an immediate health hazard; (2) an immediate need to protect federal or University

funds or equipment; (3) an immediate need to protect those making an allegation (4) a likelihood that an

alleged incident is going to be reported publicly; or (5) a reasonable indication of possible criminal

activity. In the case of suspected criminal activity, PHS requires notification within 24 hours.

**IX. DETERMINATION OF PERSONNEL ACTION**

1. The determination as to whether a personnel action, including disciplinary action, is to be imposed is

governed by California law, university policies and any applicable collective bargaining agreement. In cases

involving faculty unit members, personnel actions, including disciplinary action, shall be imposed by the

appropriate administrator, through the processes described in the Unit 3 Collective Bargaining Agreement.

Significant cases of student misconduct will be referred to the Dean and Student Affairs. Cases involving

staff members will be referred to the appropriate administrator. Both PHS and NSF have the right to impose

additional sanctions, beyond those applied by the institution, upon investigators or institutions, if they deem

such action appropriate in situations involving funding from their respective agency.

2. If the investigation results in a finding of research misconduct, then the Research Integrity Officer

will contact any relevant journals and take reasonable action to retract the false or fabricated facts disclosed.

3. If the investigation results in a finding of no research misconduct, then the institution will take

reasonable action to restore the respondent’s reputation. Such actions may include: notifying all

individuals aware of or involved in the investigation, publicizing the finding in forums in which the

allegation was previously publicized, or expunging reference of research misconduct from the

respondent’s personnel file.

References: National Science Foundation 45 C.F.R. 689.1 et seq. Public Health Services 42 C.F.R. 93 et

seq. CBA Articles 11, 18, 19 Research and the Protection of Human Subjects (APM)

**Recommended by the Academic Senate Approved by the President**

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1. 1 Allegations of misconduct against a dean or other administrator should be reported directly to the Provost\* or

President\* , as appropriate. [↑](#footnote-ref-1)
2. If a case comes from an agency that has already conducted an inquiry, the university reserves the right to conduct a

separate inquiry after reviewing the materials supplied by the agency and the findings reached by the agency. [↑](#footnote-ref-2)