

## **Preamble**

Research at Northern Illinois University has traditionally and routinely been performed at a high level of quality and scholarly integrity. Faculty, students, staff, and administrators accept the obligation to exercise critical self-discipline and judgment in their investigations. They respect and defend free and open inquiry by associates and strive to be objective in their professional judgment of colleagues. They practice intellectual honesty, acknowledge academic debt and scholarly assistance, and take pride in their work. They are careful to acknowledge fully and generously the published and unpublished contributions of others. They give appropriate professional recognition, including authorship credit when warranted, to the intellectual and technical contributions of students and junior associates. The University has a responsibility to provide an intellectual climate in which open inquiry can flourish. This includes the freedom to pursue research on any intellectual path. Adherence to these standards protects the integrity of the scholarly enterprise, provides a positive climate to which future generations of scholars are exposed, promotes public appreciation of intellectual pursuit, and enhances public trust in the University and its stewardship of both public and private funds.

## **Scope**

This policy covers research misconduct across all fields. This includes funded and non-funded projects. Certain funding agencies mandate additional regulatory requirements. These requirements will be addressed in later sections of the policy. For example, all research misconduct involving funding provided by the National Science Foundation (NSF) is subject to the provisions of 45 CFR 689. It is important to note all Public Health Service (PHS) funded research has additional requirements through the Office of Research Integrity (ORI). In cases where a funding agency's regulatory requirements differ from this policy, those regulatory requirements will supersede this policy. The University will notify the funding agency at any stage of the inquiry or investigation if it is ascertained by the Research Integrity Officer that any of the following conditions exist:

1. Health or safety of the public is at risk, including an immediate need to protect human or animal subjects.
2. There is an immediate need to protect federal funds or equipment.
3. It is determined by the research integrity officer that violations have occurred that are so egregious that research activities should be suspended.
4. There is an immediate need to protect the interests of the person making the allegations or of the individual who is the subject of the allegations and his or her co-investigators and associates, if any.
5. There is a strong likelihood that the alleged incident is going to be reported publicly.
6. The university believes the research community or public should be informed.
7. There is a reasonable indication of violations of civil or criminal law.

This document applies to allegations of research misconduct (fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results) involving a person who, at the time of the alleged research misconduct, was employed by, was an agent of, or was affiliated by contract or agreement with Northern Illinois University.

## Definitions

1. Research Integrity Officer (RIO) means the institutional official responsible for assessing the allegations of research misconduct to determine if they fall within the definition of research misconduct and warrant an inquiry on the basis that the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified. The RIO also oversees inquires and investigations as well as additional responsibilities mentioned in this policy. The RIO is normally the Director of the Office of Research Compliance, Integrity, and Safety or an individual in a similar position.
2. Deciding Official (DO) means the institutional official who makes final determinations on allegations of research misconduct and any institutional administrative actions. The DO will never be the same person as the RIO. A DO may appoint an individual to access allegations of research misconduct or serve on an inquiry committee. The DO is normally the Vice President for Research and Innovation Partnerships.
3. Complainant means the individual responsible for making allegations in good faith. They are responsible for maintaining confidentiality and cooperating with the inquiry and investigation is applicable.
4. Respondent means the individual accused of research misconduct. They are responsible for maintaining confidentiality and cooperating with the inquiry and investigation. They do have the right to confer with appropriate bodies, including union representatives.

## Misconduct in Research

All institutional members will report observed, suspected, or apparent research misconduct to the RIO. If an individual is unsure where a suspected incident falls within the definition of research misconduct, he or she may meet with or contact the RIO at the Division of Research and Innovation Partnerships to discuss the suspected research misconduct informally, which may include discussing it anonymously and/or hypothetically.

The key to defining research misconduct is intent. Research misconduct does not include honest error or differences of opinion. Free and open inquiry allows for honest differences in methodology and in the interpretation of or judgments about data. Research misconduct, therefore, consists of the intentional commission of one or more of the following:

1. Fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results.
  - (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, processes, results, or words without giving appropriate credit.

## **Handling Allegations of Research Misconduct**

The review process for cases of alleged misconduct consists of three phases: preliminary assessment by the RIO, inquiry, and investigation. Procedures for each phase are described below. There are also provisions for appealing a determination of research misconduct. If an administrative officer referred to herein has a conflict of interest in a case, then the next higher administrative officer or that person's designee will assume the responsibilities indicated. A respondent or complainant may raise the potential conflict to the Vice Provost of Faculty Affairs who will make the determination if a conflict exists.

The respondent shall be given the opportunity to admit that research misconduct occurred and that he/she committed the research misconduct. With the advice of the RIO and/or other institutional officials, the DO may terminate the institution's review of an allegation that has been admitted, if the institution's acceptance of the admission.

In the case of PHS funded research any proposed settlement must be approved by ORI.

## **Obligations and Rights of Parties**

All involved University parties are obligated to cooperate with the proceedings by providing information relating to the case. All relevant documentary information must be provided to the respondent in a timely manner to facilitate the preparation of a response. The respondent shall be provided the opportunity during the investigation to address the charges and evidence in detail and may address the Investigation Committee in person if he or she desires. The complainant shall also have the opportunity to review the evidence to ensure completeness to ensure, for example, that no key documents are missing.

During any and all proceedings, reasonable attempts will be made to protect the confidentiality of respondents, complainants, and research subjects identifiable from research records or evidence.

In the course of an investigation, information may emerge that indicates the alleged research misconduct may go beyond the initial complaint. The Investigation Committee may then expand its investigation, but only after the respondent is informed in writing what this additional information is and what new directions the investigation is likely to take. The respondent will be provided the opportunity to review the new information and to address any expanded charges the Investigation Committee feels are warranted by the new evidence. In the event the new information involves other individuals, they should be provided the opportunity to review and respond to the new evidence.

### **I. Referral to the Research Integrity Officer**

#### **A. Preliminary Assessment**

A complainant suspecting research misconduct should report directly to the RIO. In the event the complainant went to another individual, such as a dean or department chair, it is the responsibility of all University parties to refer the complainant to the RIO.

Promptly after receiving an allegation of research misconduct, defined as a disclosure of possible research misconduct through any means of communication, the RIO shall meet with the complainant in confidence to discuss the allegation. The preliminary assessment process may include interviews with other parties (including the respondent), analysis of documents, and any other investigating activities deemed necessary.

A complainant may invite representation to any meeting. Employees represented by a labor union are entitled to union representation at such meetings.

If the allegation does not fall within the scope of this document, the complainant will be referred to whatever institutional processes may be appropriate to the particular case.

If the allegation is made against a student, the RIO will consult with the Director of Student Conduct to determine whether the allegation should be pursued through these policies and procedures or those of the Student Misconduct policies. A decision will be made if the misconduct falls under academic misconduct, research misconduct, or both. If the RIO determines that the allegation comes under the jurisdiction of the research integrity policies and procedures, he or she will discuss the inquiry and investigation procedures with the complainant.

If the RIO determines that the allegation: (1) meets the definition of research misconduct; and, (2) is sufficiently credible and specific so that potential evidence of research misconduct may be identified, the he/she will notify the DO in writing of the recommendation to move to an inquiry.

If the RIO determines that there is not sufficient evidence to move to an inquiry, he/she will notify the DO and the complainant of this determination in writing, as well.

Even if the respondent leaves the University before the case is resolved, the University will continue the examination of the allegations and reach a conclusion. Furthermore, the University will cooperate with other institutions' processes to resolve questions of misconduct.

No allegation of research misconduct will be received or inquiry instituted where the alleged misconduct took place more than six years to the day before the allegation was made.

## **B. Protection of Respondent and Complainant**

The University will, to the greatest extent possible, protect the respondent and the complainant against capricious actions. Unsupported allegations not brought in good faith may lead to disciplinary action against the complainant. Acts of retaliation for good faith allegations may similarly lead to disciplinary action.

The University will make every effort to restore the reputations of persons alleged to have engaged in research misconduct when allegations are not confirmed. It will also protect the

positions and reputations of any complainant who made allegations in good faith, witness, or committee member and to counter potential or actual retaliation against those complainants, witnesses and committee members.

## **II. Inquiry**

Upon acceptance of the DO of the recommendation to move to inquiry, the RIO will initiate the inquiry process as soon as possible.

The purpose of the inquiry is to make a preliminary evaluation of the available evidence and testimony of the respondent, complainant, and key witnesses to determine whether there is sufficient evidence of possible research misconduct to warrant 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 will be set forth in an inquiry report.

The RIO must make a good faith effort to notify the respondent in writing of the decision to move to an inquiry. On or before the date on which the respondent is notified, or the inquiry begins, whichever is earlier, the RIO 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. Where appropriate the respondent will be given copies of, or reasonable supervised access to, the research records. Any additional research records and evidence discovered during the course of the proceeding will also be sequestered by the RIO.

### **A. Composition of Research Standards Inquiry Committee**

In order to address allegations of research misconduct, the University will establish for each case a Research Standards Inquiry Committee (hereafter called the Inquiry Committee). The Inquiry Committee will be made of no more than five (5) members. As allegations of misconduct vary on a case-by-case basis, it is at the discretion of the RIO who to appoint to the Inquiry Committee. Members may include faculty, professional staff, outside consultants, or members of the administration.

All reasonable steps will be taken to ensure an impartial and unbiased research misconduct proceeding to the maximum extent practicable. The DO will receive a list of the proposed members of the Inquiry Committee and has the ability to veto any person. The respondent will also receive a written copy of the proposed membership and within five business days may object to any member on the basis of conflict of interest. The DO will make a determination regarding the validity of any such objection and act accordingly.

The Inquiry Committee must ensure that it has access to the expertise necessary to judge the allegations being made; therefore, it may call upon on- or off-campus consultants as necessary to assist in reviewing a case.

## **B. Inquiry Process**

An inquiry begins when the RIO appoints the Inquiry Committee and notifies the respondent of the charges and the process that will follow. Notification will be made in writing and copies will be securely maintained and held confidential in the office of the DO. The RIO will issue the Inquiry Committee a written charge with their goals and responsibilities and will convene the committee as soon as possible.

Inquiries should be resolved expeditiously. The inquiry should be completed and the final written report of the findings submitted to the DO as soon as possible.

To the greatest extent possible, the inquiry proceedings will be kept confidential in order to protect the rights of all parties involved. During the inquiry stage, the respondent and complainant will normally be interviewed by the Inquiry Committee and may bring a personal advisor and/or union representation to this interview.

If the research is PHS funded the inquiry report must be submitted within 60 calendar days of the initiation of the inquiry, or within a shorter time period if so specified by PHS. If the Inquiry Committee anticipates that the established deadline cannot be met, it will submit to the DO a report citing the reasons for the delay and describing progress to date; it will also inform the respondent and other involved individuals. If the inquiry takes longer than 60 days to complete, the final report will include documentation of the reasons for exceeding 60 days

## **C. Inquiry Findings**

The completion of an inquiry is marked by a conclusion of whether or not an investigation is warranted, and by submission of the written report of the inquiry findings to the DO. The inquiry report shall contain the following information: (1) The name and position of the respondent(s); (2) A description of the allegations of research misconduct; (3) If applicable, grant and funding information; (4) The basis for recommending that the alleged actions warrant an investigation; and (5) Any comments on the report by the respondent or the complainant. The respondent and the complainant will be informed in writing whether or not the allegations will result in an investigation.

## **III. Investigation**

### **A. Composition of Research Standards Investigation Committee**

If it is determined that a full investigation is required an investigation committee will be formed. Normally the inquiry committee will also serve as the investigation committee. It is at the discretion of the RIO whether to remove or add members.

### **B. Purpose of Investigation**

The purpose of an investigation is to determine whether research misconduct has been committed, by whom and to what extent. The investigation will also determine whether there are

additional instances of possible research misconduct that would justify broadening the scope beyond the initial allegation.

### **C. Investigation Process**

If warranted, an investigation will be initiated within 30 days of such a finding by the DO. Investigations should be conducted as expeditiously as possible. An investigation ordinarily should be completed within 120 calendar days of its initiation, or as dictated by funding agencies' limitations (including submission of the final report). The investigation proceedings will be kept confidential to the greatest extent possible.

The respondent(s) will be notified sufficiently in advance of the scheduling of his/her interview with the Investigation Committee so that the respondent may prepare for the interview.

The investigation will consist of a combination of activities, including but not limited to the following:

1. Review and copying of data, proposals, correspondence, and other pertinent documents at the University, at the granting agency, or elsewhere.
2. Review of published materials and of manuscripts submitted or in preparation.
3. Inspection of laboratory or other facilities and materials (including data records and notebooks).
4. Interviewing of parties with an involvement in or knowledge about the case, including both the complainant and the respondent. A complainant or respondent may invite representation to any Investigation Process meeting. Employees represented by a labor union are entitled to union representation at such meetings.
5. Transcripts of the interviews may be recorded electronically. Complete summaries of these interviews should be prepared, provided to the interviewed party for comment or revision, and included as part of the documentary record of the investigation.
6. Pursue diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of additional instances of possible research misconduct, and continue the investigation to completion.

The respondent may submit additional documentation they believe is relevant to the case that the committee did not request. However this submission must be made in good faith and may not be an effort to burden the committee with excess documentation. If the committee feels documents were not submitted in good faith they have no obligation to review them.

The nature of some cases may render the deadline difficult to meet. If the Investigation Committee determines that the full process cannot be completed in 120 days, then an interim report is to be submitted to the DO before 120 days have expired with a request for an extension including an explanation of why an extension is necessary.

If the Research is PHS funded and if the investigation cannot be completed in 120 calendar days, then the RIO will submit to the Office of Research Integrity (ORI) a written request for an extension. If the request is granted, the University will file periodic progress reports as requested by the ORI.

Non-PHS funding agencies may have other guidelines or regulations to be followed. Any investigation-related communication with a funding agency will also be sent, in confidence, to the Associate Vice President for Sponsored Program Administration.

#### **D. Potential Findings**

The findings of an investigation are either:

1. No research misconduct was committed (including a notation, if warranted, that the allegation was malicious or frivolous).
2. Research misconduct was committed.

A finding of research misconduct 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.

In the course of an investigation, serious unintentional research errors may surface. In such instances, the Investigation Committee will advise the respondent on appropriate corrective action. It may also include in its final report specific recommendations for corrective action, such as notifying editors of journals in which the respondent's research was published or to which manuscripts were sent, and collaborators on such research.

#### **E. Investigation Report**

Documentation of the proceedings must be prepared and will be made available to the appropriate funding agency as required. The report shall include the following:

1. The nature of the allegation of research misconduct, including identification of the respondent;
2. Documentation and description of all PHS support, if applicable;
3. The specific allegations of research misconduct considered in the investigation;

4. The institutional policies and procedures under which the investigation was conducted;
5. Identification and summaries of the research records and evidence reviewed;
6. Any evidence taken into custody;
7. A statement of findings for each allegation. Each statement must:
  - a. Identify the type of research misconduct;
  - b. Identify the respondent's intent;
  - c. Summarize the facts and the analysis that support the conclusion;
  - d. Identify the PHS support, if applicable;
  - e. Identify any publications which require correction;
  - f. Identify the persons responsible for the misconduct;
  - g. List any current support or known applications for support the respondent has pending.

## **F. Respondent Review of Report**

The Investigation Committee will provide a copy of the draft report to the respondent and complainant for comment. Any comments will be reviewed and considered. If appropriate the draft report will be modified to take into account any additional findings or evidence presented prior to finalization.

Both the draft and final reports are confidential and will be shared only with appropriate bodies. The report will adhere to all applicable sponsor requirements.

## **G. Deciding Official Review of Final Report**

The Investigation Committee then will submit the final investigation report to the DO for his/her review, including the respondent's comments for consideration. The DO will provide a written determination as to whether he/she accepts the findings of the Investigation Committee as well as the appropriate institutional actions based on the misconduct. The respondent also will receive a copy of the final report and this determination.

After the DO has reviewed and accepted the report of the investigation committee, the respondent may, within 10 work days of the date of the determination letter, file a written appeal with the DO. A time extension, where there is appropriate justification, may be requested of the DO. Either the findings, or the sanctions, or both, may be appealed. An appeal must be restricted to the body of evidence already presented, and the grounds for appeal must be limited to failure to follow appropriate procedures in the investigation, arbitrary and capricious decision-making, or sanctions not in keeping with the findings. The decision of the DO is the final University determination.

New evidence or newly discovered conflict of interest may warrant a new investigation, in which case they may direct that the original committee or a modified committee conduct a new inquiry.

The investigation is complete when the DO has confidentially submitted the determination letter with a description of any sanctions to be imposed by the University, to the respondent(s), each

respondent's department chair and college dean, or the respondent's unit and divisional directors, and the funding agency, if any. The respondent's direct supervisor will take previous disciplinary action into consideration when determining the application of any sanctions.

## **H. Additional PHS Requirements**

This section describes the additional reporting requirements that are required when an allegation of research misconduct involves Public Health Service grants. At the completion of an inquiry, the Office of Research Integrity shall be provided with the written finding by the DO and a copy of the inquiry report containing the information required by 42 CFR Section 93.309(a). Upon a request from ORI, the university shall promptly send them: (1) a copy of our institutional policies and procedures under which the inquiry was conducted; (2) the research records and evidence reviewed, transcripts or recordings or any interviews, and copies of all relevant documents; and (3) the charges for the investigation to consider.

Any and all interviews of the respondent, complainant, and any other person who was interviewed during an investigation will be recorded or transcribed as required by PHS regulation. The respondent will be given the opportunity to provide written comments to the inquiry report. As well as, provide written comments on the draft investigation report that will be considered by the Investigation Committee before issuing the final report.

The University shall cooperate fully and on a continuing basis with ORI during its oversight reviews of this institution and its research misconduct proceedings and during the process under which the respondent may contest ORI findings of research misconduct and proposed HHS administrative actions. This includes providing, as necessary to develop a complete record of relevant evidence, all witnesses, research records, and other evidence under our control or custody, or in the possession of, or accessible to, all persons that are subject to our authority.

The University shall report to ORI any proposed settlements, admissions of research misconduct, or institutional findings of misconduct that arise at any stage of a misconduct proceeding, including the allegation and inquiry stages.

The DO will expeditiously take action on all recommendations or refer them to another appropriate office (e.g., department chair, director, dean, university judicial office, Civil Service personnel office) for action.

## **IV. Resolution of Investigation**

### **A. Restoration of Respondent's Reputation**

All persons and agencies informed of the inquiry or investigation must be notified promptly of the finding of no misconduct. Notification will be made by the Vice President for Research.

The Vice President for Research will work with appropriate persons to counter any adverse publicity experienced by the respondent during the inquiry or investigation.

All possible efforts shall be made to redress damage to the respondent's reputation and status as a competent researcher.

If the unsubstantiated allegations of misconduct are found to have been maliciously motivated, appropriate grievance procedures or disciplinary action will be initiated against the complainant. If the allegations, however incorrect, are found to have been made in good faith, no disciplinary measures will be taken and all possible efforts will be made to prevent retaliatory action against the complainant.

Any findings-related communication with a funding agency will also be sent, in confidence, to the Associate Vice President for Sponsored Programs Administration.

## **B. Sanctions**

University sanctions for committing research misconduct may include, but are not limited to: removal from the research project, a reprimand, financial restitution, and termination of association with the University. Other sanctions may include, if appropriate, actions such as notifying editors of journals in which the research in question was published or to which manuscripts were sent; other institutions with which the respondent has been affiliated; collaborators on such research; and professional societies, licensing boards, or criminal authorities.

The University response to a finding of research misconduct, including sanctions against the researcher, will reflect the severity of the misconduct and will be in compliance with the provisions of the University Constitution and Bylaws, union collective bargaining agreement, and other relevant documents.

If termination of faculty employment is to be considered, all applicable due processes within university bylaws and policies, as well as collective bargaining agreements, shall apply. If termination of a member of the Supportive Professional Staff is to be considered, due process will apply.

If dismissal of a member of the Operating Staff is to be considered, the procedures in the State Universities Civil Service System statute and rules will apply.

If dismissal of a student is to be considered, the Student Judicial Code appeal procedures will be followed. Sanctions or other actions may also be taken by the awarding funding agency.

## **V. Records**

Any reports and all records will be retained in a confidential and secure file in the office of the DO for at least seven years after the completion of this review process. This file or parts of this

file will not become a part of the respondent's confidential personnel record at the University, unless applicable sanctions include such a requirement.

Approved by the Graduate Council May 6, 2013

Reviewed and Updated March 30, 2022