

1. BACKGROUND/PURPOSE

Sam Houston State University (SHSU) fosters an environment that promotes responsible conduct of research, discourages research misconduct, and deals promptly with allegations or evidence of possible research misconduct. SHSU expects that all research conducted by members of the University community will adhere to the highest ethical and moral standards. This policy describes the procedures followed by the University in response to allegations that SHSU faculty, staff, post-doctoral associates, and/or students, whether paid by SHSU or through other funding sources, have engaged in research misconduct. This Policy is intended to implement this institution's responsibilities under the Public Health Service (PHS) Policies on Research Misconduct, 42 CFR Part 93.

2. ETHICAL CONDUCT IN ACADEMIC RESEARCH

- 2.01 This document applies to allegations of research misconduct, (fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results) involving:
- a. A person who, at the time of the alleged research misconduct, was employed by, was an agent of, or was affiliated by contract or agreement with SHSU;
 - b. PHS support biomedical or behavioral research, research training or activities related to that research or research training, such as the operation of tissue and data banks and the dissemination of research information;
 - c. Applications or proposals for PHS support for biomedical or behavioral research, research training or activities related to that research or research training; or
 - d. Plagiarism of research records produced in the course of PHS supported research, research training or activities related to that research or research training. This includes any research proposed, performed, reviewed or reported, or any research record generated from that research, regardless of whether an application or proposal for PHS funds resulted in a grant, contract, cooperative agreement, or other form of PHS support.
- 2.02 This policy does not apply to any other kind of academic misconduct or dishonesty, or to authorship or collaboration disputes and applies only to allegations of research

misconduct that occurred within six (6) years of the date SHSU or the U.S. Department of Health & Human Services (HHS) received the allegation, subject to the subsequent use, health or safety of the public, and grandfather exceptions in 42 CFR § 93.105(b).

3. DEFINITIONS

3.01 As defined by the HHS Office of Research Integrity (ORI) and the National Science Foundation (NSF), misconduct in research means any form of behavior that entails an act of deception whereby one's work or the work of others is misrepresented, including:

- a. Fabrication: Making up data or results and recording or reporting them.
- b. Falsification: Manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.
- c. Plagiarism: Appropriation of another person's ideas, processes, results, or words without giving appropriate credit.

Misconduct in research is distinguished from honest error and from ambiguities of interpretation that are inherent in the scientific process. The principal element of misconduct in research and scholarship is the intent to deceive others or to misrepresent one's work.

3.02 Other definitions:

- a. Allegation: A disclosure of possible research misconduct through any documented means of communication and brought directly to the attention of an institution official.
- b. Complainant: An individual who in good faith brings an allegation of research misconduct.
- c. Deciding Official: The institutional official who makes final determinations on allegations of research misconduct and recommendations of any institutional administrative action.

d. Good Faith:

(1) 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 knowing or reckless disregard for information that would negate the allegation or testimony.

(2) 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 this part. 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.

(3) Good faith as applied to a respondent means acting with reasonable belief that respondent's actions are consistent with accepted practices of the relevant research community.

- e. Respondent: An individual against whom an allegation of research misconduct is directed or who is the subject of a research misconduct proceeding.
- f. Research Integrity Officer (RIO): The SHSU Chief Research Officer is the institutional official responsible for administering SHSU's written policies and procedures for addressing allegations of research misconduct.
- g. Inquiry: Preliminary information gathering and preliminary fact finding that meets the criteria and follows the procedures in 7.02 in this Policy to determine whether an allegation of misconduct warrants an investigation.
- h. Investigation: The formal development of a factual record and the examination of that record that meets the criteria and follows the procedures in 7.03 through 7.06 of this Policy and leads to a decision not to make a finding of research misconduct or to a recommendation for a finding of research misconduct which may include a recommendation for other appropriate actions, including institutional and administrative actions.

4. APPLICABILITY

- 4.01 This policy applies to all members of the SHSU community, including all faculty, staff, and students, both full and part time, who are affiliated with SHSU, as well as any person who, at the time of the alleged research misconduct, was employed by, an agent of, or affiliated by contract or agreement with SHSU.
- 4.02 In the enforcement of this Policy, the RIO follows SHSU policies and guidelines applicable to the alleged research misconduct and applies additional sponsoring agency requirements accordingly. For example:
 - a. Public Health Service (PHS) research – requirements contained in 42 CFR 93
 - b. National Science Foundation (NSF) – described in Section 930 of the NSF Grant Policy Manual
 - c. Department of Defense (DoD) – described in the Instruction 3210.7

5. ROLES

- 5.01 Deciding Official (DO): the Deciding Official shall have no direct prior involvement in the institution's inquiry, investigation, or allegation assessment. The DO is the President of SHSU. The President has delegated the DO responsibilities, including sanctioning authority, to the Provost and Sr. Vice President for Academic Affairs.
- 5.02 Research Integrity Officer (RIO): The institutional official, designated by the President, who is responsible for:
 - a. Assessing allegations of research misconduct to determine if they fall within the definition of research misconduct and warrant an inquiry on the basis that the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified.
 - b. Overseeing inquiries and investigations, including the appointment of inquiry and investigation committees.
 - c. Providing resources necessary to carry out inquiries and allegations.
 - d. Other responsibilities described in this Policy.

6. RESPONSIBILITIES

6.01 Responsibility to Report:

All SHSU personnel shall report observed, suspected, or apparent research misconduct to the RIO. If an individual is unsure whether a suspected incident falls within the definition of research misconduct, the individual may meet with or contact the RIO to discuss the suspected research misconduct informally.

6.02 Cooperation:

SHSU personnel:

- a. Shall cooperate with the RIO, other institutional officials, and appointed committees in the review of allegations and the conduct of inquiries and investigations
- b. Provide evidence relevant to research misconduct allegations to the RIO or other institutional officials

6.03 Confidentiality:

To maintain confidentiality of the misconduct proceeding, the RIO shall:

- a. Limit disclosure of the identity of respondents and complainants to those who need to know in order to carry out a competent, objective, and fair research misconduct proceeding;
- b. Except as otherwise prescribed by law, limit the disclosure of any records or evidence from which research subjects might be identified to those required to have such information is necessary to a research misconduct proceeding under this Policy; and
- c. Use written confidentiality agreements or other mechanisms when necessary to prohibit the recipient from making any further disclosure of identifying information.

6.04 Protections:

- a. Complainants, witnesses, respondents, and committee members: SHSU personnel may not retaliate against any complainant, witness, respondent, or committee member. Institutional members should immediately report any alleged or apparent retaliation against complainants, witnesses, respondents, or committee members to the RIO, who shall review the matter with the DO and, as necessary, take appropriate

action to protect these individuals from retaliation pursuant to applicable SHSU policy.

- b. Respondent: During the research misconduct proceeding, the RIO is responsible for ensuring that respondents receive all notices, opportunities, and reports. Respondents 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 whose role is to advise, as opposed to represent the respondent. Neither legal counsel nor any advisor may directly participate in any meeting, hearing, or proceeding under this Policy.

7. PROCEDURES

7.01 Reporting Allegations of Research Misconduct and Initial Assessment

- a. Initial allegations should be reported, in writing, to the RIO within three (3) working days of the alleged research misconduct. All such timely allegations received by the RIO will then be submitted to the designated DO within one (1) working day. If the designated DO has an actual conflict of interest, the allegations will be referred to the President of the University who will review the allegations with the RIO.
- b. Within seven (7) working days of the timely receipt of a timely allegation of research misconduct, the RIO will assess the allegation to determine whether the allegation falls within the definition of research misconduct, is within the jurisdictional criteria of 42 CFR 93.103, is sufficiently credible so that potential evidence of research misconduct might be identified. During this preliminary assessment, the RIO may, but is not required to, interview the complainant, respondent, or other witness, or gather any data beyond that submitted with the reported allegation.
- c. Upon completion of this preliminary assessment, the RIO will provide a written assessment report to the designated DO, who will determine whether the allegation warrants initiation of an inquiry process according to the policies and procedures for misconduct in research, or whether other policies and procedures, such as those relevant to employment grievances, should be invoked. An inquiry must be conducted if the allegation meets the stated assessment criteria.

The RIO's assessment report will include:

- (i) The allegation(s) assessed;
 - (ii) The name(s), professional alias(es), and position(s) of the respondent(s);
 - (iii) Any evidence reviewed;
 - (iv) Whether the allegation falls within the definition of research misconduct under this part;
 - (v) Whether the allegation is within the jurisdictional criteria of § 93.102;
 - (vi) Whether the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified; and
 - (vii) Whether the institution will proceed to inquiry. If the assessment automatically moves to inquiry, the assessment report must document this action.
- d. Within seven (7) working days of receipt of the RIO's report, the designated DO will decide whether to form a Committee of Inquiry.
- e. The respondent shall be notified of the DO's decision within two (2) working days of a decision to proceed with the inquiry by the RIO. The notification to the respondent will include a written summary of allegations while protecting the identity of the complainant(s).
- f. In the event that the allegation is found to lack sufficient merit to warrant an inquiry, the RIO will notify the complainant within two (2) working days of the DO's decision.

7.02 Inquiry

a. Criteria

An inquiry is warranted if the allegation:

- (1) Was not assessed within the period for review provided in 7.01; or
- (2) Meets the following three criteria:

- (i) Falls within the definition of research misconduct under this part;
- (ii) Is within the jurisdictional criteria of § 93.102; and
- (iii) Is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

b. Purpose

The purpose of an inquiry is designed to conduct an initial review of the evidence to decide if an allegation warrants an investigation.

c. Structure

- (1) After a decision by the designated DO to proceed with an inquiry, the RIO will, appoint an Inquiry Committee of no less than three (3) persons. At least two (2) members will be tenured faculty at the rank of associate or full professor who are without conflict of interest, hold no appointment (when possible) in the department(s) of either the complainant(s) or the respondent(s), and have appropriate expertise for evaluating the information relevant to the case. One member shall not be associated with SHSU. Every effort will be made following designated DO decision to initiate an inquiry to appoint an Inquiry Committee within fifteen (15) working days, but the Inquiry Committee must be appointed within thirty (30) working days.
- (2) At its first meeting, the Inquiry Committee will elect a chairperson to manage procedural and administrative matters. All Committee members are voting members.
- (3) Hearings and records of the inquiry are confidential and are to be passed on to an Investigation Committee if a formal investigation is initiated. All records shall be provided to the RIO, kept secure, and if no misconduct is found, records should be destroyed seven (7) years after completion of an inquiry.
- (4) The inquiry will be completed within sixty (60) calendar days of its initiation unless the Inquiry Committee requires an extension. If so, the Inquiry Committee will request an extension in writing to the RIO, providing justification for the extension of time. The RIO will inform parties of the extension.

d. Process

- (1) The RIO is responsible for notifying the parties in writing of the allegations and procedures used to examine the allegations.
- (2) The RIO will prepare a written charge for the Inquiry Committee that:
 - (i) Sets forth the time for completion of the inquiry
 - (ii) Describes the allegations and any related issues identified during the allegation assessment
 - (iii) States that the purpose of the inquiry is to conduct an initial review of the evidence, including the testimony of the respondent, complainant, and key witnesses to determine whether an investigation is warranted, not to determine whether research misconduct occurred or who was responsible
 - (iv) States that an investigation is warranted if the Inquiry Committee determines that the allegation(s) fall within the definition of research misconduct
 - (v) Informs the Inquiry Committee that it is responsible for preparing a written report of the inquiry applicable for the designated DO
- (3) Where the complainant seeks anonymity, the Inquiry Committee shall operate in such a way as to maintain their anonymity.
- (4) Interim administrative action prior to conclusion of the inquiry may be indicated. Such action ranging from slight restrictions to complete suspension of the respondent if indicated, is initiated by the designated DO, and notification of external sponsors is communicated by the RIO.
- (5) The parties to the proceeding and the Inquiry Committee shall have the opportunity to present evidence. The Inquiry Committee may interview the parties and other witnesses. Interviews must be transcribed.

- (6) If the inquiry is terminated prior to its completion, a written report describing the reasons will be prepared for the RIO who will provide the report to the designated DO within five (5) calendar days.
- (7) At the committee's first meeting, the RIO shall review the charge and procedures for conducting the inquiry and resolve potential conflicts of interests. The RIO will remain available throughout the inquiry to advise the committee as needed.

e. Findings

- (1) The purpose of an inquiry is to determine whether an investigation is warranted. An investigation is allowed only if a majority of the members the Inquiry Committee find that an allegation has sufficient merit to call for an investigation.
- (2) Upon completion of its review of the evidence, the Inquiry Committee shall prepare a written inquiry report for the RIO to include:
 - (i) The names, professional aliases, and positions of the respondent and complainant;
 - (ii) A description of the allegation(s) of research misconduct;
 - (iii) The PHS support, including, for example, grant numbers, grant applications, contracts, and publications listing PHS support;
 - (iv) The composition of the inquiry committee, including name(s), position(s), and subject matter expertise;
 - (v) Inventory of sequestered research records and other evidence and description of how sequestration was conducted;
 - (vi) Transcripts of interviews, if conducted;
 - (vii) Timeline and procedural history;
 - (viii) Any scientific or forensic analyses conducted;
 - (ix) The basis for recommending that the allegation(s) warrant an investigation;

- (x) The basis on which any allegation(s) do not merit further investigation;
 - (xi) Any comments on the inquiry report by the respondent or the complainant;
 - (xii) Any institutional actions implemented, including communications with journals or funding agencies; and
 - (xiii) Written decision from the institutional deciding official that an investigation is warranted.
- (3) Upon receipt, the RIO will submit the inquiry report to the designated DO, within two (2) working days. The designated DO shall communicate the findings in writing to the respondent within ten (10) working days upon receipt. A copy of the inquiry report will be attached to that communication.
- (4) The respondent will have the opportunity to comment in writing on the findings and recommendations of the Inquiry Committee. The respondent's written comments will be submitted to the RIO within ten (10) working days of receipt of the inquiry report from the designated DO.
- (5) The RIO will provide written comments from respondent to the designated DO and the Inquiry Committee within two (2) working days. The Inquiry Committee will review the written comments from respondent and may respond to comments or amend the inquiry report as appropriate. By majority vote, the Inquiry Committee will make a final determination whether to change its decision as to whether an investigation is warranted and will communicate its decision in a final inquiry report to the RIO within ten (10) working days of receiving the respondent comments.
- (6) The inquiry is completed when the Inquiry Committee determines, after opportunity for comment by the respondent and consultation with the RIO, whether or not an investigation is warranted.
- (7) Within fifteen (15) working days of receiving the Inquiry Committee's final inquiry report, the RIO shall provide the designated DO with a written summary of the Inquiry Committee's decision and a copy of the final inquiry report. The final inquiry report shall include SHSU policies and procedures under which the inquiry was conducted, research records and evidence reviewed, transcripts

or recordings of any interviews, copies of all relevant documents, and charges to be considered in the investigation.

- (8) If the Inquiry Committee recommends a formal investigation, the Inquiry Committee will communicate its finding to the designated DO, through the RIO, who then, after notification to the appropriate dean(s) and legal counsel for SHSU, will initiate the investigation process. Under certain circumstances, as defined by the applicable federal regulations (Code of Federal Regulations 42 Part 93), the RIO may be expected to notify the sponsoring agency or funding source at a point prior to the initiation of an investigation. Factors used to determine the timing of such notification include the following:
- (i) there is an immediate health hazard involved;
 - (ii) there is an immediate need to protect federal funds or equipment;
 - (iii) 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 their co-investigators and associates;
 - (iv) it is probable that the alleged incident is going to be reported publicly;
or
 - (v) there is a reasonable indication of possible criminal violation
- (9) If the Inquiry Committee determines that an investigation is not warranted, the RIO will:
- (i) Securely maintain all documentation pertaining to the inquiry for seven (7) years
 - (ii) Provides these documents upon request from Office of Research Integrity or other authorized Health and Human Services personnel.
- (10) If the Inquiry Committee finds the allegations to be unjust and malicious, the Committee will report those findings to the designated DO through the RIO.

7.03 Investigation and Determination

a. Purpose

The investigation will develop a factual record on the allegations of research misconduct presented, examine all relevant evidence, and determine whether there are additional instances of possible research misconduct that would justify broadening the scope beyond the initial allegations. This is particularly important where the alleged research misconduct involves clinical trials, potential harm to human subjects or the general public, or if it affects research that forms the basis for public policy, or clinical or public health practice.

b. Structure

- (1) After the designated DO receives a final decision from the Inquiry Committee to proceed with a formal investigation, the RIO will appoint an Investigating Committee of no less than three (3) persons. At least two (2) members will be tenured faculty at the rank of associate or full professor who are without a conflict of interest, hold no appointment (when possible) in the department(s) of either the complainant(s) or the respondent(s), and have appropriate expertise for evaluating the information relevant to the case. One member shall not be associated with SHSU. No member of the Inquiry Committee shall serve on the Investigating Committee. Every effort will be made by the RIO to appoint the Investigating Committee within fifteen (15) working days, but no more than thirty (30) working days, of receiving the decision to proceed with a formal investigation.
- (2) At its first meeting, the Investigation Committee will elect a chairperson to manage procedural and administrative matters. All Investigation Committee members are voting members.
- (3) Records of the investigation proceeding are confidential. Written notification of hearing dates and copies of all relevant documents will be provided to the RIO in advance of scheduled meetings. Proceedings will be audio-recorded or transcribed and shall be kept secure during the investigation. Following the investigation all records shall be delivered to and kept secure by the RIO.
- (4) Every effort should be made to complete the investigation and submit the initial investigation report to the RIO within 120 calendar days. If this is not possible,

the Investigation Committee should draft a progress report, identify reasons for the delay and notify the RIO of the additional time necessary for the investigation.

c. Process

- (1) The investigation is initiated within 30 days of determining the allegation has sufficient substance to warrant an inquiry. On or before the date the investigation begins, the RIO must notify the respondent in writing of the allegations to be investigated along with new allegations of research misconduct.
- (2) The RIO will prepare a written charge for the Investigation Committee that identifies the respondent, describes the allegations, and the evaluation process.
- (3) At the Investigation Committee's first meeting, the RIO will:
 - (i) Review the charge, inquiry report, procedures, and standards for conducting an investigation, and necessity for confidentiality. Confidentiality agreements shall be signed by all members of the Investigation Committee.
 - (ii) Seek disclosure of any unresolved personal, professional, or financial conflicts of interest with those involved with the investigation.
 - (iii) Inform the Investigation Committee that to determine that the respondent committed research misconduct, the Investigation Committee must find by a preponderance of the evidence that research misconduct, as defined in this policy, occurred; the research misconduct is a significant departure from accepted practices (obvious to any reasonable practitioner) of the relevant research community; and the respondent committed the research misconduct intentionally, knowingly, or recklessly. Preponderance of the evidence means proof of evidence that, compared with evidence opposing it, leads to the conclusion that the fact at issue is more likely true than not. To act "intentionally" means to act with the aim of carrying out the act. To act "knowingly" means to act with awareness of the act. To act "recklessly" means to act without proper caution despite a known risk for harm.

- (iv) Informs the Investigation Committee that they are responsible for preparing a written investigation report for the designated DO.
 - (v) Remain present or available throughout the investigation to advise the Investigation Committee as needed.
- (4) The parties to the proceeding and the Investigation Committee may present evidence. The Investigation Committee may interview the parties and other witnesses. Interviews must be transcribed. The investigation normally will include examination of all documentation, including, relevant research data and proposals, publications, correspondence, and memoranda of telephone calls. The Committee will make every attempt to interview all individuals involved either in making the allegation or against whom the allegation is made, as well as other individuals who might have information regarding key aspects of the allegation(s). Complete summaries of these interviews will be prepared, provided to the interviewed party for comment or revision, and be submitted into the investigatory file. Additional hearings may be held, particularly if the respondent disputes the findings of the initial investigation and requests a formal hearing to present further evidence before a final decision is made. The Investigation Committee may request the involvement of outside experts.
- (5) Pursuant to applicable SHSU policy, Texas State University System Rules & Regulations, sponsoring agency requirements, and/or state or federal law, interim administrative action prior to conclusion of the investigation may be indicated. Such action ranging from slight restrictions to complete suspension of the respondent and notification of external sponsors, if indicated, is initiated by the designated DO, and notification of external sponsors is communicated by the RIO.
- (6) If the investigation is terminated prior to its completion (due to the lack of clear evidence or a respondent's admission of wrongdoing), the Investigation Committee will submit a written report, stating the reasons for terminating the investigation, through the RIO to the designated DO within fifteen (15) working days of terminating the investigation.
- (7) After all evidence has been examined, the Investigating Committee shall meet in closed session to deliberate and prepare its findings and recommendations in an initial investigation report. Every effort should be made to complete the

investigation and submit the initial investigation report to the RIO within 150 calendar days from initiation of the investigation by the Investigation Committee.

- (8) The RIO will submit the initial investigation report to the designated DO within two (2) working days of receiving the report from the Investigation Committee. The designated DO will communicate the findings to the respondent within ten (10) working days. A copy of the initial investigation report will be attached to that communication. The respondent will be allowed thirty (30) calendar days from the date they received the initial investigation report to submit comments to the RIO. The respondent's comments must be addressed in the final investigation report.
- (9) Investigation reports are not required to be provided to the complainant. At the RIO's discretion, the institution may provide relevant portions of the initial Investigation Report to the complainant for comment. If the complainant is asked to comment, any responses must be received within ten (10) working days of any request for comment and must be addressed in the final report.
- (10) Upon receipt of review any written comments from the respondent and/or complainant, the Investigation Committee will prepare and submit its final investigation report to the RIO within thirty (30) working days of receiving the respondent's comments. The final investigation report, detailing the Investigation Committee's findings and recommendations, shall include:
 - a. Allegations. Description of the allegations of research misconduct.
 - b. PHS support. Description and documentation of any PHS support including, for example, grant applications, contracts, and publications listing PHS support
 - c. Institutional Charge. Description of the specific allegation of research misconduct for consideration in the investigation
 - d. Policies and procedures. If not already provided to ORI with the inquiry report, a statement of the institutional policies and procedures under which the investigation was conducted

- e. Research records and evidence. Identification and summary of the research records and evidence reviewed and identify any evidence taken into custody but not reviewed
 - f. Statement of findings. For each separate allegation of research misconduct identified during the investigation, a finding as to whether research misconduct did or did not occur, and if so:
 - 1. Identify whether the research misconduct was a falsification, fabrication, or plagiarism, and whether it was committed intentionally, knowingly, or recklessly;
 - 2. Summarize the facts and the analysis that supports the conclusion;
 - 3. Identify the specific PHS support;
 - 4. Identify whether any publications need correction or retraction;
 - 5. Identify the person(s) responsible for the misconduct;
 - 6. List any current support or known application or proposals for support that the respondent has pending with non-PHS federal agencies;
 - 7. Comments. Include and consider any comments made by the respondent and complainant on the draft investigation report; and
 - 8. Maintain and provide records. Maintain and provide to ORI upon request all relevant research records and records of the institutions research misconduct proceeding, including results of all interviews and the transcripts or recordings of such interviews.
- (11) Within fifteen (15) working days of receiving the final investigation report from the Investigation Committee, the RIO shall provide the designated DO a summary of the final investigation report and a copy of the final investigation report.

- a. Within sixty (60) working days of the DO's receipt of the final investigation report, the designated DO will issue a decision on the findings and recommendations in the final investigation report.
- b. If the designated DO's determination varies from the findings of the Investigation Committee, the designated DO will detail in writing the basis for rendering a decision different from the findings of the Investigation Committee. Alternatively, the designated DO may return the final investigation report to the Investigation Committee through the RIO with a request for further fact-finding or analysis.
- c. If further fact-finding and analysis is needed, the Investigation Committee will complete fact-finding and analysis, amend the final investigation report, and deliver the final investigation report to the RIO within thirty (30) working days of the request for further fact-finding and analysis.

7.05 Notification

When a final decision on the case has been reached the designated DO will notify the respondent and the complainant in writing that the proceeding has been closed and the respondent will be provided with the institutional findings, as well as associated actions. The DO shall communicate to appropriate dean(s), legal counsel for SHSU, and the President the results of the investigation. The RIO is responsible for notifying all federal agencies, sponsors or other entities who were initially informed of the investigation, of the outcome. Consideration should be given to formal notification of additional entities such as co-authors, co-investigators, collaborators, and journal editors.

7.06 Appeal

A written notice of appeal from the respondent, with a statement of each ground for appeal, must be submitted to the designated DO through the RIO within thirty (30) days of final notification of findings. Grounds for appeal include, but are not limited to, new previously unconsidered material evidence, sanctions not commensurate with the findings, and procedural defects which materially affected the outcome of the proceeding. Upon receipt of a written appeal, the RIO will review the ground(s) for appeal, evaluate any new evidence, and notify the designated DO of the appeal. The designated DO has the discretion to request that the RIO reconvene the

Investigation Committee to review the appeal; require that a separate committee be convened to reopen the investigation; or affirm or deny the appeal in whole or in part. The designated DO's decision will be binding on all parties and will be conveyed to all involved in a timely fashion, but must be conveyed within thirty (30) calendar days after receiving the appeal. All evidence, as well as the record of the proceedings, will be made available to The Texas State University System Board of Regents and to the Office of Research Integrity upon request for the purpose of conducting its review of an allegation of research misconduct or of the institution's handling of such an allegation.

8. OTHER CONSIDERATIONS

8.01 Termination or Resignation Prior to Completing Inquiry or Investigation

The termination of the respondent's institutional employment, by resignation or otherwise, before or after an allegation of possible research misconduct has been reported, will not preclude or terminate the research misconduct proceeding or otherwise limit any of the institution's responsibilities. If the respondent, without admitting to the misconduct, elects to resign their position after the institution receives an allegation of research misconduct, the assessment of the allegation will proceed, as well as the inquiry and investigation, as appropriate based on the outcome of the preceding steps. If the respondent refuses to participate in the process after resignation, the RIO, designated DO, Investigation Committee, and the Committee of Inquiry will use their best efforts to reach a conclusion concerning the allegations, noting in the report the respondent's failure to cooperate and its effect on the evidence.

8.02 Allegations Not Made in Good Faith

In the event questions arise concerning the basis for the allegation of research misconduct, the designated DO will determine whether the complainant's allegations of research misconduct were made in good faith, or whether a witness or committee member acted in good faith. If the designated DO determines that there was an absence of good faith, they will determine whether any administrative action should be taken against the person who failed to act in good faith.

APPROVED: <signed>
Alisa White, Ph.D., President

DATE: 3/31/2025

CERTIFICATION STATEMENT

This academic policy statement (APS) has been approved by the reviewer(s) listed below and represents SHSU's Division of Academic Affairs' policy from the date of this document until superseded.

Original: August 8, 1992
Reviewer(s): Academic Affairs Council

Review Cycle: Five years*
Review Date: Spring 2027

Approved: <signed>
Michael T. Stephenson, Ph.D.,
Provost and Sr. Vice President
for Academic Affairs

Date: 3/28/2025

*Effective January 2018, Academic Policy Statements will be reviewed on a rotating 5-year schedule. To transition to a distributed review load, some policies may be reviewed prior to the 5-year timeframe, with subsequent reviews transitioning to the 5-year schedule.