

ULM Policy Name: Revised Misconduct Policy
Effective Date: 5/15/13
University Division: Academic Affairs, OSPR

Cognizant Agency: National Institutes of Health (NIH)
Effective Period: 5/15/2013 to 5/15/15

Table of Contents:

<i>ULM Policy Name: Misconduct Policy Effective Date: 5/15/13</i>	<i>1</i>
<i>University Division: Academic Affairs</i>	<i>1</i>
1. Introduction	3
<i>1.1. Rationale for ULM Misconduct Policies</i>	<i>3</i>
<i>1.2. Scope of the ULM Misconduct Policy</i>	<i>3</i>
<i>1.3. Prevention</i>	<i>4</i>
2. Definitions and Roles	5
3. General Policies and Procedures	8
<i>3.1. Summary of Process of Response to Allegations of Scientific Misconduct</i>	<i>8</i>
<i>3.2. Whistleblowing</i>	<i>9</i>
<i>3.3. Responsibility to Report Misconduct</i>	<i>10</i>
<i>3.4. Expectation of Cooperation with Inquiries and Investigations</i>	<i>10</i>
<i>3.5. Protecting the Whistleblower</i>	<i>11</i>
<i>3.6. Protecting Vulnerable Whistleblowers</i>	<i>12</i>
<i>3.7. The Respondent: Obligations and Rights</i>	<i>12</i>
<i>3.8. Protecting the Respondent</i>	<i>13</i>
<i>3.9. Termination of Inquiry or Investigation and Time Extension</i>	<i>13</i>
<i>3.10. Additional Hearing Issues</i>	<i>13</i>
4. Procedures: Preliminary Assessment of Allegations	14
5. Procedures: Conducting the Inquiry	15
<i>5.1. Initiation and Purpose of the Inquiry</i>	<i>15</i>
<i>5.2. Charge to the Inquiry Committee and the First Meeting</i>	<i>15</i>
<i>5.3. Inquiry Process</i>	<i>16</i>

5.4. <i>The Inquiry Report</i>	16
5.5. <i>Inquiry Decision and Notification</i>	16
6. Procedures: Conducting the Investigation	17
6.1. <i>Sequestration of the Research Records</i>	17
6.2. <i>Appointment of the Investigation Committee</i>	17
6.3. <i>Charge to the Investigation Committee and the First Meeting</i>	18
6.4. <i>The Investigation Process</i>	18
6.5. <i>Requirements for Reporting the Investigation to ORI</i>	18
6.6. <i>The Investigation Report</i>	19
7. Procedures: Institutional Review and Actions	20
7.1. <i>Deciding Official Determination</i>	20
8. Procedures: Respondent Appeal	21
9. Procedures: Post-Investigation	21
9.1. <i>Restoration of the Respondent's Reputation</i>	21
9.2. <i>Protection of the Whistleblower and Others</i>	21
9.3. <i>Allegations Not Made in Good Faith</i>	22
9.4. <i>Interim Administrative Actions and Record Retention</i>	22

1. Introduction

1.1. Rationale for ULM Misconduct Policies

The University of Louisiana at Monroe is strongly committed to personal and institutional integrity. The need for integrity is particularly imperative in the sciences. The scientific enterprise is based on shared values of trust and the assumption of honesty. Scientists necessarily must build on the findings and efforts of other researchers, most of whom they will never know or see. For science to progress, its work must be conducted with as much openness as possible, without deliberate distortion or deceitfulness.

Failure to follow the routine and acceptable standards of scientific practice and integrity may have devastating consequences. There are many catastrophic examples where fraudulent or deliberately misapplied science had severe, immensely costly, and even fatal results. In order to protect the public and to continue the progress of science, scientists must practice honesty, integrity, and vigilance. Moreover, institutions that sponsor or are affiliated with scientific research must maintain that same commitment.

Scientific misconduct is particularly damaging to an institution such as our own. At larger institutions, misconduct may not be especially dispiriting, because of the number of researchers and the comparative abundance of resources. However, in a university the size of ULM, misconduct is much more of a community and personal violation. Researchers know one another, often quite well. We share students, divide scarce resources, may lecture together, and sometimes have the same lab spaces. We trust each other. Once this trust is violated, the experience of misconduct can have devastating results.

The University of Louisiana at Monroe not only realizes the importance of scientific integrity, but also the significance of protecting people who detect actions that may suggest scientific misconduct. Accounts of unjustified repercussions towards these people are often chilling. The institution is strongly committed to protecting these whistleblowers, people who act in good faith in their attempts to make responsible parties aware of scientific misconduct. The policy discussed on the following pages indicates the extent to which ULM takes its obligation to protecting whistleblowers seriously.

1.2. Scope of the ULM Misconduct Policy

This policy and the associated procedures apply to all individuals at the University of Louisiana at Monroe who are engaged in empirical research. Of particular concern is research that is supported by or for which funding is requested from the Public Health Service (PHS; see below for a definition.) The PHS regulation at 42 C.F.R. Part 50, Subpart A applies to any research, research-training, or research-related grant or cooperative agreement with PHS.

It is the policy of the University of Louisiana at Monroe to follow the PHS requirements and associated procedures for all scientific research, whether funded by PHS, other funding agencies, or not externally funded. Therefore, the current policy here, with a few exceptions noted below, applies to any person engaged in scientific research paid by, under the control of, or affiliated with the institution. This may include academics, scientists, undergraduate or graduate students,

technicians, and other staff members, or collaborators at or with the University of Louisiana at Monroe.

Empirical research covered by this policy is not limited to people who collect data. Included are literature reviews, meta analyses, statistical reanalysis of primary data sets, and related methodologies.

Not included in this policy is research in the non-science areas, specifically humanities and arts. This is not to dismiss the potential for misconduct in these areas. However, other university policies, such as that directed against plagiarism, may be more relevant. Interested parties are encouraged to consult the Faculty Handbook, the University's database, the Office of Academic Affairs, and the Office of Sponsored Programs and Research (OSPR) with questions.

Sexual harassment, and discrimination based on race, ethnicity, country of origin, religion, and sexual orientation are strictly forbidden at ULM. However, in general, these areas are covered in other policies and procedures, unless a key item in their hypothetical occurrence involves scientific misconduct, as discussed below. If there is any question regarding applicable procedures, please contact the Vice President for Academic Affairs, Dr. Eric Pani, or Dr. Bill McCown, Interim Director, Office of Sponsored Programs and Research (OSPR).

This policy and associated procedures will normally be followed when an allegation of possible misconduct in science is received by any institutional official. Particular circumstances in an individual case may require variation from the normal procedure. This may occur for the best interest of the whistleblower, the University of Louisiana at Monroe and, where relevant, the PHS. The policy may also be changed at the request of PHS. Any change from normal procedures must ensure fair treatment to the subject of the inquiry or investigation. Significant variation should be approved in advance by Dr. McCown and by Dr. Pani or a designated subordinate approved by the University President, Dr. Nick Bruno.

1.3. Prevention

ULM believes that prevention of scientific misconduct is ultimately more effective than after-the-fact efforts. We do not believe that misconduct is likely to occur suddenly in otherwise responsible individuals. Instead, misconduct is likely to be complex social-behavioral phenomena that can often be avoided. Education is the first step for prevention. The university has redoubled its efforts to ensure that all investigators receive appropriate, relevant, and more frequent training in the prevention and consequences of scientific misconduct.

All faculty undertaking research are required to successfully complete an appropriate course on the Responsible Conduct of Research available through the Collaborative Institutional Training Initiative (CITI) before beginning work on the project. Separate training modules exist for Biological/Biomedical, Social and Behavioral, and Physical Science. The Office of Sponsored Programs (OSPR) and Research and the project's Principal Investigator are to be provided documentation of the successful completion of this course.

OSPR will maintain records of the individuals, including undergraduates and graduate students, as well as staff and faculty, who have completed ethics training. OSPR will notify principal investigators two months before the date when their project's personnel must renew their training.

OSPR will also conduct ethics and misconduct workshops when requested by ULM personnel and, in conjunction with the Research Council, will maintain this plan. Beyond this, however, prevention is perhaps most likely when the university's scientific community affirms a culture of honesty, introspection, and expectations of colleague responsibility.

To facilitate prevention, we encourage researchers to preserve raw and other forms of data, with copies placed in multiple locations. The ULM Graduate School and Office of Sponsored Programs and Research will gladly scan and house any researcher's data for as long as she or he desires. This includes laboratory manuals, computer records, print outs, and other relevant material. This may help the researcher if he or she is called on to produce records or data and may also prevent inadvertent or other problems with future data analysis and interpretation.

2. Definitions and Roles

The following definitions are closely modeled on the "PHS Model Policies for Responding to Allegations of Scientific Misconduct." Modifications reflect the specific needs of the University of Louisiana at Monroe, its researchers, students, and its constituents. Members of the university community should consult any staff of the OSPR (telephone (318) 342-1039; email OSPR@ulm.edu) if they have questions or suggestions regarding the inclusiveness of these definitions.

Definitions:

- 2.1.** *Allegations* are any written or oral statement or other indication of possible scientific misconduct made to an institutional official.
- 2.2.** *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.
- 2.3.** *Good faith allegation* means an allegation made with the honest belief that scientific misconduct may have occurred. An allegation is not in good faith if it is made with reckless disregard, malice, or willful ignorance of facts that would disprove the allegation.
- 2.4.** *Inquiry* means gathering information and initial fact-finding to determine whether an allegation or apparent instance of scientific misconduct warrants an investigation. The inquiry phase occurs before the investigation, described below.
- 2.5.** *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.
- 2.6.** *PHS* means the U.S. Public Health Service, an operating component of the DHHS.
- 2.7.** *PHS regulation* means the Public Health Service regulation establishing standards for institutional inquiries and investigations into allegations of scientific misconduct, which is set forth at 42 C.F.R. Part 50, Subpart A, entitled "Responsibility of PHS Awardee and Applicant Institutions for Dealing with and Reporting Possible Misconduct in Science."
- 2.8.** *PHS support* means PHS grants, contracts, or cooperative agreements or applications.
- 2.9.** *Research record* means any data, document, computer file, computer diskette, hard drive, cloud storage, 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 scientific misconduct. A research record may include, though 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; emails, grade books; web sites; tweets and other social media; telephone logs; laboratory procurement records; animal facility records; human and animal subject protocols; consent forms; building and laboratory access information; medical charts; and patient research files.

2.10. *Retaliation* means any action that adversely affects the employment, academic status, professional reputation, or other institutional status of an individual or his or her family that is taken by an institution or an employee because the individual has in good faith, made an allegation of scientific misconduct or of inadequate institutional response thereto or has cooperated in good faith with an investigation of such allegation. Direct or veiled threats of psychological or physical harm or of career standing outside of the institution to an individual, family, or friends may be considered retaliation.

2.11. *Scientific misconduct or misconduct in science* means fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting, or reporting research, soliciting external funds, or interacting with the public. Intentional deviations from research protocol approved by the Institutional Review Board without notification to the Board may constitute misconduct. Conducting research without approval of the Institutional Review Board may constitute misconduct. Materially misrepresenting the research protocol to the Institutional Review Board or other internal review boards may constitute scientific misconduct. This includes substantially altering an animal research protocol without obtaining permission from the Institutional Animal Care and Use Committee (IACUC).

Misconduct does not include honest error or honest differences in interpretations or judgments of data, or even reasonable disagreements regarding authorship and relative contributions to manuscripts, grants, and research. However, the University of Louisiana at Monroe holds that it may include practices that are outside of the recognized normal behavior of scientists, which could lead to this collection or misinterpretation of data or results. An example might be consistent failure to supervise students conducting critical experiments or placing overt or subtle pressure on similar students or employees to produce findings congruent with expected hypotheses.

Roles:

2.12. *Deciding Official* means the institutional official who makes final determinations about allegations of scientific misconduct and any responsive institutional actions. At the University of Louisiana, the Deciding Official will not be the same individual as the Research Integrity Officer, described below, and should have no direct prior involvement in the institution's inquiry, investigation, or allegation assessment.

- 2.13.** *Inquiry Committee* is a standing committee that formally examines basic evidence and produces a report with their findings of the likelihood of scientific misconduct. The Inquiry Committee must consist of individuals who do not have real or apparent conflicts of interest in the case, are unbiased, and have the necessary expertise to evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, and conduct the inquiry. If the committee members believe that they cannot be fair and impartial, they must recuse themselves from committee participation. The Inquiry Committee is chaired by the head of the Research Council. Other members include the: 1. Chair of the Graduate Council, 2. Chair of the Institutional Review Board, 3. Chair of the Animal Institutional Review Board, and 4. Two other members with scientific research expertise appointed by the Vice President for Academic Affairs for a one year tenure.
- 2.14.** *Investigation Committee* is to evaluate the evidence and testimony of the respondent, whistleblower, and key witnesses to determine whether, based on a preponderance of the evidence, scientific misconduct occurred and, if so, to what extent, who was responsible, and its seriousness. The Investigation Committee should consist of at least seven members, all of which are unbiased and who do not have real or apparent conflicts of interest in the case. These individuals will be chosen for expertise in the areas involved, necessary to evaluate the evidence and issues related to the allegations, interview the principals and key witnesses, and conduct the investigation. These individuals may be scientists, administrators, subject matter experts, lawyers, or other qualified persons, and they may be from inside or outside the institution. Individuals appointed to the investigation committee may *not* have served on the Inquiry Committee. In cases where the respondent is a student, he or she has the right to a neutral representative appointed by the President of the ULM Student Government Association.
- 2.15.** *Office of Research Integrity (ORI)* means the office within the U.S. Department of Health and Human Services (DHHS) that is responsible for the scientific misconduct and research integrity activities of the U.S. Public Health Service. The University of Louisiana at Monroe fully cooperates with ORI and DHHS in conducting inquiries regarding allegations of scientific misconduct.
- 2.16.** *Research Integrity Officer (RIO)* means the institutional official responsible for assessing allegations of scientific misconduct and determining when such allegations warrant inquiries and for overseeing inquiries and investigations. Dr. Bill McCown is the current Research Integrity Officer.
- 2.17.** *Respondent* means the person against whom an allegation of scientific misconduct is directed or the person whose actions are the subject of the inquiry or investigation. This may include people who reasonably should have had knowledge of alleged scientific misconduct, but through deliberate action, made sure that they were not aware. There can be more than one respondent in any inquiry or investigation.
- 2.18.** *Sanctions Hearing Committee* will assist in determining appropriate administrative actions against individuals when an allegation of misconduct has been substantiated. The Sanctions Hearing Committee will be composed of appointees by deans from each of the colleges if the respondent is a faculty member, student, or otherwise is included in

Academic Affairs. Or, if the person is a classified or unclassified employee, members will be selected by Dr. Steve Richters, Executive Vice President.

- 2.19.** *Whistleblower* means a person who makes an allegation of scientific misconduct. Most often, though not always, identification of allegations of scientific misconduct begins with a within-house whistleblower. Exceptions may occur when members of the public or other extra institutional professionals raise concern.

3. General Policies and Procedures

3.1. Summary of Process of Response to Allegations of Scientific Misconduct

In summary, the process of response to allegations of scientific misconduct may involve as many as three consecutive phases. The first is an initial Preliminary Assessment of Allegations, conducted by the Research Integrity Officer. If the Research Integrity Officer decides that there is sufficient evidence, he or she will refer the case to the Inquiry Committee, a standing committee that formally examines basic evidence and produces a report. If the Inquiry Committee decides that there may be a likelihood of scientific misconduct, then the President of the University, Dr. Nick Bruno will appoint an Investigation Committee. This group will be charged by the Research Integrity Officer, but will report to the Vice President for Academics, who will act as the Deciding Official. The Deciding Official will coordinate the Institution's response both internally and with external agencies, including DHS. In order to maintain objectivity, neither the Research Integrity Officer nor the Deciding Official will participate in the selection of the Investigation Committee.

Dr. Bill McCown, Interim Director, Graduate Studies and Office of Sponsored Programs, or his successor, is the designated Research Integrity Officer. He has primary responsibility for taking whistleblower testimony, viewing initial, and determining whether there is sufficient evidence to recommend further consideration by the Inquiry Committee.

Dr. McCown will also assist the Inquiry and Investigation Committees in fulfilling their mandates. He is responsible for maintaining files of all documents and evidence and for the confidentiality and the security of the files, since it is incumbent upon the Research Integrity Officer to make every reasonable assurance regarding confidentiality. His attendance at the Inquiry and Investigation Committees will be based on the Committees' pleasure. He shall be available to assist them in any manner possible.

In the case of allegations of misconduct where there is PHS funding, the Research Integrity Officer will initially report to ORI, as required by federal regulation. He will keep ORI apprised of any developments during the course of the inquiry or investigation that may affect current or potential DHHS funding for the individual(s) under investigation. He will also notify PHS to ensure appropriate use of Federal funds and otherwise protect the public interest. In cases of allegation of misconduct involving funding sources other than PHS, Dr. McCown will make a relevant preliminary report to appropriate funding agencies who may be involved, so that they may determine appropriate action, if any. This report will also be made to the Executive Vice President, Dr. Stephen Richters (note, not to Dr. Pani, since he is the Deciding Official) and may not be appealed.

An investigation should ordinarily be completed within 120 days of its initiation, with the initiation being defined as the first meeting of the investigation committee. This includes conducting the investigation, preparing the report of findings, making the draft report available to the subject of the investigation for comment, submitting the report to the Deciding Official for approval, and submitting the report to the ORI.

3.2. Whistleblowing

Generally, initial preliminary assessment of allegation of scientific misconduct begins when a whistleblowing individual raises concerns.

At any time, an employee may have confidential discussions and consultations about concerns of possible misconduct with the Research Integrity Officer. The University maintains an “open door” policy of hearing these complaints. Usually, an appointment is not necessary. If a person wishes to schedule an appointment, he or she can be generally be accommodated within 24 hours of their inquiry to OSPR and responses to calls can be made during nonbusiness hours, if the caller desires. The OSPR will also meet potential whistleblowers off campus or outside of business hours if they feel more at ease with such meetings.

The potential whistleblower will be asked whether he or she is comfortable with Dr. McCown taking notes. If not, no notes will be taken, nor will there be any recording made. The decision is entirely up to the whistleblower, as is the time and location of the meeting. The whistleblower will be encouraged to take notes and to record the meeting if he or she desires. Under no circumstances will the purpose of this meeting be made known to anyone else, unless the whistleblower requests. Extremely rare exceptions occur when the whistleblower presents concern that someone is in danger to self, others, or physically, sexually, or emotionally abusing others, as defined by Louisiana law. At this point, the Research Integrity Officer must notify the State Police and other authorities, as appropriate.

We encourage people to discuss situations involving possible misconduct in any format in which they are most comfortable. They may, for example, discuss events as completely hypothetical occurrences. There will be no assumption that the alleged occurrences are any but hypothetical. Potential whistleblowers may also wish to remain completely anonymous in other formats. They may want to use an anonymous email account, and perhaps may choose to use a pseudonym. If they are particularly uncomfortable, they may discuss their concerns with a third and neutral party who may relay it to the Research Integrity Officer. The decision whether a person is comfortable reporting scientific misconduct does not have to be immediately made. An individual may wish to discuss the situation for number of meetings with the Research Integrity Officer and reach their decision slowly and after deliberation. The OSPR maintains a Gmail account with a link now posted on the OSPR web page, where emails can be sent, avoiding the University’s server system (ULMresearchquestions@gmail.com). This makes the user’s ISP routinely untraceable to all but Federal Court order. Services to assist in sending a more completely anonymous email through a free service can be found at numerous places on the internet, such as <http://theanonymousemail.com> or www.5ymail.com.

People may also speak with OSPR by phone. If someone is unsure whether a suspected incident falls within the definition of scientific misconduct, he or she may call the Research Integrity

Officer Misconduct Hotline at (318) 342 1478 to discuss the suspected misconduct informally, and if he or she chooses, anonymously and hypothetically. Unless the hypothetical event involves the possibility of an imminent harm to someone, as defined by Louisiana and federal law, whistleblowers have assurance that the institution will not seek information beyond which they are willing to furnish. Contact may also be via Skype or other internet methods.

If whistleblowers wish to consult with or bring legal counsel, then this is allowed and they are encouraged to do so. Whistleblowers may terminate conversations with OSPR at the advice of Counsel.

If the circumstances described by the individual do not meet the definition of scientific misconduct, Dr. McCown or future Research Integrity Officer will refer the individual or allegation to other offices or officials with responsibility for resolving the problem. Responsible people may include academic deans, supervisors, Human Resources, or relevant vice presidents. These may also include the Research Council, the Institutional Animal Care and Use Committee, the Graduate Council, the University Curriculum Committee or other similar committees. It may be necessary for Dr. McCown to consult with the Louisiana System Attorney before proceeding. If this judgment is made, the whistleblower will be informed of the delay.

The University maintains a *vigorous* policy of attempting to ensure that there are no repercussions for inquiry regarding whether activities are potential scientific misconduct. Any adverse consequences to inquirers shall be taken as seriously as those for whistleblowers (please see below).

3.3. Responsibility to Report Misconduct

All employees or individuals associated with the University of Louisiana at Monroe should report observed, suspected, or apparent misconduct in science to Dr. McCown, their appropriate supervisor or academic Dean, administrative head, or Vice Presidents' offices.

Because of previous cases of retribution at other institutions, the University does not reprimand or punish individuals whom it deems should have known and reported allegations of scientific misconduct, unless failure to do so was related to a failure to perform employment tasks, gross negligence, willful misconduct, or part of a cover up. The Vice President for Academic Affairs may change this policy at any time. However, the Vice President will publish these changes and make them available for the University community prior to implementation.

The University will not force a potential whistleblower to bring an initial allegation of misconduct if he or she believes in good faith that no actual scientific misconduct has actually occurred. This situation may happen when the whistleblowing individual, changes his or her mind and decides that the events that have occurred do not constitute scientific misconduct. For example, this could occur after reflection, clarification of circumstances, or reiterations of current nomenclatures and definitions.

3.4. Expectation of Cooperation with Inquiries and Investigations

ULM is committed to protecting innocent employees (see below.) However, institutional employees are expected to cooperate with the Research Integrity Officer and other institutional officials in the review of allegations and the conduct of inquiries and investigations. Employees

have an obligation to provide relevant evidence to the Research Integrity Officer or other institutional officials on misconduct allegations. Cooperation with inquiries and investigations is considered as part of research-related employment. It is also considered as part of participation in the process of approval from the Institutional Review Board. Regardless of the outcome of any initial finding, investigation, or inquiry, lack of cooperation with an investigation may be subject to further personnel action, including possible suspension, academic demotion, or termination.

3.5. Protecting the Whistleblower

The University of Louisiana at Monroe *vigorously* protects the rights and monitors the treatment of individuals who bring allegations of misconduct or of inadequate institutional response thereto, and those who cooperate in inquiries or investigations.

The Research Integrity Officer will ensure that these persons will not be retaliated against in the terms and conditions of their employment or other status at the institution and will review instances of alleged retaliation for appropriate action. The Louisiana Whistleblower Protection for Public Employees Freedom from Reprisal for Disclosure of Improper Acts LSA-R.S.42:1169 protects public employees who report information which they reasonably believe is a violation of any provision of the law or any other acts of impropriety related to the scope or duties of public employment to their agency heads, the Louisiana Board of ethics, or any person or entity of competent authority or jurisdiction. Any public employee who reports a potential violation shall be free from discipline a reprisal from his employer. This law is enforced by the Louisiana Board of Ethics. A public employee who is wrongfully suspended, demoted, or dismissed due to the reporting of any act of wrongdoing shall be entitled to reinstatement of his employment, as well as the receipt of any lost income or benefits. This act defines "public employee" as anyone who works for or under the supervision of an employee of a governmental entity. Persons who violate this provision may be censured by the Louisiana Board of Ethics and removed, suspended, demoted and/or ordered to pay a fine of up to \$10,000.

Attempts towards or possible actions that may be associated with retaliation will be immediately turned over to the Office of the President (in the case of a student), or the Director, Human Resources (in case of an employee) and will be dealt with most severely. Individuals attempting retaliation may be subject to state and federal civil and criminal penalties. It is the policy of the University of Louisiana at Monroe to cooperate with all such external investigations to the fullest extent of the law.

Employees should immediately report any alleged or apparent retaliation to the Research Integrity Officer or to Mr. Freddie Baragona, Director, Human Resources. Students should immediately report such alleged or apparent retaliation to their relevant deans or to the Research Integrity Officer.

Deans are required to keep detailed notes of these complaints and report them to the Office of the President immediately. Copies of these notes will be sent to the OSPR, the Vice President for Academics, and to the President's Office.

The institution will attempt to protect the privacy of those who report misconduct in good faith and to the maximum extent possible. For example, if the whistleblower requests anonymity,

the institution will make an effort to honor the request during the allegation assessment or inquiry within applicable policies and regulations and state and local laws, if any. However, the whistleblower must be advised that if the matter is referred to an investigation committee and the whistleblower's testimony is required, anonymity may no longer be guaranteed.

3.6. Protecting Vulnerable Whistleblowers

The University of Louisiana at Monroe makes diligent efforts to protect the positions and reputations of all persons who, in good faith, make allegations of scientific misconduct. However, the institution realizes that specific groups of constituents may be highly vulnerable following good faith accusations and strives to provide them additional protection.

The University realizes that historically underrepresented minorities, people with disabilities, and women may often have an unfortunately tenuous role in the contemporary scientific community. When the internal whistleblower is a student who belongs to one of these groups, the Vice President for Student Affairs, Dr. Wendel Brumfield will be updated regarding the status of the investigation and its disposition. Dr. Brumfield is empowered to use all facilities from his office to ensure that the whistleblower does not receive retaliation or otherwise unfair conduct.

This does not abrogate the responsibilities of the particular students' relevant dean for applying all resources to protect the student.

When faculty and staff are whistleblowers, Mr. Freddie Baragona in the Office of Human Resources, will be apprised of the investigation on a biweekly basis. He will be responsible for overseeing an appropriate institutional response to prevent retaliation against protected classes and women.

The University realizes that international students are particularly vulnerable position because they may feel that their visas could be threatened if they were whistleblowers. The University recognizes its obligation to international students and their special status. If whistle blowing activity has disrupted mentoring of international students, then the Executive Vice President Stephen Richters, PhD, will work with students regarding potential immigration issues and finding a new faculty sponsor. In some cases, the careers of undergraduate or graduate students who were whistleblowers may have been substantially derailed to the point that the student may not continue favorably at the University of Louisiana at Monroe. In this case, Dr. Pani will contact sister institutions to attempt an appropriate academic transfer. In the case of international students, Dr. Pani will work with Dr. Richters to attempt to arrange a transfer to an appropriate sister institution in the state or elsewhere, if the student requests.

3.7. The Respondent: Obligations and Rights

The respondent will be informed of the allegations verbally, if part of the investigation, then in writing when an inquiry is opened and also notified in writing of the final determinations and resulting actions. The respondent will also have the opportunity to be interviewed by and present evidence to the inquiry and investigation committees, to review the draft inquiry and investigation reports, and to have the advice of counsel. At this stage of the inquiry the respondent does not have a guaranteed right of being present when a whistleblower is interviewed. Nor does he or she have a guaranteed right to cross examine a whistleblower. In some situations, to protect the identity of the

whistleblower, the Research Integrity Officer may decide that the identity should remain anonymous at this stage.

The respondent is responsible for maintaining confidentiality and cooperating with the conduct of an inquiry or investigation. *Any activity considered tampering with witnesses or records will be immediately reported, not only to DHS, but to relevant prosecutors for determination of grand jury action.*

3.8. Protecting the Respondent

The institution realizes that it must conduct a fair and objective evaluation to protect the respondent from unfair accusations, misunderstandings, and other cases where scientific misconduct is unfounded.

Inquiries and investigations will be conducted in a manner that will ensure fair treatment to the respondent(s) in the inquiry or investigation and confidentiality to the extent possible without compromising public health and safety or thoroughly carrying out the inquiry or investigation. Any member of an investigatory committee, or the Deciding or Responding Official who has a conflict of interest must disqualify her or himself. In this case, a replacement shall be appointed by the Office of the President.

As allowed by Louisiana law, anyone accused of scientific misconduct may consult with legal counsel or a non-lawyer personal adviser (who is not a principal or witness in the case) to seek advice and may bring the counsel or personal adviser to interviews or meetings on the case. However in no situation can the lack of counsel be used to prevent the investigation from proceeding in a timely manner. In cases where the Deciding or Research Integrity Officer believes it possible imminent danger to the public, faculty, or staff, then, the Research Integrity Officer, after consultation with the Louisiana System Attorney, may request that the Head of Human Resources suspend any employee as necessary, as outlined under University Human Resources guidelines.

3.9. Termination of Inquiry or Investigation and Time Extension

If an institution plans to terminate an inquiry or investigation for any reason without completing all relevant requirements of the PHS regulation, the Research Integrity Officer will submit a report of the planned termination to ORI, including a description of the reasons for the proposed termination.

If the institution determines that it will not be able to complete the investigation in 120 days, the Research Integrity Officer will submit to ORI a written request for an extension that explains the delay, reports on the progress to date, estimates the date of completion of the report, and describes other necessary steps to be taken. If the request is granted, the Research Integrity Officer will file periodic progress reports as requested by the ORI.

3.10. Additional Hearing Issues

In cases where the respondent is a student, he or she has the right to a neutral representative appointed by the President of the ULM Student Government Association.

The termination of the respondent's institutional employment, by resignation or involuntarily before or after an allegation of possible scientific misconduct has been reported, will not preclude

or terminate the misconduct procedures. If the respondent, without admitting to the misconduct, elects to resign his or her position prior to the initiation of an inquiry, but after an allegation has been reported, or during an inquiry or investigation, the inquiry or investigation will proceed. If the respondent refuses to participate in the process after resignation, the committee will use its best efforts to reach a conclusion concerning the allegations, noting in its report the respondent's failure to cooperate and its effect on the committee's review of all the evidence.

If the Research Integrity Officer, the Deciding Official, any potential committee member, or administrator is a co Principle Investigator or contractor/subcontractor with the respondent, they must disqualify themselves. If necessary, the University will seek assistance from other universities in the Louisiana system to conduct the inquiry.

If the Research Integrity Officer, the Deciding Official, or any potential committee member, feels that she or he cannot be objective, then they must also disqualify themselves prior to the investigation, or as soon as possible. Failure to do so may subject such persons to university sanctions.

4. Procedures: Preliminary Assessment of Allegations

Upon receiving an allegation of scientific misconduct, the Research Integrity Officer will immediately assess the allegation to determine whether there is sufficient evidence to warrant an inquiry and whether PHS support or PHS applications for funding are involved. If PHS funding is not involved, then the institution will continue the investigation, though without necessarily reporting results to the PHS, unless there is evidence that the investigator is in the process of applying for funds. In the case of PHS grant funding, the Research Integrity Officer may consult with ORI for advice and assistance in this regard. The Research Integrity Officer may also consult with appropriate University Counsel.

The Research Integrity Officer may also consult with an internal or external statistician or other expert in fraud to examine patterns of reported scientific data for evidence of possible fabrication or other misconduct. In this case, the statistician shall carefully weigh evidence and issue his or her conclusion in writing no more than 10 days after initial consultation.

After determining that an allegation may fall within the definition of misconduct in science, the Research Integrity Officer must ensure that all original research records and materials relevant to the allegation are immediately secured. Typically, he will contact the individual in question in person, face-to-face. As allowed by Louisiana law, this initial conversation may be audio taped. Any available records may be reproduced or placed in a format that they may be available to others. Depending on the judgment of the Integrity Officer, the initial visit may occur with academic dean, supervisor, or uniformed police from the University Police Department.

If the Research Integrity Officer believes that there is an imminent danger of destruction of records, he will request assistance from the academic Dean in securing the research site. This may include contact with the Institutional Veterinarian, the chair of IACUC, changing the locks, and temporarily barring the individual from specific locations or campus as deemed potentially necessary and appropriate. These decisions shall be made only after consultation with the changing dean and the ULM Police Department (UPD).

Additional steps that may be taken at this time may include immediate duplication of all notebooks, data sets, printouts, and other relevant materials, photographs and videoing of relevant laboratory space and record keeping systems, and other potentially important information.

If steps are taken to secure a data site, the Research Integrity Officer must justify them in writing to the President of the University within 24 hours.

5. Procedures: Conducting the Inquiry

5.1. Initiation and Purpose of the Inquiry

If the Research Integrity Officer believes that there is sufficient cause to continue investigation, he will notify the Deciding Official that he will be accessible to the Inquiry Committee. The purpose of the inquiry is to make a *preliminary evaluation* of the available evidence and testimony of the respondent, whistleblower, and key witnesses to determine whether there is sufficient evidence of possible scientific misconduct to warrant an investigation. In initiating the inquiry, the Research Integrity Officer should identify the original allegation and any related issues that should be evaluated. 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.

If the Committee requests, the Research Integrity Officer may add additional members who have expertise that the committee feels is useful. This may include internal or external experts, legal counsel, etc. In no case may the Committee be more than nine members.

If the respondent submits a written objection to any appointed member of the inquiry committee or expert based on bias or conflict of interest within three days, the Research Integrity Officer will determine whether to replace the challenged member or expert with a qualified substitute. However, at no time shall this request be used to interfere with the investigation. The respondent must submit any specific committee member objections initially and cannot do so continuously and throughout the Committee's investigation.

5.2. Charge to the Inquiry Committee and the First Meeting

The Research Integrity Officer will prepare a charge for the Inquiry Committee that describes the allegations and any related issues identified during the allegation assessment. The charge will state that the purpose of the inquiry is to make a preliminary evaluation of the evidence and testimony of the respondent, whistleblower, and key witnesses to determine whether there is sufficient evidence of possible scientific misconduct to warrant an investigation. The purpose is not to determine whether scientific misconduct definitely occurred or who was responsible.

At the committee's first meeting, the Research Integrity Officer will review the charge with the committee, discuss the allegations, any related issues, and the appropriate procedures for conducting the inquiry, assist the committee with organizing plans for the inquiry, and answer any questions raised by the committee. The Research Integrity Officer and institutional counsel will be available throughout the inquiry to advise the committee as needed. The Committee will also choose one person to act as recording secretary, who will forward all informal and formal communications to the Research Integrity Officer.

As long as the Committee acts in good faith, they shall not be held liable for participation on the Committee or for decisions rendered.

5.3. Inquiry Process

The Inquiry Committee will normally interview the whistleblower, the respondent and key witnesses as well as examining relevant research records and materials. Then the Inquiry Committee will evaluate the evidence and testimony obtained during the inquiry. After consultation with the Research Integrity Officer and, as necessary, institutional counsel, the committee members will decide whether there is sufficient evidence of possible scientific misconduct to recommend further investigation. The scope of the inquiry does not include deciding whether misconduct occurred or conducting exhaustive interviews and analyses.

5.4. The Inquiry Report

A written inquiry report must be prepared that states the name and title of the committee members and experts, if any; the allegations; the PHS support, if any; 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 an investigation is warranted or not; and the committee's determination as to whether an investigation is recommended and whether any other actions should be taken if an investigation is not recommended. Institutional Counsel may review the report for legal sufficiency.

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 he or she is identifiable, with portions of the draft inquiry report that address the whistleblower's role and opinions in the investigation. The institution will also supply a copy to the whistleblower, as appropriate.

The Research Integrity Officer will establish reasonable conditions for review to protect the confidentiality of the draft report. These may include discussion with the university's Office of Public Affairs to ascertain current and concrete steps that would be useful in reducing the likelihood of premature community exposure.

Within 14 business days of their receipt of the draft report, the whistleblower and respondent will provide their comments, if any, to the inquiry committee. 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 inquiry committee may revise the report as appropriate. In addition, if the Research Integrity Officer has determined that the whistleblower may be able to provide pertinent information on any portions of the draft report; these portions will be given to the whistleblower for written comment, although such comment is not required.

Members of the committee may feel free and are encouraged to provide dissenting opinions to that of other members. Although the report will be based on majority decision, dissenting opinion will also be submitted to the Deciding Official, as described below.

5.5. Inquiry Decision and Notification

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 scientific misconduct to justify conducting an investigation. The inquiry is completed when the Deciding Official makes this determination, which will be made within 60 days of the first meeting of the inquiry committee. Any extension of this period will be based on good cause and recorded in the inquiry file.

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.

Where PHS funding is involved, the Inquiry Committee will normally complete the inquiry and submit its report in writing to the Research Integrity Officer no more than 60 calendar days following its first meeting, unless the Research Integrity Officer approves an extension for good cause. If the Research Integrity 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.

6. Procedures: Conducting the Investigation

When necessary, an investigation will be conducted to explore in detail the allegations, to examine the evidence in depth, and to determine specifically whether misconduct has been committed, by whom, and to what extent. The investigation will also determine whether there are probable additional instances of possible misconduct that would justify broadening the scope beyond the initial allegations. This is particularly important where the alleged misconduct involves clinical trials, animal research, or potential harm to human subjects or the general public or if it affects research that forms the basis for public policy, clinical practice, or public health practice. The findings of the investigation will be set forth in an investigation report.

6.1. Sequestration of the Research Records

The Research Integrity Officer will immediately sequester any additional pertinent research records that were not previously sequestered. This sequestration should occur before or at the time the respondent is notified that an investigation has begun. The need for additional sequestration of records may occur for any number of reasons, including the institution's decision to investigate additional allegations not considered during the inquiry stage or the identification of records during the inquiry process that had not been previously secured. The procedures to be followed for sequestration during the investigation are the same procedures that apply during the inquiry.

If it is necessary to sequester additional research sites, then the President of the University will be notified within 24 hours.

6.2. Appointment of the Investigation Committee

The Office of the President, in consultation with other institutional officials as appropriate, will appoint an investigation committee and the committee chair within 10 days of the notification to the respondent that an investigation is planned or as soon thereafter as practicable. The decision of whom to appoint to the Investigation Committee will not involve either the Research Integrity Officer or the Deciding Official.

The Research Integrity Officer will notify the respondent of the proposed committee membership within five days. If the respondent submits a written objection to any appointed member of the investigation committee or expert, the Research Integrity Officer will determine whether to replace the challenged member or expert with a qualified substitute.

6.3. Charge to the Investigation Committee and the First Meeting

The Research Integrity Officer will define the subject matter of the investigation in a written charge to the committee that describes the allegations and related issues identified during the inquiry, define scientific misconduct, and identify the name of the respondent. The charge will state that the committee is to evaluate the evidence and testimony of the respondent, whistleblower, and key witnesses to determine whether, based on a preponderance of the evidence, scientific misconduct occurred and, if so, to what extent, who was responsible, and its seriousness.

At every point during the investigation, the committee will notify the Research Integrity Officer if additional information becomes available that substantially changes the subject matter of the investigation or would suggest additional respondents. The Research Integrity Officer will determine whether it is necessary to notify the respondent of the new subject matter or to provide notice to additional respondents.

The Research Integrity Officer, with the assistance of institutional counsel, if necessary, will convene the first meeting of the investigation committee to review the charge, the inquiry report, and the prescribed procedures and standards for the conduct of the investigation, including the necessity for confidentiality and for developing a specific investigation plan. The investigation committee will be provided with a copy of these instructions and, when PHS funding is involved, the PHS regulations that may be involved.

6.4. The Investigation Process

The investigation committee will be appointed and the process initiated within 30 days of the completion of the inquiry, if findings from that inquiry provide a sufficient basis for conducting an investigation. The investigation will normally involve examination of all documentation including, but not necessarily limited to, relevant research records, computer files, proposals, manuscripts, publications, correspondence, memoranda, and notes of telephone calls. Whenever possible, the committee should interview the whistleblower(s), the respondents(s), and other individuals who might have information regarding aspects of the interviews should be transcribed, tape recorded, or summarized. Summaries or transcripts of the interviews should be prepared, provided to the interviewed party for comment or revision, and included as part of the investigatory file.

The whistleblower will have an opportunity to testify before the inquiry and investigation committees, to review portions of the inquiry and investigation reports pertinent to his/her allegations or testimony, to be informed of the results of the inquiry and investigation, and to be protected from retaliation. The whistleblower is responsible for making allegations in good faith, maintaining confidentiality, and cooperating with an inquiry or investigation.

6.5 Requirements for Reporting the Investigation to ORI

An institution's decision to initiate an investigation must be reported in writing to the Director, ORI, on or before the date the investigation begins. At a minimum, the notification should include

the name of the person(s) against whom the allegations have been made, the general nature of the allegation as it relates to the PHS definition of scientific misconduct, and the PHS applications or grant number(s) involved. ORI must also be notified of the final outcome of the investigation and must be provided with a copy of the investigation report. Any significant variations from the provisions of the institutional policies and procedures should be explained.

When PHS funding or applications for funding are involved and an admission of scientific misconduct is made, the Research Integrity Officer will contact ORI for consultation and advice. Normally, the individual making the admission will be asked to sign a statement attesting to the occurrence and extent of misconduct. When the case involves PHS funds, the institution cannot accept an admission of scientific misconduct as a basis for closing a case or not undertaking an investigation without prior approval from ORI in any reports submitted to ORI.

- The Research Integrity Officer will notify ORI immediately and at any stage of the inquiry or investigation if:
- There is an immediate health hazard involved;
- There is an immediate need to protect Federal funds or equipment;
- There is an immediate need to protect the interests of the person(s) making the allegations or of the individual(s) who is the subject of the allegations as well as his/her co-investigators and associates, if any;
- It is probable that the alleged incident is going to be reported publicly; or
- The allegation involves a public health sensitive issue, e.g., a clinical trial; or
- There is a reasonable indication of possible criminal violation. *In this instance, the institution must notify ORI within 24 hours of detection.*

6.6 The Investigation Report

The final report submitted to ORI must describe the policies and procedures, under which the investigation was conducted, describe how and from whom information relevant to the investigation was obtained, state the findings, and explain the basis for the findings. The report will include the actual text or an accurate summary of the views of any individual(s) found to have engaged in misconduct as well as a description of any sanctions imposed and administrative actions taken by the institution.

The Research Integrity Officer will provide the respondent with a copy of the draft investigation report for comment and rebuttal. The respondent will be allowed 10 business days to review and comment on the draft report. The respondent's comments will be attached to the final report. The findings of the final report should take into account the respondent's comments in addition to all the other evidence.

The Research Integrity Officer will provide the whistleblower, if he or she is identifiable, with those portions of the draft investigation report that address the whistleblower's role and opinions in the investigation. The report should be modified, as appropriate, based on the whistleblower's comments.

The draft investigation report will be transmitted to the institutional counsel for a review of its legal sufficiency. Comments should be incorporated into the report as appropriate.

In distributing the draft report, or portions thereof, to the respondent and whistleblower, the Research Integrity Officer will inform the recipient of the confidentiality under which the draft report is made available and may establish reasonable conditions to ensure such confidentiality. For example, the Research Integrity Officer may request the recipient to sign a confidentiality statement or to come to his or her office to review the report.

7. Procedures: Institutional Review and Actions

7.1. Deciding Official Determination

Based on a preponderance of the evidence, the Deciding Official will make the final determination whether to accept the investigation report, its findings, and the recommended institutional actions. If this determination varies from that of the investigation committee, the Deciding Official will explain in detail the basis for rendering a decision different from that of the investigation committee in the institution's letter transmitting the report to ORI. The Deciding Official's explanation should be consistent with the PHS definition of scientific misconduct, the institution's policies and procedures, and the evidence reviewed and analyzed by the investigation committee. The Deciding Official may also return the report to the investigation committee with a request for further fact-finding or analysis. The Deciding Official's determination, together with the investigation committee's report, constitutes the final investigation report for purposes of ORI review.

University of Louisiana at Monroe will take appropriate administrative actions against individuals when an allegation of misconduct has been substantiated. If the Deciding Official determines that the alleged misconduct is substantiated by the findings, he or she has authority to suspend the employee until a Sanctions Hearing.

7.2. Charge to the Sanction Hearing Committee Charge and First Meeting

The Sanction Hearing Committee will be charged by Dr. Pani, after consultation with the Research Integrity Officer. They will review a range of actions including: withdrawal or correction of all pending or published abstracts and papers emanating from the research where scientific misconduct was found, removal of the responsible person from the particular project, letter of reprimand, special monitoring of future work, letter to future employer, internal analysis of previously published papers or data, probation, suspension, salary reduction, or initiation of steps leading to possible rank reduction or termination of employment; restitution of funds as appropriate. The respondent may provide legal counsel at his or her own expense.

When a final decision on the case has been reached, the Research Integrity Officer will notify both the respondent and the whistleblower in writing. In addition, the Deciding Official will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the respondent in the work, or other relevant parties should be notified of the outcome of the case. The Research Integrity Officer is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies.

7.3 Transmittal of the Final Investigation Report to ORI

After comments have been received and the necessary changes have been made to the draft report, the investigation committee should transmit the final report with attachments, including the respondent's and whistleblower's comments, to the Deciding Official, through the Research Integrity Officer.

8. Procedures: Respondent Appeal

The respondent may appeal to the Deciding Official regarding matters of fact. If not satisfied, he or she may appeal to the University President. However, regardless of the outcome of the appeal, in each case where PHS funding is involved, the Deciding Official and Research Integrity Officer will continue contact and involvement with the ORI. This appeal process will not preclude the Deciding Official and Research Integrity Officer of their obligation for full cooperation with ORI and other relevant federal, state, and private agencies.

9. Procedures: Post-Investigation

9.1 Restoration of the Respondent's Reputation

If the institution finds no misconduct and ORI concurs, after consulting with the respondent, the Research Integrity Officer will undertake reasonable efforts to restore the respondent's reputation. Depending on the particular circumstances, the Research Integrity Officer should consider notifying those individuals aware of or involved in the investigation of the final outcome, publicizing the final outcome in forums in which the allegation of scientific misconduct was previously publicized, or expunging all reference to the scientific misconduct allegation from the respondent's personnel file. Any institutional actions to restore the respondent's reputation must first be approved by the Deciding Official.

If the respondent is not found guilty of scientific misconduct, he or she will receive institutional assistance in restoring his or her reputation. This may include academic sabbatical, reduction in teaching load, public retraction, or assistance in securing additional research funds, or other steps decided by the Vice President for Academics, based on the availability of institutional resources.

9.2 Protection of the Whistleblower and Others

Regardless of whether the institution or ORI determines that scientific misconduct occurred, the Research Integrity Officer will undertake reasonable efforts to protect whistleblowers that made allegations of scientific misconduct in good faith and others who cooperate in good faith with inquiries and investigations of such allegations. Upon completion of an investigation, the Deciding Official will determine, after consulting with the whistleblower, what steps, if any, are needed to restore the position or reputation of the whistleblower. The Research Integrity Officer is responsible for implementing any steps the Deciding Official approves. The Research Integrity Officer will also take appropriate steps during the inquiry and investigation to prevent any retaliation against the whistleblower. As part of the commitment to protection of the internal whistleblower, the University will use every legal avenue available to it to this goal. This includes transfer of employees, where appropriate, as determined by the Director of Human Resources or

Office of Civil Service. It may also include, where the whistleblower is a student, a change in the student's degree plan. This will be automatically reviewed by the students' College and where appropriate, Graduate School Deans. , The student may feel that the he or she may need to transfer to another institution. As much as is reasonably possible, the administration will provide administrative and financial assistance for implementing this decision.

9.3 Allegations Not Made in Good Faith

If relevant, the Deciding Official will determine whether the whistleblower's allegations of scientific misconduct were made in good faith. If an allegation was not made in good faith, the Deciding Official will determine whether any administrative action should be taken against the whistleblower. These are outlined in the appropriate faculty, staff, and student handbooks and may range from education to reprimand to termination.

9.4 Interim Administrative Actions and Record Retention

Institutional officials will take interim administrative actions, as appropriate, to protect Federal funds and ensure that the purposes of the Federal financial assistance are carried out.

After completion of a case and all ensuing related actions, the Research Integrity Officer will prepare a complete file, including the records of any inquiry or investigation and copies of all documents and other materials furnished to the Research Integrity Officer or committees. The Research Integrity Officer will keep the file for three years after completion of the case to permit later assessment of the case. ORI or other authorized DHHS personnel will be given access to the records upon request.