ACADEMIC SENATE
CSU BAKERSFIELD

Research Misconduct Policy

RES 252646

EC

RESOLVED: That the Academic Senate of CSUB recommends that the President approves the proposed changes to the attached policy on research misconduct.

RATIONALE: The federal Public Health Services (PHS) has issued required updates for research misconduct policies and procedures. The proposed changes incorporate those requirements into CSUB's current research misconduct policy.

Attachments:

(1) Overview of 2025-26 PHS RM Policy Updates
(2) Proposed changes to CSUB's Policy on Research Misconduct

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Approved by the Academic Senate: April 16, 2026
Sent to the President:
President Approved:

Overview of 2025-26 PHS RM Policy Updates

The **key changes of the PHS misconduct policy for 2025-26 updates** include:

1. **Documentation Requirements**: Institutions must provide detailed reports at every stage of the investigation, including transcripts of interviews, to ensure transparency and fairness .
2. **Procedural Flexibility**: Institutions now have greater discretion in structuring inquiries and investigations, but they must maintain complete institutional records.
3. **Expanded Definitions**: The regulation includes over 25 clear definitions, refining terms like "intentionally," "knowingly," and "recklessly" to align with current research practices.
4. **Timelines**: The investigative window has been extended from 120 to 180 days, reflecting the complexities of modern research misconduct cases.

These changes aim to enhance the integrity of federally funded research and provide clearer guidelines for handling misconduct allegations.

****Effective Date**: The revised regulation will take effect on **January 1, 2026**, with institutions required to apply it to any allegations received on or after this date.

Overview

The U.S. Department of Health and Human Services (HHS) Office of Research Integrity (ORI) has issued a revised version of the Public Health Service (PHS) Policies on Research Misconduct (42 CFR Part 93), which will go into effect on January 1, 2026. These changes are the most substantial updates since the regulation was first adopted in 2005 and reflect a broader effort to promote clarity, consistency, and due process in research misconduct proceedings.

What Is 42 CFR Part 93?

42 CFR Part 93 sets the federal standard for addressing research misconduct in PHS-supported research. The regulation defines research misconduct as fabrication, falsification, or plagiarism (FFP) in proposing, performing, reviewing, or reporting research. It also outlines:

- The procedural steps for assessing allegations;
- The rights and responsibilities of institutions and individuals;
- The roles of the Research Integrity Officer (RIO), institutional officials, and ORI;
- Timelines and expectations for conducting inquiries and investigations;
- The standards for reporting findings and preserving records.

This regulation, initially issued in 2005, has been central to ensuring the integrity of federally funded biomedical and behavioral research.

Why Are These Changes Happening Now?

Since its implementation, the research landscape has evolved. With increasing collaboration, data-sharing, and digitization, institutions now face more complex misconduct investigations. Additionally, past feedback from the research community revealed that the 2005 guidance left some ambiguity in how to apply the regulations, especially for smaller institutions or those with limited prior experience.

The revised 2024 version of 42 CFR Part 93, slated to take effect in 2026, addresses these gaps by:
- Expanding and clarifying key definitions;
- Extending allowable timelines for procedural steps;
- Strengthening confidentiality and retaliation protections;
- Formalizing expectations for documentation, admissions, and multi-institution coordination.

The overarching goal is to improve the process of responding to misconduct allegations by bringing more structure, clarity, and equity.

What's New in the template that was provided for us to use to make updates:

- Clarity and Tone – Much more readable and structured for practical use. Uses plain language and avoids excessive regulatory jargon. Optional sections are minimized and framed more clearly.
- Document Organization – Reorganized into clear sections.
- Expanded Definitions – Provides over 25 clear, well-defined terms, including "administrative record," "intentionally," "recklessly," "institutional record," and nuanced takes on "good faith" and "plagiarism" (now explicitly excludes self-plagiarism and authorship disputes).
- Timelines and Process Requirements – Inquiry = 90 days, Investigation = 180 days. These timelines align with modern case complexity and allow more realistic procedural windows.
- Sequestration and Evidence Handling – A more rigorous, proactive approach, requiring sequestration as soon as possible upon credible allegations and mandating an inventory of what was sequestered and when, with clear references to chain-of-custody expectations.
- Respondent and Complainant Rights – Stronger protections and clearer roles.
- Emphasis on Recordkeeping – Expands on expectations. Institutions must create and maintain an institutional record with indexes of all evidence reviewed, documentation of decisions not to investigate, descriptions of sequestered but unused evidence, and all transcripts, communications, and ORI notifications.
- Provides Structured Guidance for Multi-Respondent and Multi-Institution Cases
- Handling Respondent Admissions – Requires a written, signed admission detailing what misconduct occurred, how it was committed (e.g., knowingly, intentionally), and how it diverged from accepted practice. Institutions must notify ORI and receive approval before closing the case.

Institutional Responsibilities Under the New Guidance

The revised guidance underscores critical responsibilities for institutions receiving PHS funding. Institutions must:

- Maintain a publicly accessible policy consistent with 42 CFR Part 93;
- Provide safeguards for both complainants and respondents against retaliation;
- Ensure secure sequestration and preservation of research records;
- Appoint impartial committees or officials with relevant expertise to handle allegations;
- Document every stage of the misconduct proceeding in an organized institutional record;
- Notify ORI at specific intervals, especially when investigations are warranted or closed via respondent admissions.

Institutions are also expected to manage conflicts of interest at all levels of the misconduct process and submit investigation records to ORI, including transcripts, sequestered materials, final reports, and any appeals.

CSU Bakersfield

Policy on the Disposition of Allegations of Research Misconduct

[This document contains substantial word-for-word excerpts of materials from sources cited in References (Section II)]

I. Purpose

The purpose of this policy is to ensure that all research and/or scholarly activity conducted under the auspices of California State University Bakersfield (CSUB) (including the CSUB Auxiliary for Sponsored Programs Administration and the CSUB Foundation), adhere to the highest attainable ethical and moral standards, and comply with federal and other government (local and state) regulations, and guidelines required by external sponsors, governing the disposition of Allegations of Research Misconduct.

II. References

1. Federal government regulations (42 CFR Part 93 (PHS: Public Health Service) and 45 CFR 689 (NSF: National Science Foundation)) and the California State University Office of the Chancellor (EO890 §3.3.4 and §3.4.1) require that each campus conducting research, instruction, and/or other sponsored work under grants, and other agreements with the Federal government must comply with the specific guidelines required by the external sponsor of a project with regard to the disposition of Allegations of Research Misconduct and related matters, as applicable.

2. Other government (local and state) regulations and/or sponsor guidelines may require that each campus conducting research, instruction, and/or other sponsored work under grants, and other agreements with non-Federal governments and/or other external sponsors must comply with the specific guidelines required by the external sponsor of a project with regard to the disposition of Allegations of Research Misconduct and related matters, as applicable.

3. Research misconduct policies at the City University of New York (2015), Boston University (2012), and California State University, Fresno, were used as references in the formulation of this policy.

III. Terms and Definitions

1. Accepted practices of the relevant research community. This term means those practices established by 42 CFR Part 93 and by PHS funding components, as well as commonly accepted professional codes or norms within the overarching community of researchers and institutions that apply for and receive PHS awards.

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

3. *Allegation* means a disclosure of possible Research Misconduct through any means of communication and brought directly to the attention of an institutional or HHS official. ~~The disclosure may be by written or oral statement or other communication.~~

4.~~2.~~ Assessment. Assessment means a consideration of whether an allegation of research misconduct appears to fall within the definition of research misconduct; appears to involve PHS-supported biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or research training; and is sufficiently credible and specific so that potential evidence of research misconduct may be identified. The assessment only involves the review of readily accessible information relevant to the allegation

5. *Auxiliary for Sponsored Program Administration* means the CSUB Auxiliary for Sponsored Program Administration.

6. ~~3~~. *Complainant* means a person who in good faith makes an Allegation of Research Misconduct.

7. ~~4.~~ *Evidence*. *Evidence means anything offered or obtained during a research misconduct proceeding that tends to prove or disprove the existence of an alleged fact. Evidence includes documents, whether in hard copy or electronic form, information, tangible items, and testimony.* ~~means any document, tangible item, or testimony offered or obtained during a Research Misconduct Proceeding that tends to prove or disprove the existence of an alleged fact~~.

8. ~~5~~. *Fabrication* means making up data or results and recording or reporting them.

9.~~6~~. *Falsification* means 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.

10.~~7~~. *Good faith*. *(a) Good faith* as applied to a complainant or witness, means having a reasonable belief in the truth of one's allegation 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 cooperation with a research misconduct proceeding is not in good faith if made with knowing or reckless disregard for information that would negate the allegation or testimony. (b) Good faith as applied to an institution or 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 policy (or 42 CFR Part 93 for PHS funded projects). A committee member does not act in good faith if her/his acts or omissions on the committee are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the research misconduct proceeding.

11.~~8~~. *Inquiry* means preliminary information-gathering and preliminary fact-finding to determine whether an Allegation has substance and if an Investigation is warranted or that meets the criteria and follows the procedures of 93.307 through 93.309 for PHS funded projects. An Investigation must be undertaken if an Inquiry determines an Allegation has substance.

12. Inquiry Committee means the committee consisting of two or more members of the faculty, together with such technical, administrative, or other staff as may be deemed appropriate, who are appointed by the Provost to conduct the Inquiry of an Allegation.

~~9~~13.. Institution. Institution means any person who applies for or receives PHS support for any activity or program that involves the conduct of biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or training. This includes, but is not limited to, colleges and universities, PHS intramural biomedical or behavioral research laboratories, research and development centers, national user facilities, industrial laboratories or other research institutes, research institutions, and independent researchers.

14. Institutional Deciding Official. Institutional Deciding Official means the institutional official who makes final determinations on allegations of research misconduct and any institutional actions. The same individual cannot serve as the Institutional Deciding Official and the Research Integrity Officer

15. Institutional member. Institutional member and members means an individual (or individuals) who is employed by, is an agent of, or is affiliated by contract or agreement with an institution. Institutional members may include, but are not limited to, officials, tenured and untenured faculty, teaching and support staff, researchers, research coordinators, technicians, postdoctoral and other fellows, students, volunteers, subject matter experts, consultants, or attorneys, or employees or agents of contractors, subcontractors, or sub-awardees.

16. Institutional record. The institutional record comprises: (a) The records that the institution compiled or generated during the research misconduct proceeding, except records the institution did not consider or rely on. These records include but are not limited to (1) documentation of the assessment as required by § 93.306(c); (2) if an inquiry is conducted, the inquiry report and all records (other than drafts of the report) considered or relied on during the inquiry, including, but not limited to, research records and the transcripts of any transcribed interviews conducted during the inquiry, information the respondent provided to the institution, and the documentation of any decision not to investigate as required by § 93.309(c); (3) if an investigation is conducted, the investigation report and all records (other than drafts of the report) considered or relied on during the investigation, including, but not limited to, research records, the transcripts of each interview conducted pursuant to § 93.310(g), and information the respondent provided to the institution; (4) decision(s) by the Institutional Deciding Official, such as the written decision from the Institutional Deciding Official under § 93.314; (5) the complete record of any institutional appeal consistent with § 93.315; (b) a single index listing all the research records and evidence that the institution compiled during the research misconduct proceeding, except records the institution did not consider or rely on; and (c) a general description of the records that were sequestered but not considered or relied on.

17. Intentionally. To act intentionally means to act with the aim of carrying out the act.30 Investigation. Investigation means the formal development of a factual record and the examination of that record that meets the criteria and follows the procedures of §§ 93.310 through 93.317.31 .

~~*Inquiry Committee* means the committee consisting of two or more members of the faculty, together with such technical, administrative, or other staff as may be deemed appropriate, who are appointed by the Provost to conduct the Inquiry of an Allegation.~~

18. ~~10~~. *Investigation* means the formal development, examination, and evaluation of a factual record to determine whether Research Misconduct has taken place, to assess its extent and consequences, and to evaluate appropriate action.

19. ~~11~~. *Investigation Committee* means the committee consisting of at least three members of University staff and tenured faculty at any School actively involved in research in the same field as the Respondent or a related field who are appointed by the Provost to investigate charges of Research Misconduct against faculty, staff, post-doctoral associates, and/or students.

20. Knowingly. To act knowingly means to act with awareness of the act.

~~12~~21. *Legal Affairs Designee* means the individual at the University designated by the President to deal with legal issues at the University in conjunction with the CSU Office of the General Counsel.

22. ~~13.~~ *Plagiarism* means the appropriation of another person's ideas, processes, results, or words without giving appropriate credit. ~~(~~(a) Plagiarism includes the unattributed verbatim or nearly verbatim copying of sentences and paragraphs from another's work that materially misleads the reader regarding the contributions of the author. It does not include the limited use of identical or nearly identical phrases that describe a commonly used methodology. (b) Plagiarism does not include self-plagiarism or authorship or credit disputes, including disputes among former collaborators who participated jointly in the development or conduct of a research project. Self-plagiarism and authorship disputes do not meet the definition of research misconduct.

23. ~~14~~. *Policy* means this Policy regarding the Disposition of Allegations of Research Misconduct.

24~~15~~. *Preponderance of the Evidence* *Preponderance of the evidence means proof by evidence that, compared with evidence opposing it, leads to the conclusion that the fact at issue is more likely true than not.* ~~means proof by information that, compared with that opposing it, leads to the conclusion that the fact at issue is more probably true than not~~.

25. PHS support. PHS support means PHS funding, or applications or proposals for PHS funding, for biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or training, that may be provided through funding for PHS intramural research; PHS grants, cooperative agreements, or contracts; subawards, contracts, or subcontracts under those PHS funding instruments; or salary or other payments under PHS grants, cooperative agreements, or contracts.

26. Recklessly. To act recklessly means to propose, perform, or review research, or report research results, with indifference to a known risk of fabrication, falsification, or plagiarism.

27 ~~16~~. *Research Integrity Officer* ("RIO") means the official designated by the Provost to be responsible for receiving Allegations of Research Misconduct, determining whether such Allegations warrant Inquiries, supporting the Inquiry Committee, receiving the Inquiry reports, recommending to the Provost whether or not Investigations are warranted, and assisting in the investigations by the Investigation Committee. The RIO must be an administrator or tenured faculty member at the University with experience in research and will be provided appropriate training to carry out his or her responsibilities under this Policy. For PHS funded projects the Institutional official responsible for administering the institution's written policies and

procedures for addressing allegations of research misconduct in compliance with 42 CFR Part 93.

28.~~17~~. *Research Misconduct* means Fabrication, Falsification, or Plagiarism in proposing or performing research, reviewing research, or in reporting research results when these acts involve a person who, at the time of the alleged misconduct, was employed by, was an agent of, or was affiliated by contract or agreement with CSUB. Research Misconduct does not include honest error or differences of opinion. A finding of Research Misconduct made under this Policy requires that: (a) there be a significant departure from accepted practices of the relevant research community; (b) the misconduct be committed intentionally, knowingly, or recklessly; and (c) the Allegation be proven by a Preponderance of the Evidence.

29.~~18~~. *Research Misconduct Proceeding* means any action related to alleged Research Misconduct taken under this Policy, including but not limited to, determinations of whether or not an Inquiry is warranted, Inquiries, Investigations, and regulatory agency or research sponsor oversight reviews, hearings, and administrative appeals. For PHS funded projects, Research misconduct proceeding means any actions related to alleged research misconduct taken under 42 CFR Part 93, including allegation assessments, inquiries, investigations, ORI oversight reviews, and appeals under subpart E of 42 CFR Part 93.39.

30.~~19~~. *Research Record* ~~means the record of data or results that embody the facts resulting from a research inquiry, including, but not limited to, research proposals, laboratory records, both physical and electronic, progress reports, abstracts, theses, oral presentations, internal reports, journal articles, and any documents and materials provided in the course of a Research Misconduct Proceeding.~~ Research record means the record of data or results that embody the facts resulting from scientific inquiry. Data or results may be in physical or electronic form. Examples of items, materials, or information that may be considered part of the research record include, but are not limited to, research proposals, raw data, processed data, clinical research records, laboratory records, study records, laboratory notebooks, progress reports, manuscripts, abstracts, theses, records of oral presentations, online content, lab meeting reports, and journal articles.

31.~~20~~. *Respondent* means the person against whom an Allegation of Research Misconduct is directed or who is the subject of a Research Misconduct Proceeding.

32.~~21~~. *Retaliation* means an adverse action taken against a Complainant, witness, or other participant in a Research Misconduct Proceeding in response to (a) a good faith Allegation of Research Misconduct, or (b) good faith cooperation with a Research Misconduct Proceeding.

33.~~22~~. *School* means an educational unit of the University, including all research centers and institutes.
Small institution. Small institution means an institution that may be too small to conduct an inquiry or investigation into an allegation of research misconduct as required by 42 CFR Part 93

without actual or apparent conflicts of interest.

34. Suspension and Debarment Official. Suspension and Debarment Official or SDO means the HHS official authorized to impose suspension and debarment, which are the actions that Federal agencies take to disqualify persons deemed not presently responsible from doing business with the Federal Government.

35. ~~23~~. *University* means the California State University, Bakersfield (CSUB), including the CSUB Auxiliary for Sponsored Program Administration, and the CSUB Foundation.

IV. Statement of Policy

It is the policy of the California State University, Bakersfield, that all research and/or scholarly activity conducted by members of the University community adhere to the highest attainable ethical and moral standards, and comply with federal and other government regulations, and guidelines required by external sponsors, governing the disposition of Allegations of Research Misconduct.

V. Statement of Requirements

A. **Accountability:** The administration, faculty, students, and staff of the University share responsibility for promoting and preserving the integrity of research and scholarly activity, and for holding members of the University community accountable to this policy. Such accountability requires that there be appropriate University procedures by which allegations of misconduct in research and scholarly activity may be fairly and thoroughly examined to expose and correct misconduct, and to protect the researcher, scholar, and other members of the University community against false charges. It also requires that such procedures contain appropriate measures to protect from reprisal those individuals who, in good faith, wish to bring forward evidence of improper conduct, ensuring that all allegations of research misconduct will be reviewed fairly and accurately, and ensuring that scholarship and research performed under the auspices of CSUB meet the standards of academic integrity and truth expected by the academic community. For PHS funded projects, the institution will respond to each allegation of research misconduct under 42 CFR Part 93 in a thorough, competent, objective, and fair manner. The Institution will take all reasonable and practical steps to ensure the cooperation of respondents and other institutional members with research misconduct proceedings, including, but not limited to, their providing information, research records, and other evidence. The institution agrees to cooperate with ORI during any research misconduct proceeding or compliance review, including addressing deficiencies or additional allegations in the institutional record if directed by ORI and to assist in administering and enforcing any HHS administrative actions imposed on

institutional members. The institution may also take steps to manage published data or acknowledge that data may be unreliable.

B. **Applicability:** This Policy establishes the procedures to be followed by the University in responding to any Allegation that University faculty, staff, post-doctoral associates, and/or students, whether paid by the University or through other funding sources, may have engaged in Research Misconduct. It will be used, at the discretion of the Provost, to respond to any Allegation of Research Misconduct. It applies to all research and scholarly activity conducted by University faculty, staff, post-doctoral associates, and/or students, regardless of the academic discipline of the researcher or the sponsorship or source of support for the research. This Policy does not supersede or establish an alternative to any existing University or governmental regulations, procedures, or policies regarding fiscal improprieties, conflicts of interest, ethical treatment of human or animal subjects, or criminal matters, all of which remain in effect.
This policy, and the procedures established pursuant to it, do not apply to (a) authorship or credit disputes; (b) conduct which deviates from institutional or governmental standards to protect the safety and well-being of human subjects, animals, or the laboratory work environment; (c) scholarship or research performed by a student for academic credit while not working on a project funded by an external research sponsor and not otherwise engaged to perform services for the University; or (d) misuse of funds dedicated to support research or scholarship.

C. **Public Health Service (PHS) Requirements:** When the procedures established through this policy are being used to carry out CSUB's responsibilities under the PHS regulations, they apply only in the following situations:

(1) PHS-supported biomedical or behavioral research, research training or activities related to that research or research training, such as the operation of tissue and data banks and the dissemination of research information;
(2) applications or proposals for PHS support for biomedical or behavioral research, research training or activities related to that research or research training; or
(3) plagiarism of research records produced in the course of PHS-supported research, research training, or activities related to that research or research training. This includes any research proposed, performed, reviewed, or reported, or any research record generated from that research, regardless of whether an application or proposal for PHS funds resulted in a grant, contract, cooperative agreement, or other form of PHS support.

- Further, these procedures apply only to Research Misconduct alleged to have occurred within six (6) years of the date CSUB receives an allegation, except to the extent the respondent continues or renews any incident of alleged research misconduct that occurred

before the six-year limitation (for example, through citation, republication or reuse of the research record), or if it is determined that the alleged misconduct could have a substantial adverse effect on the health or safety of the public. For PHS funded projects, the six-year time limitation does not apply if the respondent continues or renews any incident of alleged research misconduct that occurred before the six-year period through the use of, republication of, or citation to the portion(s) of the research record alleged to have been fabricated, falsified, or plagiarized, for the potential benefit of the respondent ("subsequent use exception"). For alleged research misconduct that appears subject to this subsequent use exception, but CSUB determines is not subject to the exception, the institution will document its determination that the subsequent use exception does not apply and will retain this documentation for the later of seven years after completion of the institutional proceeding or the completion of any HHS proceeding.

- The six-year time limitation also does not apply if ORI or CSUB, following consultation with ORI, determines that the alleged research misconduct, if it occurred, would possibly have a substantial adverse effect on the health or safety of the public.
- These policies and procedures do not supersede or establish an alternative to the PHS regulation or any existing regulations for handling research misconduct involving non-PHS supported research. They do not replace the PHS regulation, and in case of any conflict between this document and 42 CFR Part 93, the PHS regulation will prevail. They are intended to enable CSUB to comply with the requirements of the PHS regulation.

D. **Responsibility to Report Misconduct:** All members of the CSUB community have the responsibility to report observed, suspected, or apparent research misconduct to the RIO. Any other University official who receives an allegation of research misconduct must report it immediately to the RIO. Reports may be made to the RIO by telephone, electronic means, writing in hard-copy, or in-person meeting.

   Individuals from outside the University (including other scientists, journal editors, or research subjects) should also report to the RIO any allegations of research misconduct involving persons employed by or affiliated with CSUB.

E. **Prohibition of Retaliation for Reporting in Good Faith:** Allegations should not be made capriciously, but evidence of misconduct should not be ignored. An individual with information indicating misconduct in scholarship or research should be able to report in good faith such allegations without retribution. This policy prohibits retaliation by the University or one of its members against a complainant because of his or her good faith reporting of an allegation or involvement in an inquiry or investigation. Members of the CSUB community should immediately report any alleged or apparent retaliation to the RIO. Conversely, an individual who makes an allegation that is not in good faith may be referred to the Provost for administrative action.

F. **Confidentiality:** Because of the potential jeopardy to the reputation of the individual(s) against whom allegations of misconduct have been made, the reporting of allegations and the following procedures for investigating them should be handled with care to

avoid unnecessary disclosure of the identity of respondents, complainants, and research subjects to the maximum extent consistent with the obligations of the University to the academic and scientific community and to any sponsors and external institutions that have provided support for the research.

G. **Disclosure of Complainant's Identity:** The RIO may disclose the identity of the complainant to the respondent ***if*** such disclosure is necessary in order for the respondent to be able to defend him- or herself against the charges. Therefore, if a potential complainant wishes to have confidential discussions and consultations about concerns of possible misconduct with an assurance of complete confidentiality, he/she is encouraged to speak with the University Ombudsperson, who does not act as an agent for the University and who can provide confidential informal advice to the potential complainant about options for reporting. All contacts, records and communication with Ombudsperson are confidential within State laws and CSU policies. See Ombudsperson | California State University, Bakersfield~~http://www.csub.edu/counselingcenter/ombudsman/ .~~

H. **Cooperation with Research Misconduct Proceedings:** Members of the CSUB community will cooperate with the RIO and other institutional officials in the review of allegations and in the conduct of Inquiries and Investigations. Institutional members, including respondents, have an obligation to provide evidence relevant to Research Misconduct Allegations to the RIO or other institutional officials.

I. **Interim Administrative Actions and Notifications:** Throughout the research misconduct proceeding, the RIO will review the situation to determine if there is any threat of harm to public health, funds and equipment, or the integrity of the research process. In the event of such a threat, the RIO will, in consultation with the Provost, other institutional officials, and the appropriate funding agency, take appropriate interim action to protect against any such threat. Interim action might include additional monitoring of the research process and the handling of funds and equipment, reassignment of personnel or of the responsibility for the handling of funds and equipment, additional review of research data and results or delaying publication. The RIO in consultation with the Provost shall, at any time during a research misconduct proceeding, notify the appropriate funding agency immediately if he/she has reason to believe that any of the following conditions exists:

- Health or safety of the public is at risk, including an immediate need to protect human or animal subjects;
- Funding agency resources or interests are threatened;
- Research activities should be suspended;
- There is a reasonable indication of possible violations of civil or criminal law;
- Funding agency action is required to protect the interests of those involved in the research misconduct proceeding;

• The research misconduct proceeding may be made public prematurely and agency action may be necessary to safeguard evidence and protect the rights of those involved; or

• The research community or public should be informed.

J. **Restoration of the Respondent's Reputation:** If at the end of an investigation, misconduct has not been found, any necessary efforts will be made by the RIO or the Provost, as appropriate, to restore the reputations of individual(s) alleged to have engaged in misconduct.

K. **Determination of Personnel Action:** If at the end of an investigation, misconduct has been found, the Provost in consultation with the University's Legal Affairs Designee, will make a determination of appropriate personnel action to be taken. Appropriate personnel action, including discipline, is governed by California law, university policies, and applicable collective bargaining agreements.

VI. Statement of Procedures

In implementing the processes and procedures established pursuant to this policy, the University and each review committee shall maintain a clear distinction between Inquiry and Investigation: An Inquiry is intended to be a preliminary process leading to a decision that there are, or are not, sufficient grounds to conduct an Investigation. An Investigation is the process that may result in a finding of misconduct.

Consistent with the provisions of this Policy, CSUB's procedure for responding to Allegations of Research Misconduct will consist of at least three distinct phases:

1. ***Allegation.*** When an Allegation is received, the RIO assesses whether the allegation falls under the definition of Research Misconduct and is sufficiently credible and specific so that potential evidence of research misconduct may be identified. If these criteria are met, the Provost will establish and charge an Inquiry Committee. The RIO will oversee the sequestration of original documents and materials if necessary to protect the integrity of the proceedings.

2. ***Inquiry.*** The Inquiry Committee determines whether the Allegation of misconduct provides a sufficient basis to warrant conducting an Investigation. The outcome of an Inquiry is not a finding of guilt, but is a finding that the grounds to proceed to an investigation are either present or absent. The Inquiry Committee will submit a written report of its findings to the RIO, as specified in the University's *Procedure for the Disposition of Allegations of Research Misconduct.*

3. ***Investigation.*** An Investigation is a more exhaustive review of the Allegation: the outcome of an Investigation may be a finding by the University that a researcher is guilty of misconduct and that sanctions are in order, or that a researcher is not guilty of misconduct. If the outcome of an Inquiry is a determination that there is a basis for an Investigation, the Provost will establish and charge an Investigation Committee. Sponsors of research and editors of journals and others may have to be notified about the investigation.

Upon completion of the investigation, the Investigation Committee will submit a written report of its findings to the Provost, as specified in the University's *Procedure for the Disposition of Allegations of Research Misconduct.*

The Provost, in consultation with the RIO and other University officials, will take appropriate action to respond to and dispose of the Allegation of Research Misconduct, in accordance with applicable collective bargaining agreements, CSU and governmental regulations, and other external funding agency agreements. Records of all Research Misconduct Proceedings shall be maintained by the RIO for at least seven years.

Detailed information on the procedure for responding to Allegations of Research Misconduct is available in a separate document, *Procedure for the Disposition of Allegations of Research Misconduct*, and on the GRaSP website.