Earlham
COLLEGE

Research Misconduct Policies and Procedures

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Policy specifications

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1. Scope

This policy applies to all Earlham employees engaged in research.

Earlham has a long history of engaging in student-faculty collaborative research and including student researchers as co-authors on resulting publications. In the event of suspected student research misconduct, Earlham will investigate and apply sanctions in accordance with institutional student academic misconduct policies[1] unless research misconduct extends to public dissemination of results via means such as journal publication or grant proposal submission. In such cases, student conduct may necessarily be subject to the federally mandated procedures laid out herein with any subsequent sanctions determined in accordance with the Student Standards of Community Respect.

These policies and procedures apply only to research misconduct occurring within six years of the date Earlham (or Health and Human Services (HHS)) receives an allegation of research misconduct, subject to the following exceptions:

- The six-year time limitation does not apply if the researcher continues or renews any incident of alleged research misconduct that occurred before the six-year period through the use of, republication of, or citation to the portion(s) of the research record alleged to have been fabricated, falsified, or plagiarized, for the potential benefit of the respondent ("subsequent use exception"). For alleged research misconduct that appears subject to this subsequent use exception, but Earlham determines is not subject to the exception, the institution will document its determination that the subsequent use exception does not apply and will retain this documentation for the later of seven years after completion of the institutional proceeding or the completion of any HHS proceeding.
- The six-year time limitation also does not apply if the Office of Research Integrity (ORI) or Earlham, following consultation with ORI, determines that the alleged research misconduct, if it occurred, would possibly have a substantial adverse effect on the health or safety of the public.

2. Purpose

The pursuit of truth motivates academic research at Earlham. Furthermore, Earlham's Principles and Practices state, "Integrity calls us to be truthful, honest, and fair and to take

[1] Visit https://earlham.edu/student-life/expectations-policies-services/ for policies and expectations for undergraduate students, and https://esr.earlham.edu/academics/ for the School of Religion.

responsibility for our actions and decisions." It is with these values in mind that the community expects the highest standards of conduct from all faculty, staff, and students in research activities.

The purpose of this policy statement is to inform research participants of Earlham's research misconduct policies, to identify general types of research misconduct, and to set in place mechanisms to deal with alleged violations of these principles.

Earlham strives to reduce the risk of research misconduct, support all good-faith efforts to report suspected misconduct, promptly and thoroughly address all allegations of research misconduct, and seek to rectify the scientific record and/or restore researchers' reputations, as appropriate. Research misconduct is contrary to the interests of Earlham, the safety of the public, integrity and trust in research, and the conservation of both public and institutional funds.

The policy is based upon Earlham's Quaker ideals and the expectations of the external academic community, including private and public funding agencies. Applicable law, regulations and requirements include, but are not limited to, those appearing in the Code of Federal Regulations at 42 CFR 93 (https://www.ecfr.gov/current/title-42/chapter-I/subchapter-H/part-93) as per the statutes and regulations for research provided by The Office of Research Integrity (ORI) under the U.S. Department of Health and Human Services, and at 45 CFR 689 (https://www.ecfr.gov/current/title-45/subtitle-B/chapter-VI/part-689) for the National Science Foundation.[2] Earlham is responsible for ensuring that our policies and procedures meet the requirements of these regulations. The institution will establish and maintain these policies and procedures, inform all institutional members about these policies and procedures, and make these policies and procedures publicly available. Earlham is committed to following these policies and procedures when responding to allegations of research misconduct.

For Public Health Service (PHS) funded research, in case of any conflict between this document and 42 CFR Part 93, the PHS regulation will prevail.

3. Policy

Earlham expects that research and scholarship carried out within the community will be characterized by the highest standards of integrity and ethical behavior. Each

[2] Per the White House's Federal Research Misconduct Policy of December 6, 2000, all federal agencies or departments supporting intramural or extramural research are required to have research misconduct polies or regulations.

member of the Earlham community has a personal responsibility for implementing this policy in relation to any scholarly work with which they are associated and for helping their associates in continuing efforts to avoid misconduct in research, scholarship and any other activity that might be considered in violation of this policy. Failure to comply with this policy is considered to be a violation of the ethical standards of the institution and of the trust placed in each member of the community and will be dealt with according to the procedures specified herein.

4. Definitions

4.1. ***Accepted practices of the relevant research community.*** This term means those practices established by 42 CFR Part 93, or the federal agency funding the work, as well as commonly accepted professional codes or norms within the overarching community of researchers.

4.2. ***Administrative record.*** The administrative record comprises: the institutional record; any information provided by the respondent to ORI, including but not limited to the transcript of any virtual or in-person meetings 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.

4.3. ***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.

4.4. ***Assessment.*** Assessment means a consideration of whether an allegation of research misconduct appears to fall within the definition of research misconduct; 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.

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

4.6. ***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.

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

4.8. ***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.

4.9. ***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.

4.10. ***Inquiry.*** Inquiry means preliminary information-gathering and preliminary fact-finding.

4.11. ***Institutional Deciding Official.*** 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. At Earlham, the Institutional Deciding Official is the Chief Academic Officer.

4.12. ***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.

4.13. ***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 (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 (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 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 (5) the complete record of any institutional appeal consistent (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.

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

4.15. ***Investigation.*** Investigation means the formal development of a factual record and the examination of that record.

4.16. ***Knowingly.*** To act knowingly means to act with awareness of the act.

4.17. ***Office of Research Integrity (ORI).*** The US government agency focused on research integrity. A sub-agency of the US department of Health and Human Services.

4.18. ***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.

4.19. ***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.

4.20. ***Public Health Service (PHS).*** A collection of agencies in the United States Department of Health and Human Services which manage public health.

4.21. ***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.

4.22. ***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.

4.23. ***Research***. For the purpose of this policy, Earlham considers the term "research" to encompass research, scholarship, and creative performance.

4.24. ***Research Integrity Officer.*** The Research Integrity Officer (RIO) refers to the institutional official responsible for administering the institution's written policies and procedures for addressing allegations of research misconduct in compliance with 42 CFR Part 93, all other federal regulations, and this policy. At Earlham, the Research Integrity Officer is the Head of the Grants and Sponsored Research office.

4.25. ***Research misconduct***, as used herein, includes the following:

- Fraudulent or improper practice in conducting research or reporting the results of research, including intentional falsification, fabrication, plagiarism, or other practices that seriously deviate from those that are

commonly accepted within the academic community for proposing, conducting, and/or reviewing or reporting research[3]. Researchers are solely responsible for generative AI-produced content that is used in their research. Generative AI outputs may be biased, inaccurate, fabricated, or plagiarized.

- Serious misappropriation of research funds, including but not limited to diversion of such funds to personal or non-Earlham use. The term "serious misappropriation," as used herein, is not contemplated to include minor deviations within budget categories, nor funds expended under reasonable circumstances within the scope and goals of the originally proposed research.

- Failure to follow grant appropriation requirements, including requirements for proper stewardship, accounting and reporting of grant funds, for any grant, whether from federal granting agency such as National Institutes of Health (NIH) or National Science Foundation (NSF), a private foundation, or other source.

- Research Misconduct does not include honest error or honest differences in interpretations or judgments of data.

4.26. ***Research misconduct proceeding.*** Research misconduct proceeding means any actions related to alleged research misconduct taken under 42 CFR Part 93 or other federal regulation including allegation assessments, inquiries, investigations, ORI oversight reviews, and appeals.

4.27. ***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,

[3] Authorship disputes may or may not meet the definition of research misconduct. For NSF, authorship disputes qualify as plagiarism and therefore research misconduct but for the Office of Research Integrity (ORI) they do not (See Plagiarism and Authorship Disputes). Earlham encourages the community to engage in inclusive authorship practices in accordance with discipline specific expectations and will follow the Research Misconduct Procedures outlined herein to adjudicate authorship disputes and determine if they qualify as research misconduct in accordance with the presiding definitions. Please see the ORI's Authorship article or Terry McGlynn's post on Negotiating Authorship for advice on best practice.

laboratory records, study records, laboratory notebooks, progress reports, manuscripts, abstracts, theses, records of oral presentations, online content, lab meeting reports, and journal articles.

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

4.29. ***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.

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

4.31. ***Witnesses.*** Witnesses are people whom Earlham has reasonably identified as having information regarding any relevant aspects of the investigation. Witnesses provide information for review during research misconduct proceedings.

5. Procedures[4]

Earlham will conduct all investigations of research misconduct in accordance with the following procedures and any further regulations (a) accepted by the institution prior to commencement and (b) applicable to the research or scholarship in question.

5.1. Allegations

Allegations of research misconduct should be reported immediately in writing to the Research Integrity Officer at research@earlham.edu. Allegations cannot be made anonymously, but the confidentiality of those who, in good faith, report apparent misconduct will be protected to the extent possible.

Appropriate interim administrative actions, including suspension of all research activities, may be taken at any point in this process if such actions are necessary

[4] See the Procedure Flowchart in the Appendix for a visualization of the process.

to protect public health, the welfare of human or animal subjects of research or to prevent the inappropriate use of funds or equipment and the integrity of the research process.[5]

5.2. Assessment

Upon receiving an allegation of research misconduct, the Research Integrity Officer or another delegated institutional official will promptly determine whether the allegation (a) falls within the definition of research misconduct, (b) is credible, (c) made in good faith, and (d) specific enough to identify and sequester potential evidence.

If the Research Integrity Officer or delegated institutional official determines that the allegation meets these three criteria, they will promptly: (a) document the assessment and (b) initiate an inquiry and sequester all research records and other evidence. The Research Integrity Office or delegated institutional official must document the assessment and retain the assessment documentation securely, in accordance with the institutional record retention policy, for seven years after completion of the misconduct proceedings. If the Research Integrity Officer or another institutional official determines that the alleged misconduct does not meet the criteria to proceed to an inquiry, they will write sufficiently detailed documentation to permit a later review by ORI of why Earlham did not proceed to an inquiry and securely retain this documentation for seven years.

5.3. The Inquiry

The purpose of the inquiry is to make a preliminary evaluation of the available evidence and testimony of the respondent, complainant, and key witnesses to determine whether there is sufficient evidence of possible research misconduct to warrant an investigation, NOT to reach a final conclusion about whether misconduct definitely occurred or who was responsible.

Upon completion of the assessment and determination that an inquiry is warranted, the Research Integrity Officer (RIO) (or the Officer's designee) will initiate an inquiry. An investigation is warranted if there is a reasonable basis for concluding that the allegation falls within the definition of research misconduct and preliminary information gathering and fact-finding from the inquiry indicates that the allegation may have substance. If the RIO constitutes an inquiry committee or consults subject matter experts, the RIO will ensure that all

[5] In the event of such institutional action, Earlham will notify all relevant federal agencies such as ORI.

members understand their commission, keep the identities of respondents, complainants, and witnesses confidential, and conduct the research misconduct proceedings in compliance with federal regulation. Earlham will complete the inquiry within 90 days of initiating it unless circumstances warrant a longer period, in which case it will sufficiently document the reasons for exceeding the time limit in the inquiry report. The inquiry will proceed as follows:

a. At the time of or before beginning an inquiry, the Research Integrity Officer (or the Officer's designee) must make a good faith effort to notify the respondent(s) in writing. If additional respondents are identified, Earlham will provide written notification to the new respondents, as well. All additional respondents will be given the same rights and opportunities as the initial respondent.

b. On or before the date on which the respondent is notified of the inquiry, or the inquiry begins, whichever is earlier, the Research Integrity Officer (or the Officer's designee) will promptly take all reasonable and practical steps to obtain custody of the research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence, and sequester them in a secure manner. When appropriate, Earlham will give the respondent(s) copies of, or reasonable supervised access to, the sequestered records.

c. The Research Integrity Officer (or the Officer's designee) will complete this initial inquiry and prepare a written draft report of inquiry.

d. The Inquiry report which will state:

    i. The name(s), professional alias(es), and position(s) of the respondent(s) and complainant(s).
    ii. A description of the allegation(s) of research misconduct.
    iii. Any federal or other external support, including grant identification numbers, applications, contracts, and publications with which the research misconduct is associated.
    iv. The names, positions, and subject matter expertise of those conducting the inquiry.
    v. The institutional policies and procedures under which the investigation was completed.
    vi. An inventory of sequestered research records and other evidence and description of how sequestration was conducted.

vii. Transcripts of interviews, if transcribed.
viii. Inquiry timeline and procedural history.
ix. Any scientific or forensic analyses conducted.
x. The basis for recommending that any allegation(s) warrant an investigation.
xi. The basis on which any allegation(s) do not merit further investigation.
xii. Any comments on the inquiry report by the respondent or complainant(s).
xiii. Any institutional actions implemented, such as sanctions imposed and notices sent, including internal and external communications.
xiv. Evidence of honest error or difference of opinion.

e. The respondent will receive a copy of the draft report of inquiry promptly upon its completion. The respondent will be given the opportunity to attach any comments to the report, which will become part of the final inquiry report and record. The institution may, but is not required to, provide relevant portions of the report to a complainant(s) for comment.

f. The Research Integrity Officer (or the Officer's designee) will review and consider the respondent's comments and may revise the inquiry report as appropriate. If the inquiry takes longer than the 90-day limit, the final report will sufficiently document the reasons for exceeding the time limit.

The final decision and copy of the final inquiry report will be provided to the respondent. Earlham may choose to notify the complainant(s). In the case, if Earlham elects to notify complainants, to the extent possible, all complainants must be notified. Upon completion of the inquiry, if the research involved federal support, the institution will provide the appropriate federal agency (e.g., ORI, OIG) with the complete inquiry report and add it to the institutional record.

5.3.1. *The Inquiry – Allegations NOT Substantiated*

If the Research Integrity Officer (or the Officer's designee) does not find sufficient supporting information to substantiate the allegation, the inquiry is complete and the respondent will be officially notified within 90 days of the inquiry initiation. Diligent efforts will be undertaken, as appropriate, to restore the reputation of the individual alleged to have engaged in misconduct. Earlham will maintain detailed documentation to permit later review by ORI (if requested) of why the institution did not

proceed to an investigation and store these records securely, in accordance with the institutional record retention policy, for at least seven years after the termination of the inquiry.

5.3.2. *The Inquiry – Allegations Substantiated*

If, however, the Research Integrity Officer (or the Officer's designee) finds sufficient evidence to suggest that the allegations may be true, within 30 days of finding that an investigation is warranted but prior to the investigation beginning, the Research Integrity Officer (or the Officer's designee) will:

a. Notify the respondent(s), including any additional respondents identified during the inquiry, in writing of the allegations and the decision to investigate.[6]

b. Determine any additional regulations pertaining to formal investigations of research misconduct when federal or other external support, publications, or the health and safety of the public are involved.

c. Where applicable, follow the reporting procedures of any federal agencies, such as ORI, and publishers regarding the decision to investigate. For cases requiring notice to ORI, that notice must be provided within 30 days after the decision to investigate along with the inquiry report.

d. Sequester any additional pertinent research records that were not sequestered during the inquiry. The need for additional sequestration of records may occur for any number of reasons, including Earlham'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.

[6] Earlham will provide respondent(s) 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 investigation.

e. Appoint an investigating committee and committee chair to conduct the formal investigation.[7] Individuals on the committee will have the necessary expertise to conduct the investigation and be free of real or perceived conflicts of interest with any of the involved parties. These individuals may be scientists, administrators, subject matter experts, lawyers, members of relevant standing committees (e.g. the Institutional Review Board and Institutional Animal Care and Use Committee) or other qualified persons, and they may be from inside or outside Earlham. Individuals appointed to the investigation committee may also have served on the inquiry committee (if a committee was used during the inquiry). 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 institution will use diligent efforts to ensure that the investigation is thorough, sufficiently documented, and impartial and unbiased to the maximum extent practicable. The RIO will ensure that the committee understand their commission and responsibility to maintain confidentiality, and that they must conduct their proceedings in compliance with this policy and federal regulations.

   Upon constitution of the committee, the Research Integrity Officer (or the Officer's designee) will notify the respondent of the proposed committee membership. If the respondent submits a written objection to any member of the investigation committee on the grounds of a conflict of interest, the Research Integrity Officer will determine whether to replace the challenged member with a qualified substitute.

5.4. The Investigation

The purpose of an investigation is to formally develop a factual record, pursue leads, examine the record, and recommend finding(s) to the Institutional Deciding Official (IDO), who will make the final decision, based on a preponderance of evidence, on each allegation.

The investigation will begin within 30 days after determining that an investigation is warranted, and all aspects will be completed within 180 days of

[7] An investigation into multiple respondents may convene with the same investigation members or anyone acting on behalf of Earlham, but there will be separate investigation reports and separate research misconduct determinations for each respondent.

initiation of the investigation. The investigating committee will conduct a formal examination and evaluation of all relevant facts to determine specifically whether research misconduct has been committed, by whom, and to what extent. The committee:

a. Will pursue all significant issues and relevant leads, including any evidence of additional instances of possible research misconduct.
b. 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. All relevant exhibits will be numbered and during any interview be referred to by that number.
c. Will record and transcribe interviews during the investigation and make the transcripts available to the interviewee for correction. Earlham 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.
d. May examine research data (both published and unpublished), and seek expert opinion from both inside and outside Earlham to aid in the scientific or scholarly audit.
e. Will notify the respondent in writing if new allegations are raised against the respondent during the investigation.
f. Will give due consideration to admissible, credible evidence of honest error or difference of opinion presented by the respondent.

A finding of research misconduct requires that (a) there be a significant departure from accepted practices of the relevant research community; (b) the misconduct be committed intentionally, knowingly, or recklessly; and (c) the allegation be proven by a preponderance of the evidence[8].

Earlham will use diligent efforts to ensure that the investigation is thorough, sufficiently documented, and impartial and unbiased to the maximum extent practical.

[8] Per42 CFR 93, a *preponderance of the evidence* means proof by information that, compared with that opposing it, leads to the conclusion that the fact at issue is more probably true than not.

Earlham must complete all aspects of the investigation within 180 days of Earlham's initiation of the investigation, including, in chronological order:

a. Conducting the investigation;
b. Preparing a draft investigation report;
c. Sending the draft investigation report to the respondent(s);
d. Allowing 30 days for the respondent(s) to review the draft report and, concurrently, a copy of, or supervised access to, the research records and other evidence the committee considered or relied on. The respondent will submit any comments on the draft report to the institution within 30 days of receiving the draft investigation report. The respondent's comments will be added to the final investigation report. ;
e. Reviewing and formulating a response to any comments submitted by the respondent to be included in the final investigation report;
f. Submission of the final investigation report to the Institutional Deciding Official
g. Adjudication of respondent institutional appeal (it submitted);
h. Notice to any required federal agencies.

Having completed its investigation, the investigating committee will submit its findings of fact and recommendations in writing to the Institutional Deciding Official. The final investigation report should include:

a. The name and position of the respondent.
b. A description of the nature of the allegations of research misconduct. including any additional allegation(s) addressed during the research misconduct proceeding.
c. Any federal or other external support, including grant identification numbers, applications, contracts, and publications with which the research misconduct is associated.
d. A description of the specific allegations of research misconduct for consideration in the investigation.
e. Composition of the investigation committee, including names, positions, and subject matter expertise.
f. Inventory of sequestered research records and other evidence, except records the institution did not rely on. The inventory will include manuscripts and funding proposals that were considered or relied on during the investigation, and a description of how any sequestration of records was conducted during the investigation.
g. Transcripts of all interviews conducted.

h. Identification of the specific published papers, manuscripts submitted but not accepted for publication, funding applications, progress reports, presentations, posters, or other research records that contain the allegedly falsified, fabricated or plagiarized material.
i. Any scientific or forensic analyses conducted.
j. The institutional policies and procedures under which the investigation was completed.
k. Any comments made by the respondent and complainant(s) on the draft investigation report and the committee's consideration of those comments.
l. A statement of findings for each separate allegation of research misconduct identified during the investigation, which indicates whether research misconduct did or did not occur.

If the committee recommends a finding of research misconduct for one or more allegations, 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 any external support; and (g) state whether any publications need correction or retraction, (h) list current and pending applications or proposals for financial support from federal or other granting agencies and (i) list any current or pending administrative sanctions imposed on the respondent by the institution.

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.

The Institutional Deciding Official 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 Institutional Deciding Official will include a description of relevant institutional actions taken or to be taken.

Earlham will document the Institutional Deciding Official's final decision, add it to the investigation report, and organize the institutional record in a logical matter[9]. If the investigation takes longer than the 180-day limit, the final report will document the reasons for exceeding the time limit.

After making the final decision, the Institutional Deciding Official (or the Official's designee) will provide notification of the findings as follows:

5.4.1. The Investigation – NO Finding of Misconduct

If findings fail to confirm an instance of research misconduct, all participants in the investigation, will be so informed in writing by the Research Integrity Officer (or the Officer's designee). Diligent efforts will be undertaken, as appropriate, to restore the reputation of the individual alleged to have engaged in misconduct.

5.4.2. The Investigation – Finding(s) of Misconduct

If the allegations are substantiated and research misconduct has occurred, or the respondent admits to guilt prior to the conclusion of the inquiry or investigation, the Research Integrity Officer (or the Officer's designee) will inform the following parties[10] in writing:

a. all participants in the investigation;
b. complainant(s) (optional);
c. respondent(s);
d. relevant federal agencies, including those sponsoring the research (notification will conform with the agency's regulations);
e. journals and other scholarly venues if manuscripts emanating from fraudulent research have been submitted or published; and/or
f. other relevant parties, such as professional societies and collaborators.

Further, in cases where research misconduct allegations are substantiated, Earlham administration, in accordance with relevant Handbooks in effect, and with potential input from the investigating committee and any pertinent

[9] See the definition of institutional record for full contents.

[10] While Earlham offers an institutional appeals process, it is not required by federal law. In the event that a respondent chooses to utilize the institutional appeal process, notification of those parties detailed here at points d, e, and f will be delayed until after the Institutional Deciding Official receives the President's written decision on the appeal unless mandated by the rules of those specific agencies such as the Office of Research Integrity (ORI). In the event that the President confirms a finding of misconduct, these parties will be notified.

standing committees, will determine what sanctions will be imposed by the institution and so notify in writing the respondent to be sanctioned within 10 days after the findings have been reported to the respondent. Administrative action does not preclude actions brought by outside parties such as federal agencies and publishers.

The final decision and institutional record (including final investigation report) will be transmitted to ORI, when required, after any institutional appeal is complete.

6. Appeals

Earlham will allow a respondent to appeal a finding of misconduct to the President as Chief Executive Officer. To initiate an appeal, the respondent must present a written appeal to the President within 10 days of the Institutional Deciding Official notifying the respondent of a finding of misconduct. Before the close of the 180-day investigation period, the President will:

1. review the appeal along with the final investigation report;
2. consult with the investigating committee, as needed; and
3. submit a decision confirming or overturning the finding of misconduct in writing to the respondent and the Institutional Deciding Official.

After receipt of the President's decision, the Institutional Deciding Official, will report the findings per the notification procedures detailed in the *Procedures* section.

7. Confidentiality

During all stages of research misconduct proceedings, including allegations, inquiry and investigation stages, confidentiality of the respondents, complainants, and witnesses will be protected to the greatest extent possible. Knowledge of the proceedings and identities will be limited to those who need to know, consistent with a fair research misconduct proceeding, and as allowed by law. This limitation on disclosure no longer applies once the institution has made a final determination of research misconduct findings.

Except as may otherwise be proscribed under applicable law, confidentiality will be maintained for any records or information from which research subjects might be

identified, and disclosure is limited to those who have a need to know to carry out a research misconduct proceeding.

8. Conflict of Interest

Adequate precautions will be taken to ensure that individuals responsible for carrying out any part of the research misconduct proceeding do not have unresolved personal, professional or financial conflicts of interest with the complainant, respondent or witnesses.

9. Non-retaliation

Earlham will not retaliate, and will not tolerate any retaliation by any person, against an Earlham employee who, *in good faith*, reports an allegation of, or concern about research misconduct or provides assistance to the Research Integrity Officer (or the Officer's designee) or the investigating committee in connection with any inquiry or investigation under this policy. The institution will exert all reasonable and practical efforts to protect or restore the position and reputation of any complainant.

Further, these protections apply to witnesses and all those who cooperate with investigations of research misconduct, including those who serve as inquiry and investigating committee members.

10. False Allegations

Non-retaliation does not apply to an accuser who files an accusation of research misconduct *with malicious or dishonest intent*. If a committee has reason to believe that the accuser made unfounded charges *with malicious or dishonest intent*, the committee will recommend consideration of appropriate sanctions, in accordance with governing handbooks, by relevant faculty committees and by the administration.

11. Respondent Admissions

If admitting to research misconduct, the respondent will sign a written statement specifying the affected research records and confirming the misconduct was falsification, fabrication, and/or plagiarism; committed intentionally, knowingly, or recklessly; and a significant departure from accepted practices of the relevant research community.

For cases under ORI oversight, Earlham will promptly notify ORI in advance if at any point during the proceedings (including the assessment, inquiry, investigation, or appeal stage) it plans to close a research misconduct case because the respondent has admitted to committing research misconduct or a settlement with the respondent has been reached. If the respondent admits to research misconduct, the institution will not close the case until providing ORI with the respondent's signed, written admission. The admission must state the specific fabrication, falsification, or plagiarism that occurred, which research records were affected, and that it constituted a significant departure from accepted practices of the relevant research community. The institution must not close the case until giving ORI a written statement confirming the respondent's culpability and explaining how the institution determined that the respondent's admission fully addresses the scope of the misconduct.

12. Notice to Complainants

The Research Integrity Officer (or the Officer's designee) may choose to notify the complainant who made the allegation and provide relevant portions of the inquiry or investigation report as part of the comment process but it is not requisite. All comments from the complainant (if any) must be submitted within 30 days of the date on which the complainant received the report and will be incorporated into the records of the proceedings. In cases where more than one complainant exists, if one complainant is offered the opportunity to comment, all must be offered the opportunity.

13. Cooperation with Federal Agencies

Earlham will offer full and continuing cooperation with all relevant federal agencies throughout institutional research misconduct proceedings and agency proceedings, including oversight review and any subsequent administrative hearings or appeals. This includes providing all research records and evidence under the institution's control, custody, or possession and access to all persons within its authority necessary to develop a complete record of relevant evidence.

Earlham will provide information related to the alleged research misconduct and proceedings to ORI upon request and transfer custody or provide copies of the institutional record or any component of it and any sequestered evidence to HHS, regardless of whether the evidence is included in the institutional record. Additionally, for cases that fall under ORI oversight the institution will promptly notify ORI of any of the following special circumstances arise:

1. Health or safety of the public is at risk, including an immediate need to protect human or animal subjects.
2. HHS resources or interests are threatened.
3. Research activities should be suspended.
4. There is reasonable indication of possible violations of civil or criminal law.
5. Federal action is required to protect the interests of those involved in the research misconduct proceeding.
6. HHS may need to take appropriate steps to safeguard evidence and protect the rights of those involved.
7. If the investigation takes more than 180 days to complete, the institution will ask ORI in writing for an extension.

14. Sequestration of Records

Earlham will, either before or when the Research Integrity Officer notifies the respondent of the allegation, inquiry, or investigation, promptly take all reasonable and practical steps to obtain custody of all the research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence, and sequester them in a secure manner. Additionally, Earlham will undertake all reasonable and practical efforts to take custody of additional research records or evidence that is discovered during the course of a research misconduct proceeding. Where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments.

Where appropriate, Earlham will provide the respondent copies of, or reasonable, supervised access to the research records.

15. Record Retention

Earlham will maintain the institutional record[11] and all sequestered evidence, including physical objects (regardless of whether the evidence is part of the institutional record), in a secure manner for at least 7 years after the completion of the proceedings or the completion of any HHS proceeding, whichever is later, unless custody has been transferred to HHS. Records retention is required regardless of findings.

[11] See the definition of institutional record for full contents.

16. Responsibilities

16.1. Earlham's General Responsibilities

Earlham will respond to each allegation of research misconduct under 42 CFR Part 93 in a thorough, competent, objective, and fair manner. The institution will take all reasonable and practical steps to ensure the cooperation of respondents and other institutional members with research misconduct proceedings, including but not limited to, their providing information, research records, and other evidence. Earlham agrees to cooperate with ORI during any research misconduct proceeding or compliance review, including addressing additional allegations in the institutional record if directed by ORI and to assist in administering and enforcing any HHS administrative actions imposed on institutional members. The institution may also take steps to manage published data or acknowledge that data may be unreliable.

The institution will ensure that the institutional record contains all required elements, i.e., research records that were compiled and considered during the proceedings, assessment documentation, and inquiry and/or investigation reports.

16.2. Earlham's Responsibilities to the Complainant(s)

Earlham will provide confidentiality consistent with 42 CFR Part 93 for all complainants in a research misconduct proceeding. The institution will also take precautions to ensure that individuals responsible for carrying out any part of the research misconduct proceeding do not have potential, perceived, or actual personal, professional, or financial conflicts of interest with the complainant(s). Earlham agrees to take all reasonable and practical steps to protect the positions and reputations of complainants and to protect these individuals from retaliation by respondents and/or other institutional members.

16.3. Earlham's Responsibilities to the Respondent(s)

Earlham will provide confidentiality consistent with 42 CFR Part 93 to all respondents in a research misconduct proceeding. The institution will make a good-faith effort to notify the respondent(s) in writing of the allegations being made against them. The institution will take precautions to ensure that individuals responsible for carrying out any part of the research misconduct proceeding do not have unresolved personal, professional, or financial conflicts of interest with the respondent. The institution is responsible for giving the respondent(s) copies of or supervised access to the sequestered research records.

The institution will bear the burden of proof, by a preponderance of the evidence, for making a finding of research misconduct. The institution will make all reasonable, practical efforts, if requested and as appropriate, to protect or restore the reputation of respondents against whom no finding of research misconduct is made.

16.4. Earlham's Responsibilities to Committee Members

The institution will ensure that a committee, consortium, or person acting on the institution's behalf conducts research misconduct proceedings in compliance with federal regulation. The institution will take all reasonable and practical steps to protect the positions and reputations of good-faith committee members and to protect these individuals from retaliation.

16.5. Earlham's Responsibilities to the Witness[es]

Earlham will provide confidentiality consistent with 42 CFR Part 93 for all witnesses. The institution will take precautions to ensure that individuals responsible for carrying out any part of the proceedings do not have unresolved personal, professional, or financial conflicts of interest with the witnesses. The institution will also take all reasonable and practical steps to protect the positions and reputations of witnesses and to protect these individuals from retaliation.

16.6. Research Integrity Officer Responsibilities

The Research Integrity Officer (RIO) is the institutional official responsible for administering Earlham's written policies and procedures for addressing allegations of research misconduct in compliance with the PHS regulation and all other federal regulations. The institution may choose to have the RIO or another designated institutional official conduct the inquiry in lieu of a committee, and, if needed, this individual may utilize one or more subject matter experts to assist them in the inquiry.

16.7. Complainant Responsibilities

The complainant brings research misconduct allegations to the attention of an institutional or PHS official.

16.8. Respondent Responsibilities

The respondent has the burden of going forward with and proving, by a preponderance of evidence, affirmative defenses raised. The respondent's destruction of research records documenting the questioned research is evidence

of research misconduct where a preponderance of evidence establishes that the respondent intentionally or knowingly destroyed records after being informed of the research misconduct allegations. The respondent's failure to provide research records documenting the questioned research is evidence of research misconduct where the respondent claims to possess the records but refuses to provide them upon request.

The respondent will not be present during the witnesses' interviews but will be provided a transcript of the interview after it takes place. The respondent will have opportunities to (a) view and comment on the inquiry report, (b) view and comment on the investigation report, and (c) submit any comments on the draft investigation report to Earlham within 30 days of receiving it.

The respondent may admit to the allegations. See the section on "Respondent Admissions" for more information.

16.9. Committee Member Responsibilities

Committee members are experts who act in good faith to cooperate with the research misconduct proceedings by impartially carrying out their assigned duties for the purpose of helping Earlham meet its responsibilities under this policy. Committee members will have relevant scientific expertise and be free of real or perceived conflicts of interest with any of the parties involved.

Committee members or anyone acting on behalf of Earlham will conduct research misconduct proceedings consistent with this policy, including those in the Confidentiality section. During the proceedings, committee members participate in recorded interviews of each respondent, complainant, 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(s).

Committee members may serve for more than one investigation, in cases with multiple respondents. Committee members may also serve for both the inquiry and the investigation.

16.10. Witness Responsibilities

Witnesses will cooperate with the research misconduct proceedings in good faith and have a reasonable belief in the truth of their testimony, based on the information known to them at the time.

16.11. Institutional Deciding Official Responsibilities

The Institutional Deciding Official (IDO) makes the final determination of research misconduct findings. The IDO documents their determination in a written decision that includes whether research misconduct occurred, and if so, what kind and who committed it, and a description of the relevant actions Earlham has taken or will take.

Clerical Notes

Revised 2025; approved by President Paul Sniegowski on December 15, 2025.

APPENDIX I – Procedure Flowchart