POLICY & PROCEDURE DOCUMENT

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DIVISION: Academic Affairs and Research

TITLE: Research Misconduct

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I. Policy Statement and Scope

A. Policy Statement

The integrity of research and scholarly activity is fundamental to the mission of Western Kentucky University (WKU). Research misconduct undermines public trust, the research enterprise, and the responsible stewardship of research funds. WKU is committed to fostering an environment that promotes honesty, rigor, transparency, and accountability, and to addressing allegations of research misconduct promptly, fairly, and thoroughly.

This Policy is designed to distinguish genuine instances of research misconduct from honest error, differences of opinion, or minor deviations from accepted practices, while protecting the rights and reputations of all individuals involved.

Research misconduct proceedings at WKU consist of the following stages: Assessment, Inquiry, and Investigation. Each stage will be conducted in accordance with 42 CFR Part 93 and institutional procedures, including required timelines, documentation, and due-process protections.

B. Scope

1. Entities Affected
This Policy applies to all WKU institutional members, including faculty, staff, students, trainees, and affiliates, and to all research conducted under the auspices of WKU, regardless of funding source. It is the responsibility of University researchers to comply with all relevant state and federal regulations, University policies, and contractual obligations.

2. Authority
This Policy is adopted pursuant to the Public Health Service Policies on Research Misconduct,

42 CFR Part 93 (2024 Final Rule), and other applicable sponsor-specific regulations. The University will follow this Policy and associated procedures upon receipt of an allegation of possible Research Misconduct. For non-PHS supported research, the University may apply procedures that differ from 42 CFR Part 93 provided that doing so does not compromise fairness, due process, or sponsor requirements, and with prior written notice to the Respondent. In the event of a conflict or inconsistency between this Policy and the requirements of applicable law or regulation, such applicable law or regulation will govern to the extent necessary to resolve such conflict or inconsistency.

Not all violations or serious deviations from accepted ethical practices in the conduct of research are covered by this Policy. For instance, sexual harassment, discriminatory harassment, and the violation of regulations for fiscal responsibility in research activities are covered by other specific University policies or federal regulations and are not within the scope of this Policy but are subject to review and sanction under other applicable University policies, or applicable laws and regulations.

II. Definitions

Key terms used in this Policy are defined consistent with 42 CFR Part 93, including but not limited to:

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.

Allegation: This term is a disclosure of possible research misconduct through any means of communication and brought directly to the attention of an institutional or HHS official.

Assessment: Assessment means 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.

Complainant: Complainant means an individual who in good faith makes an allegation of research misconduct.

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.

Fabrication: Fabrication means making up data or results and recording or reporting them.

Falsification: 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.

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, 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 knowledge of or reckless disregard for information that would negate the allegation or testimony. (b) Good faith as applied to an institutional or committee member means cooperating with the research misconduct proceeding by impartially carrying out the duties assigned for the purpose of helping an institution meet its responsibilities under 42 CFR Part 93. An institutional or committee member does not act in good faith if their acts or omissions during the research misconduct proceedings are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the research misconduct proceeding.

Inquiry: Inquiry means preliminary information-gathering and preliminary fact-finding that meets the criteria and follows the procedures of § 93.307 through § 93.309.

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.

Institutional Deciding Official: The Provost and Vice President for Academic Affairs or designee will be the Institutional Deciding Official (IDO). The 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.

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.

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.

Intentionally: To act intentionally means to act with the aim of carrying out the act.

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.

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

Plagiarism: 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.

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.

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.

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.

Research: Research means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities that meet this definition constitute research for purposes of this Policy, whether or not they are conducted or supported under a program that is considered research for other purposes. For example, some demonstration and service programs may include research activities.

Research Integrity Officer: The Research Integrity Officer (RIO) refers to the Assistant Director of Compliance or designee for administering the institution's written policies and procedures for addressing allegations of research misconduct in compliance with 42 CFR Part 93.

Research misconduct: Research misconduct means fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. Research misconduct does not include honest error or differences of opinion.

Research misconduct proceeding: 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.

Research record: 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.

Respondent: Respondent means the individual against whom an allegation of research misconduct is directed or who is the subject of a research misconduct proceeding.

Retaliation: Retaliation means an adverse action taken against a complainant, witness, or committee member by an institution or one of its members in response to (a) a good faith allegation of research misconduct or (b) good faith cooperation with a research misconduct proceeding.

III. General Policies

A. Reporting Allegations of Research Misconduct

1. All members of the WKU community, including administrators, faculty, staff, and students should report any observed, suspected, or apparent research misconduct without delay.

2. Allegations of research misconduct should be reported to the Associate Provost for Research or the Research Integrity Officer (RIO) in the Office of Research Integrity, or to the dean of the college in the area in which the alleged incident(s) occurred.

3. If an individual is unsure whether a suspected incident falls within the definition of Research Misconduct, he or she may meet with or contact the RIO to discuss the suspected Research Misconduct informally, which may include discussing it anonymously and/or hypothetically. If the circumstances described by the individual do not meet the definition of Research Misconduct, the RIO will refer the individual or Allegation to other offices or officials with responsibility for addressing the issue. At any time, an individual may have confidential discussions and consultations about concerns of possible Research Misconduct with the RIO and will be counseled about appropriate procedures for reporting Allegations. In the event that this discussion proceeds to Allegation, the associated confidentiality provisions will apply.

4. Allegations of research misconduct generally must be received within six (6) years of the alleged conduct, subject to exceptions described in 42 CFR Part 93, including subsequent use of tainted research records or matters involving public health or safety.

B. Conflict of Interest

Individuals involved in research misconduct proceedings must be free from real or apparent conflicts of interest. Any potential conflicts must be disclosed and managed to ensure impartiality.

C. Maintenance and Protection of Records and Evidence

1. The University will take all reasonable and practical steps to obtain all records and evidence needed to conduct the misconduct proceeding and sequester them in a secure manner. In cases where records or evidence involve instruments/equipment shared by multiple users, custody may be limited to copies of the data/evidence from such instruments/equipment.

2. Where appropriate, the University will give the respondent (the person alleged to have committed misconduct) copies of, or reasonable, supervised access to the records.

3. All records of research misconduct proceedings must be maintained in a secure manner for 7 years (42 CFR 93.317). The institution is not responsible for maintaining the records if they have been transferred to the Department of Health and Human Services (DHHS), or if the Office of Research Integrity (ORI) has advised the institution in writing that it no longer needs to retain the records.

4. The University will cooperate fully with applicable federal agencies during oversight reviews, investigations, or administrative proceedings, including providing research records and documentation as required.

D. Confidentiality

The administrative authority will: (1) to the extent possible limit disclosure of the identity of respondents, witnesses, committee members, and complainants to those who need to know in order to carry out a thorough, competent, objective and fair research misconduct proceeding; and (2) except as otherwise prescribed by law, limit the disclosure of any records or evidence from which research subjects might be identified to those who need to know in order to carry out a research misconduct proceeding, consistent with 42 CFR Part 93.

E. Protecting Complainants, Witnesses, and Committee Members

Institutional members may not retaliate in any way against complainants, witnesses, or committee members. Institutional members should immediately report any alleged or apparent retaliation against complainants, witnesses or committee members to the RIO, who will review the matter and, as necessary, make all reasonable and practical efforts to counter any potential or actual retaliation and protect and restore the position and reputation of the person against whom the retaliation is directed.

F. Protecting the Respondent

1. Institutional members may not retaliate in any way against respondents. Institutional members should immediately report any alleged or apparent retaliation against respondents to the RIO, who will review the matter and, as necessary, make all reasonable and practical efforts to counter any potential or actual retaliation.

2. The University will make all reasonable and practical efforts, if requested and as appropriate, to protect or restore the reputation of persons alleged to have engaged in research misconduct, but against whom no finding of research misconduct is made.

3. During the research misconduct proceeding, the RIO is responsible for ensuring that respondents receive all notices and opportunities provided in applicable federal sponsor regulations or policies and the policies and procedures of the University.

G. Absence of the Respondent

The departure of a respondent from WKU does not terminate a research misconduct proceeding. WKU may continue the proceeding to the extent possible and will cooperate with other institutions or agencies as appropriate.

H. Restoring Reputation

When no finding of research misconduct is made, WKU will undertake reasonable and practical efforts, if requested, to restore the reputation of the respondent. WKU will also protect complainants, witnesses, and committee members from retaliation.

I. False or Malicious Allegations

Good faith allegations are protected. Allegations made with malicious or dishonest intent may be subject to institutional disciplinary action, consistent with applicable policies.

J. Interim Administrative Actions

1. During the Assessment, Inquiry, or Investigation, the University will, if necessary, act to protect the health and safety of research subjects, patients, students, or any other persons at risk. Administrative action could range from complete suspension to slight restrictions in the activities of the respondent. Interim administrative action will be taken in full awareness of how it might affect other individuals and the ongoing research within the institution.

2. The RIO will, immediately notify any federal sponsors supporting the Research in question to the extent required by those sponsor's regulations, if there is reason to believe that any of the following conditions exist:

a. Health or safety of the public is at risk, including an immediate need to protect human or animal subjects;

b. Federal resources or interests are threatened;

c. Research activities should be suspended;

d. There is a reasonable indication of possible violations of civil or criminal law;

e. Federal action is required to protect the interests of those involved in the Research Misconduct Proceeding.

f. The Research Misconduct Proceeding may be made public prematurely and federal agency action may be necessary to safeguard Evidence and protect the rights of those involved.

IV. Procedures

A. Assessment of Allegation of Research Misconduct

1. The purpose of an Assessment is to conduct an initial review of the available evidence to determine whether an Allegation warrants an Inquiry.

2. Upon receiving an allegation of research misconduct, the RIO will immediately assess the allegation to determine whether it is sufficiently credible and specific so that potential evidence of research misconduct may be identified, and the allegation falls within the definition of Research Misconduct under this Policy.

3. In conducting the assessment, the RIO need not interview the complainant, respondent, or other witnesses, or gather data beyond any that may have been submitted with the allegation, except as necessary to determine whether the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

4. If the RIO or another designated institutional official determines that an inquiry is not warranted, the Provost and Vice President for Academic Affairs or designee (IDO) will be informed of this decision in writing.

5. The RIO must document the Assessment in sufficient detail to permit a later review of the reasons why the University did not conduct an Inquiry. The documentation must be retained in accordance with any applicable federal regulations.

B. Research Misconduct Inquiry

1. Initiation

   a. If the RIO or another designated institutional official determines that the criteria for an inquiry are met, they will immediately initiate the inquiry process. The purpose of the Inquiry is to conduct an initial review of the available evidence to determine whether to conduct an Investigation. An Inquiry does not require a full review of all related Evidence.

2. Notice to Respondent of an Inquiry; Sequestration of Research Records

   a. At the time of or before beginning the inquiry, the RIO must make a good faith effort to notify the respondent in writing. If the Inquiry subsequently identifies additional Respondents, they must be notified in writing and given the same rights and opportunities as the initial Respondent. Only Allegations specific to a particular Respondent will be included in the notification to that Respondent.

   b. On or before the date on which the respondent is notified of the allegation, the administrative authority will obtain custody of, inventory, and sequester all research records and evidence in a secure manner needed to conduct the research misconduct proceeding.

3. Inquiry Committee

a. The inquiry process will be conducted with or without a formal committee, at the discretion of the RIO in consultation with the relevant compliance committee(s). Regardless of the approach chosen, it is the responsibility of the RIO to ensure that the inquiry is conducted in a fair and just manner. If individuals are chosen by the RIO to assist in the inquiry process, they should have no real or apparent conflicts of interest with the case in question, be unbiased, and have an appropriate background for judging the issues being raised. The University, acting through the RIO, in consultation with other institutional officials as appropriate, will make this determination in its sole discretion. If needed for the Inquiry process, subject matter experts may assist in the Inquiry.

b. If an Inquiry committee is used, the RIO will appoint an Inquiry committee and committee chair as soon after the initiation of the Inquiry as is practical.

c. Whether a case can be reviewed effectively without the involvement of the complainant depends upon the nature of the allegation and the evidence available. Cases that depend specifically upon the observations or statements of the complainant cannot proceed without the open involvement of that individual; other cases that can rely on documentary evidence may permit the complainant to remain anonymous.

d. The respondent will be given copies of written documents (if any) that support the allegations while maintaining protections of all involved. To ensure the safety and security of any written documents associated with the allegation, committee members will be asked to review a copy of such documents within the office of the administrative authority designated to oversee the determination of the case.

e. When the inquiry is initiated, the respondent will be reminded of the obligation to cooperate in providing the material necessary to conduct the inquiry. The respondent will be invited to present a written response to the allegations, and this response will become part of the case file maintained in the office of the administrative authority.

f. Due to the sensitive nature of an alleged case of research misconduct, the University will strive to resolve each case expeditiously. The inquiry phase will be completed and a written report of the findings filed for the institution's own record within 90 days of written notification to the respondent. If the RIO anticipates that the established deadline cannot be met, an extension will be allowed. The respondent and appropriately involved individuals will be informed. The inquiry record must include documentation of the reasons for the extension.

4. Findings of the inquiry

a. The completion of an inquiry is marked by a determination of whether or not an investigation is warranted. A written report summarizing the process and conclusion of the inquiry will be provided to the IDO. The complainant and respondent will also be notified of the outcome of the inquiry.

b. The inquiry report must include the following information:

    i. The name and position of the respondent;
    ii. A description of the allegations of research misconduct
    iii. If sponsored research, name of sponsor, grant title, and grant number, any associated internally assigned award or proposal numbers, and any publications listing externally sponsored support;
    iv. A summary of the inquiry process used; including composition of committee, if used, including names and positions, analyses conducted, transcriptions of interviews, timeline, an inventory of sequestered Research Records, and other Evidence and description of how sequestration was conducted;
    v. Any scientific or forensic analysis conducted;
    vi. The basis for recommending or not recommending that the allegations warrant an investigation;
    vii. Any recommended actions if an investigation is not recommended;
    viii. Any written comments provided by the respondent or complainant.

5. Notifying Respondents and Complainants of the Outcome of the Inquiry

a. The RIO will notify the Respondent whether the Inquiry found an Investigation to be warranted and include a copy of the draft Inquiry report for comment.
b. The University may, but is not required to:

    i. notify a Complainant whether the Inquiry found that an Investigation is warranted, and
    ii. provide the Complainant with relevant portions of the report for comment. If the University provides Notice to one Complainant in a case, it must provide Notice, to the extent possible, to all Complainants in the case.

c. Any comments that are submitted by the Respondent or Complainant will be attached to the final Inquiry report. Based on the comments, the RIO or Inquiry committee may revise the draft report as appropriate and prepare it in final form, retained by the RIO.

6. If an Investigation is Warranted

a. If the inquiry committee, RIO, or other designated institutional official determines that an Investigation is warranted, the RIO will, within a reasonable amount of time after the decision, provide written Notice to the Respondent(s) of the decision to conduct an Investigation of the alleged misconduct. The University may, but is not required to, notify the Complainant that there will be an Investigation, but is required to take the same notification action for all Complainant in a case where there is more than one Complainant.

b. Within 30 days, the RIO will inform any responsible federal agencies that an Investigation is warranted and provide a copy of the Inquiry report. The RIO will also notify any institutional officials who need to know.

7. If an Investigation is Not Warranted

a. If the inquiry committee, RIO, or other designated institutional official determines that an Investigation is not warranted, the RIO will secure and maintain for 7 years after the termination of the Inquiry sufficiently detailed documentation of the Inquiry to permit a later review of the reasons why an Investigation was not conducted. These documents must be provided to authorized federal agency personnel upon request.

8. Unjustified Allegations

a. If an allegation is found to be unjustified but has been submitted in good faith, no further formal action other than informing all involved parties will be taken. The proceedings of the inquiry, including the identity of the respondent, will be held in strict confidence to protect the parties involved. Final reports and other documents may be subject to the Open Records Act. If confidentiality is breached, the University will take reasonable steps to minimize the damage to reputations that may result from inaccurate reports. If an unjustified allegation is found to have been maliciously motivated, disciplinary actions may be recommended to the IDO.

C. Research Misconduct Investigation

1. An investigation will be initiated only after an inquiry result in a finding that an investigation is warranted. The investigation's purpose is to formally develop a comprehensive factual record by examining the Allegations in detail and evaluating the evidence thoroughly, resulting in recommended findings to the IDO. The IDO makes the final decision, based on a preponderance of evidence, on each allegation and any institutional actions. As part of its Investigation, the University will diligently pursue all significant issues and relevant leads, including any evidence of additional instances of possible Research Misconduct, and continue the Investigation to completion.

2. The Investigation must begin within 30 calendar days after determining it is warranted. The findings of the Investigation must be set forth in an Investigation report.

3. Notice to Respondent of an Investigation and Sequestration Evidence

a. On or before the date on which the Investigation begins, the RIO must:

i. Notify the Respondent in writing of the Allegations to be investigated.

ii. If PHS or other federal regulations apply, notify the agency as required of the decision to begin the Investigation and provide a copy of the Inquiry report.

b. The RIO must also give the Respondent written Notice of any new Allegations of Research Misconduct within a reasonable amount of time of deciding to pursue Allegations not addressed during the Inquiry or in the initial Notice of the Investigation.

c. Additional sequestration of records during the Investigation may be required for various reasons, including the University’s decision to pursue allegations not addressed during the Inquiry or the discovery of relevant records during the Inquiry

that were not previously secured. The sequestration procedures used in the Inquiry should also be followed during the Investigation. The RIO must take all reasonable and practical steps to obtain custody of, and securely sequester, all necessary Research Records and Evidence that were not previously secured during the Inquiry.

4. Investigation Committee

a. The investigating body will be a five-person ad hoc committee appointed by the IDO to conduct the investigation based on the inquiry findings. Members of the investigative committee may be chosen from within or outside the University. Those investigating the allegations will be selected in full awareness of the closeness of their professional or personal affiliation with the complainant or the respondent. Any prospective member who has a conflict of interest in a case will not be permitted to be involved in that case. It is important, however, that the committee members have appropriate research expertise to assure a sound knowledge base from which to work.

b. The RIO will ensure that the members understand their responsibility to conduct the Research Misconduct Proceedings in compliance with this Policy. The Investigation committee will conduct interviews, pursue leads, and examine all Research Records and other Evidence relevant to reaching a decision on the merits of the Allegation(s). The University will use diligent efforts to ensure that the Investigation is thorough, sufficiently documented, and impartial and unbiased to the maximum extent practicable.

c. Outside experts may be used when specialized expertise in Evidence analysis or fact finding is needed. All outside experts will serve solely in an advisory capacity and will not make binding decisions or commitments on behalf of the University.

5. Conducting Interviews

a. The investigation committee will interview each respondent, complainant(s), and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the respondent. The institution will number all relevant exhibits and refer to any exhibits shown to the interviewee during the interview by that number. The institution will record and transcribe interviews during the investigation and make the transcripts available to the interviewee for correction. The institution will include the transcript(s) with any corrections and exhibits in the institutional record of the investigation. The respondent will not be present during the witnesses' interviews, but the institution will provide the respondent with a transcript of each interview, with redactions as appropriate to maintain confidentiality.

6. Investigation Time Frame

a. The University will complete all aspects of the investigation within 180 calendar days. During which time the University will:

i. Conduct the Investigation,

ii. Prepare the investigation report,

iii. Provide the draft report for comment, and:

iv. When required by applicable federal sponsor regulations, send the final report to the agency in the timeframe required.

b. When PHS regulations apply and the RIO determines that the investigation will not be completed within this 180-day period, a written request will be submitted for an extension to PHS, documenting the reasons for the delay.

7. Findings of the Investigation

a. The findings of the investigative committee will be submitted in writing to the IDO. The respondent will receive the full report of the investigation.
b. The investigation report for each respondent will include:

i. Description of the nature of the allegation(s) of research misconduct, including any additional allegation(s) addressed during the research misconduct proceeding.

ii. Description and documentation of the PHS support, including any grant numbers, grant applications, contracts, and publications listing PHS support. This documentation includes known applications or proposals for support that the respondent has pending with PHS and non-PHS Federal agencies.

iii. Description of the specific allegation(s) of research misconduct for consideration in the investigation of the respondent.

iv. Composition of investigation committee, including name(s), position(s), and subject matter expertise.

v. Inventory of sequestered research records and other evidence, except records the institution did not consider or rely on. This inventory will include manuscripts and funding proposals that were considered or relied on during the investigation. The inventory will also include a description of how any sequestration was conducted during the investigation.

vi. Transcripts of all interviews conducted.

vii. Identification of the specific published papers, manuscripts submitted but not accepted for publication (including online publication), PHS funding applications, progress reports, presentations, posters, or other research records that contain the allegedly falsified, fabricated, or plagiarized material.

viii. Any scientific or forensic analyses conducted.

ix. A copy of these policies and procedures.

x. Any comments made by the respondent and complainant(s) on the draft investigation report and the committee's consideration of those comments.

xi. A statement for each separate allegation of whether the committee recommends a finding of research misconduct.

c. If the committee recommends a finding of research misconduct for an allegation, the investigation report will present a finding for each allegation. These findings will (a) identify the individual(s) who committed the research misconduct; (b) indicate whether the misconduct was falsification, fabrication, and/or plagiarism; (c) indicate whether the misconduct was committed intentionally, knowingly, or recklessly; (d) identify any significant departure from the accepted practices of the relevant research community and that the allegation was proven by a preponderance of the evidence; (e) summarize the facts and analysis supporting the conclusion and consider the merits of any explanation by the respondent; (f) identify the specific PHS support; and (g) state whether any publications need correction or retraction.

d. If the investigation committee does not recommend a finding of research misconduct for an allegation, the investigation report will provide a detailed rationale for its conclusion.

e. The investigation committee should also provide a list of any current support or known applications or proposals for support that the respondent has pending with PHS and non-PHS Federal agencies.

8. IDO Review of the Investigation Report and Determination

a. The RIO will finalize the draft Investigation report, including the Respondent's and Complainant's comments and send to the IDO.

b. The IDO will review the investigation report and make a final written determination of whether the institution found research misconduct and, if so, who committed the misconduct. In this statement, the IDO will include a description of relevant institutional actions taken or to be taken.

c. The RIO will notify both the Respondent and the Complainant in writing of the decision.

9. Appeal/Final Review

a. In the event of a finding of research misconduct, the University will provide the respondent with an appeal opportunity. A written appeal of the investigative committee's decision is to be made to the Associate Provost for Research and should be restricted to the body of evidence already presented.

b. An appeal must be filed within two weeks of a finding of research misconduct. If the respondent does not file an appeal, the investigative committee's finding becomes final.

c. The Associate Provost for Research will normally provide a decision on an appeal within 14 days. The Associate Provost for Research may consult with others in considering the appeal. If the deadline cannot be met, the respondent will be notified in writing the reasons for the delay. The decision rendered on the appeal will be final.

d. Appeals do not delay federal reporting.

10. No Finding of Research Misconduct

a. The findings of the investigation will be retained in a confidential and secure file within the office of the IDO. If unjustified allegations of misconduct were found to have been maliciously motivated, appropriate disciplinary actions will be recommended to the IDO. If the allegations, however incorrect, were found to have been made in good faith, no disciplinary measures will be taken and efforts will be made to prevent retaliatory actions.

11. Finding of Research Misconduct

a. A finding of research misconduct made under this Policy requires that there be a significant departure from accepted practices of the relevant research community; and the misconduct be committed intentionally, knowingly, or recklessly; and the allegation is proven by a preponderance of the evidence.

b. In the event of a finding of research misconduct, the investigative committee will provide the IDO with a recommendation as to the agencies to be notified. Consideration will also be given to formal notification of other involved parties. The following list of such parties is illustrative but not exhaustive.

i. Co-authors, co-investigators, collaborators,

ii. Editors of journals in which fraudulent research was published,

iii. Sponsoring agencies and funding sources with which the individual has, been affiliated, and:

iv. Professional societies.

c. The IDO will determine whether other relevant parties should be notified of the outcome of the case.

12. Disciplinary Action

a. In the event of a research misconduct finding, the investigative committee will provide the IDO with a recommendation as to the disciplinary action to be taken. University disciplinary action will be in proportion to the misconduct. The following list of possible University actions is illustrative:

i. Removal from a particular research project,

ii. Withdrawal or correction of all pending or published abstracts and papers emanating from research where research misconduct was found,

iii. Letter of reprimand,

iv. Special monitoring of future work,

v. Suspension,

vi. Salary reduction,

vii. Probation,

viii. Termination of employment, and:

ix. Other action appropriate to the research misconduct.

b. The recommendation of the IDO will be forwarded to the President for final action. If the President does not agree with the recommendation, an alternative course of action may be taken, and an explanatory statement must be filed with all involved parties including the respondent.

c. The termination of a respondent's employment, by resignation or otherwise, before or after an allegation of possible research misconduct has been reported, will not preclude or terminate research misconduct proceedings or otherwise limit the institution's responsibilities under 42 CFR Part 93.

D. Notice to Federal Agencies of Institutional Findings and Actions

1. The RIO is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies. Unless an extension has been granted, the RIO must, within the 180-day period for completing the Investigation, submit the following to the responsible federal agencies where applicable:

a. A copy of the final Investigation report with all attachments, including appeals where applicable.

b. A statement of whether the institution accepts the findings of the Investigation report, and the outcome of an appeal where applicable.

c. A statement of whether the institution found misconduct and, if so, who committed the misconduct.

d. A description of any pending or completed Administrative Actions against the Respondent.

E. Creating and Transmitting Institutional Records

1. The institutional record consists of the records that were compiled or generated during the research misconduct investigation, except records the institution did not rely on. These records include documentation of the assessment, a single index listing all research records and evidence, the inquiry report and investigation report, and all records considered or relied on during the investigation. The institutional record also includes the IDO's final decision and any information the respondent provided to the institution. The institutional record must also include a general description of the records that were sequestered but not considered or relied on.

2. On request, the University must provide copies, to any federal agency as required by law of the institutional record or any component of the institutional record and any sequestered

Evidence for the agency to conduct its oversight review, develop the administrative record, or present the administrative record in any Proceeding under applicable regulations.

F. Relationship to Other Policies

1. This Research Misconduct Policy operates alongside Western Kentucky University's other research compliance policies and does not replace them. Allegations of non-compliance in other regulatory domains are addressed under their respective policies and oversight committees, including: (a) Institutional Review Board (IRB) – human subjects protections; (b) Institutional Animal Care and Use Committee (IACUC) – animal welfare; (c) Institutional Biosafety Committee (IBC) – biosafety and recombinant or synthetic nucleic acids. Matters that are exclusively IRB/IACUC/IBC non-compliance will be referred to those committees for action; issues that also include potential fabrication, falsification, or plagiarism (FFP) will be handled under this Policy, with cross-coordination as needed.

V. Reason(s) for Revision

August 2021
Non-substantive changes resulting from fifth year review in accordance with Policy 0.000V.

January 2026 (Final Policy approved April 2026)
This updated Policy is in response to the 2024 Final Rule on Public Health Service (PHS) Policies on Research Misconduct which apply to all institutions on January 1, 2026.

VI. Related Policies

Policy 2.000V Research
Policy 2.010V Extramural Contracts and Grants
Policy 2.710V Policy on Use of Animals
Policy 2.720V Policy on Research on Human Subjects

VII. Applicable Regulations and Guidelines Used to Develop This Policy

42 CFR Part 93: Public Health Service Policies on Research Misconduct

45 CFR Part 689 Misconduct in Research –December 2015 (pertaining to research funded by the National Science Foundation)

Sample Policy & Procedures for Responding to Research Misconduct Allegations