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UNIVERSITY OF WEST GEORGIA

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Area	Academic and Research (Procedures)
Chief Or Responsible Party	Chief Research Officer

Responsible Conduct in Research and Scholarship

Authority for Procedure granted by UWG PL 2014, Research and Sponsored Projects.

A. General Policies and Principles

The University of West Georgia (UWG) is committed to upholding the highest standards of research and scholarship integrity. This institution promotes the responsible conduct of research, discourages research misconduct, and ensures allegations or evidence of possible misconduct are addressed promptly and thoroughly through established protocols for handling and securing the institutional record and evidence of research misconduct.

All individuals engaged in research and scholarly projects are expected to act with honesty, rigor, transparency, and accountability. Institutional members share responsibility for contributing to the organizational culture that establishes, maintains, and promotes research and scholarship integrity, including adherence to responsible research practices.

UWG 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 rectify the scientific record and/or restore researchers' reputations, as appropriate.

Research misconduct undermines the UWG's interests, the health and safety of the public, the integrity of research, and the conservation of public funds. Both the institution and its institutional members have an affirmative duty to protect these interests by ensuring the integrity of all research conducted on behalf of UWG.

UWG adopts this procedure in compliance with applicable federal laws, regulations, and policies governing research and scholarship misconduct, including the Health Research Extension Act of 1985 (42 U.S.C. 289b), Public Health Service (PHS) regulations to be promulgated pursuant to that Act, and the policy adopted by the National Science Foundation (NSF), regulation 45 CFR Part 689. These regulations require universities receiving federal funds to establish administrative procedures for reviewing allegations of research misconduct. This procedure is in compliance with the Board of Regents (BOR) Policy Manual 08.02.18.01 Ethics Policy.

UWG is responsible for ensuring that these policies and procedures for addressing allegations of research misconduct meet the requirements of the PHS Policies on Research Misconduct (42 CFR Part 93, "the PHS regulation"). UWG is responsible for establishing, maintaining, and enforcing policies and procedures that meet these requirements, informing institutional members of their obligations, and making such policies publicly available. UWG is committed to following these policies and procedures when responding to allegations of research misconduct.

B. Scope and Applicability

1. Applicability

These policies and procedures apply to all allegations of research misconduct involving individuals at UWG engaged in research or other scholarly activities, regardless of funding source, including activities supported by federal funds. This includes, but is not limited to:

a. Research, training programs, or other scholarly activities (e.g., biomedical, behavioral, or educational) conducted by any UWG-affiliated faculty, staff, or student.

b. Applications or proposals for, and activities supported by the PHS, including biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or research training.

c. PHS-supported activities related to biomedical or behavioral research or research training, such as, but not limited to, the operation of tissue and data banks or the dissemination of research information.

d. Research records produced during PHS-supported research, research training, or related activities.

e. Research proposed, performed, reviewed, or reported, and any research records generated from that research, regardless of whether a funding application or proposal resulted in an awarded grant, contract, cooperative agreement, sub-award, or other form of PHS support.

2. Six-Year Limitation

These policies and procedures apply only to research misconduct occurring within six years of the date the allegation is received by HHS or the University of West Georgia, except when:

a. The respondent continues or renews any incident of alleged research misconduct that occurred before the six years 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").

    i. If alleged research misconduct appears subject to the subsequent use exception, but UWG determines that the exception does not apply, UWG will document that determination and retain the documentation for the later of seven years after completion of the institutional proceeding or the completion of any related HHS proceeding.

b. ORI or UWG, in consultation with ORI, determines that the alleged research misconduct, if it occurred, would possibly have a substantial adverse effect on public health or safety.

3. Regulatory Supremacy

These policies and procedures do not supersede or establish an alternative to the PHS regulation or any existing regulations for handling research misconduct involving non-PHS supported research. In case of any conflict between this document and 42 CFR Part 93, the PHS regulation prevails. They are intended to enable UWG to comply with the requirements of the PHS regulation and establish policy for all other research and scholarly pursuits at UWG.

C. Roles, Rights, & Responsibilities

1. Institution

a. General Responsibilities

To the extent possible, UWG will:

i. Limit disclosure of the identity of respondents, complainants, and witnesses to those who need to know during research misconduct proceedings. *This disclosure limitation no longer applies once the institution issues a final determination of research misconduct findings.*

ii. Inform all institutional members of these policies and procedures and make them publicly available.

iii. Respond to each allegation of research misconduct in a thorough, competent, objective, and fair manner in accordance with 42 CFR Part 93.

iv. Take reasonable and practical steps to ensure cooperation of respondents and other institutional members with research misconduct proceedings, including, but not limited to, the provision of information, research records, and other evidence.

v. Cooperate fully with ORI during any research misconduct proceeding or compliance review, including addressing deficiencies or additional allegations identified by ORI and assisting in the administration and enforcement of any HHS administrative actions.

When appropriate, UWG may also take steps to manage published research data or to acknowledge that such data may be unreliable.

b. Responsibilities During & After Misconduct Proceedings

The institution will maintain confidentiality of records or evidence, except as prescribed by applicable law, that could identify research subjects, and will limit disclosure to individuals who need to know to carry out a research misconduct proceeding. The institution will promptly take all reasonable and practical steps to obtain, secure, and sequester all relevant research records and other evidence before or at the time the respondent is notified of the allegation(s), and as additional relevant material becomes known.

The institution will maintain a complete institutional record of the proceedings (i.e., research records compiled and considered during the proceedings, assessment documentation, and inquiry and/or investigation reports). Upon completion of the inquiry, the institution will provide ORI with the inquiry report and add it to the institutional record within 30 days of making that determination.

The institution will provide information, records, or evidence, whether the evidence is included in the

institutional record, to ORI or HHS upon request, promptly notify ORI of any special circumstances, and fully cooperate with any related oversight or compliance review. Disclosure of the identities of respondents, complainants, and witnesses during the proceedings will be limited to those with a need to know (e.g., Institutional review boards, journals, editors, publishers, co-authors, and collaborating institutions), as determined by the institution and as permitted by law.

c. Responsibilities to the Complainant(s)

The institution will maintain confidentiality for complainants in a research misconduct proceeding consistent with 42 CFR Part 93. The institution will ensure that individuals involved in the proceedings have no potential, perceived, or actual personal, professional, or financial conflicts of interest with the complainant(s). UWG will take reasonable steps to protect complainants from retaliation and reputational harm. If UWG chooses to notify one complainant of the inquiry results, the institution will notify all complainants, to the extent possible.

d. Responsibilities to the Respondent(s)

The institution will maintain respondent confidentiality consistent with 42 CFR Part 93 and will make a good-faith effort to notify respondents in writing of the allegations. Individuals involved in the research misconduct proceedings will have no unresolved personal, professional, or financial conflicts of interest with the respondent.

Respondents will be provided with copies of, or supervised access to, the sequestered research records and will be notified in writing of the inquiry findings, including whether an investigation is warranted. Respondents will have an opportunity to review and comment on the inquiry report and to attach their comments. If an investigation is commenced, the institution shall give the respondent(s) written notice of any additional allegations not previously addressed by the inquiry report and allow the respondent(s) to review the witness transcripts.

Respondents will have opportunities to review and comment on the draft investigation report and any information or allegations added to the institutional record. The institution will give due consideration to admissible, credible evidence of honest error or difference of opinion presented by the respondent.

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

e. Responsibilities to Committee Members

The institution will ensure that research misconduct proceedings conducted on its behalf comply with the PHS regulations. The institution will take reasonable and practical steps to protect the positions and reputations of good-faith committee members from retaliation and to safeguard their positions and reputations.

f. Responsibilities to the Witness[es]

The institution will maintain confidentiality for witnesses consistent with 42 CFR Part 93. The institutions

will ensure that individuals involved in the proceedings have no unresolved personal, professional, or financial conflicts of interest with the witnesses. The institutions will take reasonable and practical steps to protect witnesses from retaliation and reputational harm.

2. Research Integrity Officer

The Chief Research Officer serves as the University's Research Integrity Officer (RIO) and is responsible for implementing this procedure and acting as liaison with external agencies and/or individuals making allegations of research misconduct.

The RIO administers the UWG's policies and procedures for addressing allegations of research misconduct in compliance with the PHS regulations. The RIO shall not serve as both the Institutional Deciding Official and the RIO. The institution may designate the RIO or another institutional official to conduct inquiries in lieu of a committee, with assistance of subject matter experts if needed.

Upon receipt of an allegation of research misconduct, the RIO or designee will promptly assess whether the allegation:

- falls within the definition of research misconduct under the PHS regulations and University policy,
- meets the applicability criteria of the regulation at § 93.102, and
- is sufficiently credible and specific to allow identification of potential evidence.

If an inquiry is warranted (i.e., met requirements), the RIO or designee shall document the assessment, promptly sequester all research records and other evidence per the PHS regulation and this University policy, and promptly initiate the inquiry.

If an inquiry is not warranted (i.e., did not meet the requirements), detailed documentation of the assessment, including reasons why the institution did not conduct an inquiry, will be maintained to permit a later review by ORI. All related records will be securely retained for seven years and provided to ORI upon request.

3. Complainant

The complainant is an individual who, in good faith, reports an allegation of research misconduct directly to the institution or HHS.

Allegations in good faith mean having a reasonable belief in the truth of the allegation or testimony based on the information available at the time. Complainants will testify before the inquiry and investigation committees, to review portions of the inquiry and investigation reports pertinent to his/her allegations or testimony, and informed of the results of the inquiry and investigation. When appropriate and determined by the Chief Academic Officer, complainants may be invited to provide pertinent information on any portion of the draft report.

Complainants are responsible for acting in good faith, maintaining confidentiality, and cooperating fully with inquiry or investigation proceedings. Complainants will be protected from retaliation in accordance with applicable regulations.

4. Respondent

The respondent bears the responsibility for asserting and proving affirmative defenses raised, by a preponderance of evidence. The respondent will be notified of the allegations when an inquiry is opened and will receive written notice of the final determinations and any resulting actions. Throughout the inquiry and investigation process, the respondent is responsible for maintaining confidentiality and cooperating fully with all proceedings.

The intentional or knowing destruction of research records documenting the questioned research, after the respondent has been notified of research misconduct allegations, constitutes evidence of research misconduct if established by a preponderance of the evidence. Failure to produce requested research records, when the respondent claims to possess the records but refuses to provide them, also constitutes evidence of research misconduct.

The respondent will not be present during witness interviews; however, the respondent will be provided a transcript of each interview after it is conducted. The respondent will have opportunities to:

- view and comment on the inquiry report,
- view and comment on the investigation report, and
- submit any comments on the draft investigation report to UWG within 30 days of receipt.

If admitting to research misconduct, the respondent shall 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 represented a significant departure from accepted practices of the relevant research community.

If no finding of research misconduct is made, the respondent has the right to receive institutional assistance in restoring his/ her reputation, such as verbal notification or written documentation that no misconduct was found.

5. Committee & Consortium Members

Committee members and, where applicable, consortium members are experts who act in good faith to support research misconduct proceedings. They shall perform their assigned duties impartially and solely for the purpose of assisting UWG in fulfilling its obligations under 42 CFR Part 93. Members will have relevant scientific expertise and be free from real or perceived conflicts of interest with any involved parties.

Members or anyone acting on behalf of UWG will conduct proceedings consistent with PHS regulations, determine whether an investigation is warranted, and document the determination in an inquiry report. During an investigation, committee or consortium members participate in recorded interviews with the respondents, complainants, and other available individuals reasonably identified as having relevant information, including witnesses named by the respondents. They will determine whether research misconduct occurred and document the findings in the investigation report, including consideration of any comments submitted by the respondent and/or the complainant.

In cases with multiple respondents, the same committee or consortium members or anyone acting on behalf of UWG may be used; however, separate investigation reports and research misconduct

determinations will be issued for each respondent. Members may serve in both the inquiry and investigation phases and may participate in more than one investigation.

6. Witnesses

Witnesses are individuals whom UWG has reasonably identified as having information relevant to a research misconduct investigation. Witnesses are expected to cooperate in good faith and to provide truthful testimony, based on their information known to them at the time.

7. Institutional Deciding Official (IDO)

The Institutional Deciding Official (IDO) is responsible for making the final determination of research misconduct findings and cannot serve as the RIO. The IDO documents the determination in a written decision that states whether research misconduct occurred, the nature of the misconduct, the individual(s) responsible, and a description of the relevant actions taken or to be taken by UWG. The written decision becomes part of the institutional record.

D. Addressing Allegations of Research Misconduct

1. Assessment

The purpose of an assessment is to determine whether an allegation of research misconduct **warrants an inquiry**. It is a **preliminary review of readily available information** related to the allegation.

Upon receiving an allegation, the RIO or another designated institutional official will promptly determine whether the allegation:

- **Meets the definition of research misconduct,**
- **Meets the applicable criteria of 42 CFR Part 93 (§ 93.102)**, and
- Is **credible and sufficiently specific** to allow identification and sequestration of potential evidence.

If all three criteria are met, the RIO or designated official will promptly:

- **Document the assessment**, and
- **Initiate an inquiry and sequester relevant research records and evidence**.

If the allegation does not meet the criteria, the RIO or designated official will **document the rationale for not proceeding** and retain that documentation for potential review by ORI.

All assessment documentation must be **securely retained for seven years** after the conclusion of the misconduct proceedings.

2. Inquiry

a. Purpose

An inquiry is initiated when the assessment determines that the allegation meets the required criteria. Its

purpose is to **conduct a preliminary review of the evidence** to decide whether a full investigation is warranted.

An inquiry:

- **Does not require a full evidentiary review of all evidence**
- **Does not determine whether misconduct occurred or who is responsible**

The institution will make **reasonable efforts to protect the identities** of those individuals involved during the inquiry. If the matter proceeds to an investigation, the respondent may request to confront the complainant, at which point the complainant's identity must be disclosed.

The RIO will **initiate the inquiry promptly** and complete it within **90 days**, unless circumstances require additional time. Any extension must be **documented and justified in the inquiry report**.

b. Sequestration of Records

Before or at the time the respondent is notified, UWG will **collect, inventory, and securely sequester all research records and relevant evidence** (originals or substantially equivalent copies). This includes materials held by **co-authors, collaborators, or complainants**.

The institution has a duty to collect, inventory, and securely sequester all records and evidence **to prevent loss, alteration, or fabrication, and collect on an ongoing basis** if additional relevant evidence is identified.

Research records generated under federal grants, cooperative agreements, the majority of contracts, and individual faculty research are deemed, at least in part, **University property**, and employees shall not obstruct the University's right to access such records.

The RIO, with assistance from the respondent's supervisor and Chief Legal Officer, as needed, will **oversee the collection and sequestration process**. If the respondent is unavailable, collection may proceed in their absence **without advance notification to the respondent**.

To maintain proper custody and protect all parties:

- **All collected documents shall remain intact and unaltered**
- A **dated receipt** will be issued for items, signed by both the collecting official and the individual surrendering the materials
- A **complete inventory** will be provided within **10 business days** to the individual surrendering the materials**, or a written explanation and expected delivery date will be documented if delayed.**

The RIO is responsible for **maintaining custody, ensuring confidentiality, and safeguarding all evidence** throughout the process.

c. Notification to the Respondent

At or before the start of the inquiry, the **RIO will make a good-faith effort to notify the respondent(s) in writing** that:

- **An allegation of research misconduct has been made against them,**
- **Relevant research records have been sequestered, and**

- **An inquiry will be conducted to determine whether an investigation is warranted.**

The notification will specify the following:

- Identification of the research or other scholarly project in question;
- **Specific allegations under review**;
- **Definition of Scholarly Misconduct** ;
- Identification of any f**unding information**, including grants, contracts, proposals, and any known or pending applications or proposals for support to PHS and non-PHS Federal agencies, if involved;
- **Composition of the inquiry committee** and experts, name, position, and subject matter expertise, if any;
- Procedures for objecting to the committee members or experts due to bias or Conflict of Interest;
- **Respondent rights** (e.g., counsel, to be interviewed, presenting evidence, commenting on the draft report)
- The respondent's obligation as an employee of the University to cooperate with the investigation; and
- The University's anti-retaliation and confidentiality protections for complainants during the Inquiry and any subsequent proceedings. (see UWG PL 4001, Non-Discrimination and Anti-Harassment Complaint Procedure)

Any additional notifications, including whether **external funding agencies should be informed,** will be determined by t**he RIO and the Chief Academic Officer in consultation with appropriate advisors (e.g., Chief Legal Officer).** The Chief Academic Officer will provide a comprehensive description of the evidence in the notification.

The **RIO, Chief Academic Officer, and/or the inquiry committee may meet separately with the respondent and complainant,** reviewing relevant materials to determine whether to recommend an investigation. A respondent's refusal to cooperate with the inquiry process shall constitute grounds for recommending an investigation and possible sanctions for failure to participate in a University investigation.

If **new or additional allegations and/or respondents** are identified, UWG shall notify the respondent(s) in writing and, when appropriate, provide the respondent(s) with copies of, or reasonable supervised access to, any newly sequestered materials related to the additional allegations. All respondents shall be afforded the same rights and opportunities under these policies as the original respondent. Notifications to respondents shall include only those allegations that pertain specifically to the individual receiving the notice.

If the alleged misconduct involves external funding, UWG shall notify the applicable funding agency that an investigation has been initiated.

d. Inquiry Committee & Ensuring Neutrality

The RIO, in consultation with the respondent's Dean and the Chief Academic Officer, will determine the composition of the inquiry committee and appoint a chair within 10 business days of initiating the inquiry.

All committee members will be instructed on their responsibilities, including maintaining confidentiality and complying with applicable PHS regulations. Members and any experts must agree in writing to keep all proceedings, documents, and identities of involved parties confidential and may not discuss the inquiry

outside authorized channels.

The respondent will be notified in writing of the proposed inquiry committee membership within five (5) business days of the committee's formation and will be asked to confirm receipt.

The respondent has five (5) business days to raise any objections to appointed committee members or experts based on bias or conflict of interest.

If the RIO determines that a potential bias or conflict of interest exists, the challenged member or expert will be replaced with a qualified substitute within five (5) business days.

In lieu of a committee, the RIO or another designated official may conduct the inquiry, with assistance of subject matter experts as needed.

e. Determining Whether an Investigation Is Warranted

The inquiry committee, the Research Integrity Officer (RIO), or another designated institutional official shall conduct a preliminary review of the available evidence to determine whether an investigation is warranted.

The RIO, or their designee, shall issue a written charge to the inquiry committee stating the purpose of the inquiry, describing the allegations and related issues, and outlining the procedures for conducting the inquiry. The RIO, or their designee, and the Chief Legal Officer shall be present or available throughout the inquiry to provide guidance to the inquiry committee, as needed.

As part of the inquiry's fact-finding process, the inquiry committee may interview the respondent, complainant, and/or relevant witnesses. The purpose of these interviews is to gather information and perspectives, not to make final determinations regarding misconduct.

Witnesses shall be informed in advance of the general topics to be discussed during the interviews. If new issues arise, witnesses may provide supplemental written statements or participate in additional interviews.

Interviews with the respondent shall be recorded or transcribed. Interviews with complainants or witnesses may be summarized, recorded, or transcribed. Interview transcripts or summaries shall be provided to the respondent, complainant, or witness, as applicable, for factual review and correction. Any corrections or responses must be submitted to the RIO within five (5) business days of receipt. If no corrections are submitted within this time period, the testimony shall be considered accurate as recorded.

Respondents, complainants, and witnesses may consult with and be accompanied to any meeting by legal counsel or a non-lawyer personal advisor provided that the advisor is not a principal or witness in the case. The role of legal counsel or a personal advisor is limited to advising the individual and does not include participation in the proceedings. All participants are required to respond directly to interview questions.

After reviewing the evidence and testimony, and in consultation with the RIO, Chief Academic Officer, and Chief Legal Officer, the inquiry committee shall determine whether there is sufficient evidence to warrant an investigation. The inquiry committee shall not make findings regarding whether misconduct occurred or assess intent.

An investigation is warranted both of the following criteria are met:

i. The allegation falls within the definition of research misconduct under 42 CFR Part 93 and

applicable § 93.102 criteria; and

ii. The information gathered during the inquiry indicates the allegation may have merit.

3. Documenting the Inquiry Report

At the conclusion of the inquiry, the inquiry committee, RIO, or other designated institutional official will prepare a written inquiry report and submit it to the Chief Academic Officer within 45 calendar days unless the RIO approves an extension. If the inquiry report cannot be completed within this timeframe, the Chief Academic Officer will receive a status update summarizing the progress to date, reasons for the delay, and the anticipated completion date, and the respondent and other relevant individuals will be notified.

The inquiry report will include, as applicable:

a. The names, professional aliases, and positions of the respondent and complainant(s).
b. A description of the research misconduct allegation(s).
c. Funding details, including PHS or other support, grant numbers, grant applications, contracts, and publications listing (PHS) support.
d. Composition of the inquiry committee, including names, positions, and subject matter expertise.
e. An inventory of sequestered research records and evidence and a description of the sequestration process.
f. Interview transcripts, if transcribed and summaries.
g. Inquiry timeline and procedural history.
h. Any scientific or forensic analyses conducted.
i. The basis for recommending that an investigation is or is not warranted.
j. Any comments submitted by the respondent(s) or complainant(s).
k. Any institutional actions implemented, including internal communications or external communications with journals or funding agencies.
l. Documentation of potential honest errors or differences of opinion.
m. The committee's final determination whether an investigation is recommended or any other actions should be taken if an investigation is not recommended.

4. Completing the Inquiry

The University General Counsel shall review the inquiry report for legal sufficiency. UWG shall provide the respondent with a copy of the draft inquiry report for review and written comment. The respondent must submit any comments within fifteen (15) calendar days of receipt.

At the institution's discretion, relevant portions of the draft inquiry report may also be provided to the complainant for review and comment. If the institution elects to do so, the complainant must return any comments within fifteen (15) calendar days of receipt.

All comments received on the draft inquiry report shall be incorporated into the final inquiry report and retained as part of the official record. The inquiry committee may revise the report as appropriate in response to the comments received. If no comments are submitted within the applicable fifteen-day period,

the Research Integrity Officer (RIO) may conclude that neither the respondent nor the complainant has proposed changes to the report.

If UWG intends to terminate an inquiry involving an allegation related to a PHS or NSF-funded project before completing all applicable regulatory requirements (e.g., 50.103 (d) for PHS and 689.3 for NSF), the institution shall submit a report of the planned termination, including a description of the reasons for such termination, to the agency's cognizant office. This report shall include the reasons for the proposed termination. The cognizant agency will determine whether further inquiry or action is required.

Upon completion of the inquiry, UWG shall notify the respondent in writing of the final outcome and shall provide the respondent with copies of the final inquiry report, the applicable PHS regulations, and these institutional policies and procedures. The institution may, but is not required to, notify the complainant whether the inquiry resulted in a determination that an investigation is warranted. If the institution provides such notification to one complainant, it shall, to the extent possible, provide the same notification to all complainants involved in the matter.

a. If an Investigation Is Not Warranted

If the inquiry does not recommend an investigation, the Chief Academic Officer will notify the complainant, respondent, University General Counsel, President, and any other individuals to whom the respondent's identity was disclosed, and the matter will be closed. The University will take reasonable efforts to restore the respondent's reputation by sharing a factual summary of the inquiry's outcome with appropriate parties. When an allegation is made in good faith, the University will protect complainants and cooperating individuals from retaliation. Any alleged or apparent retaliation must be reported immediately to the RIO, Chief Academic Officer, University General Counsel, or President as appropriate.

UWG will retain sufficiently detailed documentation for at least seven (7) years after the termination of the inquiry, in accordance with the University System of Georgia (USG) Records Retention Schedules, to permit a later assessment by the Office of Research Integrity (ORI) of the reasons why the institution did not proceed to an investigation. Upon request, UWG will provide such records to ORI. These records will be maintained by the Office of Research and Sponsored Projects (ORSP).

b. If a Respondent Admits to Misconduct

If a Respondent admits misconduct, they will be asked immediately to sign a written statement attesting to the occurrence and extent of the misconduct. An admission does not automatically resolve the matter; further investigation may be required to determine the extent of misconduct or explore additional issues.

The RIO, in consultation with the Chief Legal Officer and other appropriate officials, will determine whether there are sufficient grounds to close a case after all procedural requirements are met.

c. If an Investigation is Warranted

If the inquiry reveals substantial evidence of misconduct, the RIO will transmit the final report and any comments to the Chief Academic Officer. The Inquiry is completed when the Chief Academic Officer makes a determination that there is evidence of misconduct and an investigation is warranted. The Chief Academic Officer, in consultation with the RIO, the University General Counsel, and other appropriate parties, will reach their determination on a case-by-case-basis, considering all relevant factors, including, but not limited to:

i. the accuracy and reliability of the source of the allegation of misconduct;
ii. the seriousness of the alleged misconduct;
iii. the scope of the alleged incident and the context in which it became known; and
iv. other information obtained during the inquiry.

If the inquiry committee, RIO, and other designated institutional official (e.g., the Chief Academic Officer) determines that an investigation is warranted, UWG must:

i. within a reasonable amount of time after this decision, provide written notice to the respondent(s) of the decision to conduct an investigation of the alleged misconduct, including any allegations of research misconduct not addressed during the inquiry; and
ii. within 30 days of determining that an investigation is warranted, provide ORI with a copy of the inquiry report.

On a case-by-case basis, UWG may choose to notify the complainant that there will be an investigation of the alleged misconduct, but is required to take the same notification action for all complainants in cases where there is more than one complainant.

If an Investigation is initiated, any outside sponsoring agency that may be involved or have an interest in the alleged misconduct will be notified. The Chief Academic Officer, in consultation with the RIO and University General Counsel, will determine what this notification will include and to whom it will be directed. The complainant and the respondent will be notified in writing, with an email with a request for receipt confirmation, when an investigation will follow.

E. Investigation

The purpose of an investigation is to **develop a complete factual record**, examine all relevant evidence, and **recommend findings to the IDO**. The IDO makes the **final determination on each allegation based on a preponderance of the evidence** and identifies any institutional actions.

The University of West Georgia will **diligently pursue all relevant leads**, including potential additional instances of misconduct, and may **expand the scope of the investigation** if warranted, particularly in cases involving **clinical trials, potential harm to human subjects or public safety, or research that informs public policy, clinical practice, or public health**. UWG will **notify ORI within 30 days** of deciding to initiate an investigation.

1. Notifying the Respondent & Sequestering Evidence

UWG will **notify the respondent in writing** (i.e., via email with a request receipt confirmation) **within 30 days** of determining that an investigation is warranted and **before it begins**. The notice will include:

- **List of Allegations**
- **Definition of Scholarly Misconduct**
- **Copy of the inquiry report**
- **Applicable investigation policies and procedures,** including the appointment of the investigation committee and experts
- **Sources of funding (if applicable)**

- **Respondent rights** (e.g., counsel, presenting evidence, commenting on the draft report)
- **Opportunity to challenge committee member appointment or experts for bias or conflict of interest**

UWG will **secure and inventory all relevant research records and evidence** (originals or equivalent copies) **at or before notifying the respondent** and will **retain these materials for at least seven years**. If additional respondents are identified, they will be **notified of the allegations and given an opportunity to respond**. UWG may either **initiate a separate inquiry** for new respondents or **include them in the ongoing investigation**.

2. Convening an Investigation Committee

The RIO will appoint an Investigation Committee within **10 business days** of notifying the respondent that an investigation will proceed. The RIO will serve as a **member and chair of the committee**. The committee will include **at least three individuals** who are **free of real or apparent conflicts of interest**, are **impartial**, and have the **necessary expertise** to evaluate the evidence, interview the principals and witnesses, and conduct the investigation. Members may be internal or external to the University and may include scientists, administrators, subject matter experts, or attorneys. Prior service on the Inquiry Committee is permitted.

All committee members and experts must **sign confidentiality agreements** and may not discuss the case outside official proceedings with any unauthorized individuals, including respondents, complainants, or witnesses.

After confirming qualifications and conflicts of interest, the RIO, assisted by the Chief Legal Officer, will formally convene the committee and issue a **written charge defining the scope of the investigation, the allegations, and applicable definitions of misconduct**, and identifying the respondent.

The committee will **review records, conduct interviews, and pursue all relevant evidence**, including but not limited to:

a. **examination of all documentation** (e.g., relevant research records, computer files, proposals, manuscripts, publications, correspondence, memoranda, and notes of telephone calls);
b. **review of the inquiry report**; and
c. **interviews of parties and witnesses** who may have been involved in or have knowledge about the case.

The institution will ensure the investigation is **thorough, sufficiently documented, and conducted in an impartial manner**. The respondent will be **notified in writing of any additional allegations** identified during the investigation.

3. Conducting Interviews

The Committee will interview the respondent, complainant, and any other individual reasonably identified as having relevant information, including witnesses identified by the respondent.

All exhibits will be **numbered and referenced consistently** during interviews. Interviews will be **recorded and transcribed**, and transcripts will be provided to interviewees for review and correction. The final transcripts, along with any corrections and exhibits, will be included in the **institutional record**.

The respondent will not be present during witness interviews; however, they will receive **redacted transcripts of each interview as appropriate to protect confidentiality**.

4. Documenting the Investigation

UWG will complete all aspects of the investigation within **180 days**. The institution will conduct the investigation, prepare a **draft investigation report for each respondent**, and provide the respondent an opportunity to comment. The IDO's **final determination will be documented**, and the complete institutional record (including the final report and IDO decision) will be transmitted to ORI. If the investigation exceeds 180 days, UWG will **request an extension from ORI in writing** and document the reason for the delay.

5. Investigation Report Requirements

Each respondent's investigation report will include:

- **Description of allegations**, including any additional issues identified
- **Funding information**, including grants, contracts, proposals, and any known or pending applications or proposals for support to PHS and non-PHS Federal agencies
- **Specific allegations under review**
- **Investigation committee composition** (name(s), position(s), and subject matter expertise)
- **Inventory of sequestered evidence and research records used in the investigation,** including a description of how sequestration was conducted
- **Transcripts of all interviews**
- **Identification of affected research outputs**, including publications (printed or online), submitted manuscripts, proposals, reports, presentations, posters, and other relevant records. This also includes any PHS and non-PHS funding applications, progress reports, etc. that contain the alleged falsified, fabricated, or plagiarized material
- **Scientific or forensic analyses conducted**
- **Copy of applicable policies and procedures**
- **Respondent and complainant comments on the draft investigation report and committee responses**
- **Committee recommendation on whether misconduct occurred for each allegation**

If misconduct is found, the report will also specify, per allegation:

- **Identification of the individual(s) who committed the misconduct**
- **Type of misconduct** (fabrication, falsification, and/or plagiarism)
- **Level of Intent** (intentional, knowing, or reckless)
- **Supporting evidence**, including a demonstration of a **significant departure from accepted practices** of the relevant research community, and that the finding is supported by a **preponderance of the evidence**
- **Summary of facts, analysis supporting the conclusion,** and any merits of any explanation by the respondent
- **Funding sources involved**

- **Statement of whether publication corrections or retractions are needed**

If misconduct is not found, the report will include a **clear rationale for the conclusion** along with a list of any **current or pending PHS and non-PHS Federal funding applications or proposals.**

6. Review Process

The RIO will provide the **draft Investigation Report** to the appropriate parties for review, during which revisions may be made as outlined below. All recipients of the draft report, or any portion of it, will be **notified of and required to adhere to confidentiality requirements**, consistent with applicable state and federal law.

a. Chief Legal Officer

The draft report will be reviewed for legal sufficiency, and any feedback will be incorporated, as appropriate.

b. Respondent & Complainant Review

After the Chief Legal Officer's review, the RIO will provide the respondent with the draft report and, concurrently, access to or copies of the research records and evidence considered by the committee. The respondent will have **30 days** from the date they received the report to submit written comments, which will be attached to the final investigation report.

The RIO will also provide the complainant with an opportunity to review relevant portions of the draft report related to their role and input. The complainant will have **30 days** from the date they received the report to submit written comments, which will likewise be attached to the investigation record and included in the final report.

7. Finalization of the Investigation Report

After considering all comments, the committee will review and incorporate necessary modifications and issue the **final investigation report**. The RIO will maintain the official record supporting the findings. At this point, the investigation is considered **complete**.

8. IDO Review

The IDO will review the investigation report and issue a final written determination on whether research misconduct occurred and, if so, who was responsible. The decision will also describe any institutional actions taken or planned. The IDO may return the report to the Investigation Committee for additional fact-finding or analysis if needed. The IDO's determination, together with the investigation report, constitutes the final report for sponsor review.

Once a final decision is reached, the RIO will notify the respondent and complainant in writing. The Chief Academic Officer, in consultation with the Chief Legal Officer, will determine whether other relevant parties (e.g., law enforcement, professional organizations, licensing boards, journal editors, or collaborators) should be notified. If a sponsor is involved, the RIO will provide notification of the investigation and its outcome in accordance with applicable funding or sponsorship requirements.

9. Creating & Transmitting the Institutional Record

After the IDO issues a final determination, the UWG will include the IDO's written decision in the investigation report and organize the complete institutional record.

The institutional record includes all materials compiled or generated during the misconduct proceeding that were considered or relied upon, including the assessment documentation, a single index listing of all records and evidence, the inquiry and investigation reports, and the IDO's final decision. It also includes any information provided by the respondent and a general description of materials that were sequestered but not used.

If the respondent files an appeal, the complete appeal record will be included. UWG will not submit the institutional record to ORI until the appeal process is complete. Once the final determination is issued and any appeal concluded, UWG will transmit the complete institutional record to ORI.

10. Presidential Review of Investigation

The President or their designee may accept or reject (in whole or in part) the recommendations or require additional information. If the matter is not resolved to the employee's satisfaction, the employee may apply for review, in writing, to the Board of Regents (BOR), within 20 calendar days following the written decision of the President or designee (See BOR Policy Manual, **06.26 Application for Discretionary Review**).

F. Other Procedures & Special Circumstances

1. Multiple Institutions & Multiple Respondents

If alleged research misconduct involves multiple institutions, UWG may coordinate with those institutions to determine whether to conduct a joint proceeding and designate a lead institution. The lead institution will gather relevant research records, evidence, and witness testimony, and may include committee members from participating institutions. Decisions regarding whether to proceed, whether misconduct occurred, and resulting actions may be made jointly or by the lead institution.

If multiple respondents are involved, UWG may either conduct separate inquiries for each respondent or include them in an existing proceeding. All respondents will receive notice of the allegations and an opportunity to respond.

2. Respondent Admissions

The University of West Georgia will notify ORI in advance if, at any stage of the proceedings (e.g., assessment, inquiry, investigation, or appeal), it intends to close a research misconduct case due to the respondent's admission or a settlement.

If the respondent admits to misconduct, the respondent shall sign a written admission specifying the fabrication, falsification, or plagiarism involved, identify the affected research records, and acknowledge that the conduct represents a significant departure from accepted research practices.

The institution must provide ORI with the respondent's signed, written admission statement, a written statement confirming the respondent's culpability, and explaining how the admission fully addresses the

scope of the misconduct before closing the case.

3. Restoration of the Respondent's Reputation

If UWG finds that no scientific or other scholarly misconduct occurred, after completing any required consultation with the sponsor and consulting with the respondent, the Chief Academic Officer will make reasonable efforts to restore the respondent's reputation. Depending on the circumstances, these efforts may include:

- Notifying individuals who were aware of or involved in the investigation of the final determination;
- Publicizing the finding of no misconduct in any forums in which the allegation was previously publicized; and/or
- Expunging all references to the misconduct allegation from the respondent's personnel file.

Any institutional actions taken to restore the respondent's reputation must receive prior approval from the President.

In determining whether and how to publicize a finding of no misconduct, the University shall assess whether such publicity would be beneficial or harmful to restoring any reputation(s) that may have been damaged. This determination shall ordinarily be made in consultation with the individual(s) who were accused.

4. Protection of the Complainant & Others

Regardless of whether the institution or the Office of Research Integrity (ORI) determines that scientific or other scholarly misconduct occurred, the Chief Academic Officer shall take reasonable efforts to protect complainants who made allegations in good faith, as well as other individuals who cooperated in good faith with inquiries or investigations related to such allegations.

Throughout the inquiry and investigation process, the Chief Academic Officer shall take appropriate steps to prevent retaliation against the complainant or other cooperating individuals.

Upon completion of the investigation, the President, after consulting with the complainant, shall determine whether any actions are necessary to restore the complainant's position or reputation. The Chief Academic Officer is responsible for implementing any restorative measures approved by the President.

5. Allegations Not Made in Good Faith

As appropriate, the President shall determine whether a complainant's allegation of scientific or other scholarly misconduct was made in good faith. If the President determines that an allegation was not made in good faith, the President shall also determine whether disciplinary or other administrative action should be taken against the complainant.

6. Other Special Circumstances

At any point during misconduct proceedings, UWG will immediately notify ORI if any of the following occur:

- There is a risk to public health or safety, including an immediate need to protect human or animal subjects.
- HHS resources or interests are threatened.

- Research activities should be suspended.
- There is a reasonable indication of potential civil or criminal violations.
- Federal action is required to protect the interests of those involved in the proceeding.
- HHS may need to take steps to safeguard evidence or protect participants' rights.

G. Records Retention

The Office of Research and Sponsored Projects (ORSP) shall maintain the institutional record and sequestered evidence, including physical objects, regardless of whether the evidence is part of the institutional record, securely for seven years after the completion of the inquiry and/or investigation proceeding or the completion of any HHS proceeding, whichever is later, unless custody has been transferred to HHS.

Definitions

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

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

Allegation - A disclosure of possible research misconduct through any means of communication and brought directly to the attention of an institutional or HHS official.

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

Complainant - An individual who, in good faith, makes an allegation of research misconduct.

Conflict of Interest - A Conflict of Interest arises when an employee is in a position to influence, either directly or indirectly, University business, research, or other decisions in ways that could lead to gain for the employee, the employee's family, or others to the detriment of the University's integrity and its mission of academic excellence, research, and public service (see UWG PL 4001, Conflicts of Commitment and Interest).

Evidence - Anything offered or obtained during a research misconduct proceeding that tends to prove or disprove the existence of an alleged fact. Evidence includes documents, whether in hard copy or electronic form, information, tangible items, and testimony.

Fabrication - Making up data or results and recording or reporting them.

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.

Good faith - (a) Good faith as applied to a complainant or witness means having a reasonable belief in the truth of one's allegation or testimony, based on the information known to the complainant or witness at the time. An allegation or cooperation with a research misconduct proceeding is not in good faith if made with knowledge of or reckless disregard for information that would negate the allegation or testimony. (b) Good faith, as applied to an institutional or committee member, means cooperating with the research misconduct proceeding by impartially carrying out the duties assigned for the purpose of helping an institution meet its responsibilities under 42 CFR Part 93. An institutional or committee member does not act in good faith if their acts or omissions during the research misconduct proceedings are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the research misconduct proceeding.

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

Inquiry Committee - consists of a minimum of three persons who do not have real or apparent Conflicts of Interest in the case and have the necessary and appropriate expertise to carry out a thorough and authoritative evaluation of the relevant evidence, interview the principals and key witnesses, and to conduct the Inquiry. These individuals may be faculty, subject matter experts, administrators, lawyers, or other qualified persons, and they may be internal or external to the University.

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

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

Institutional member - 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 nontenured faculty, teaching and support staff, researchers, research coordinators, technicians, postdoctoral and other fellows, students, volunteers, subject matter experts, consultants, or attorneys, or employees or agents of contractors, subcontractors, or sub-awardees.

Institutional record - The institutional record comprises: (a) the records that the institution compiled or generated during the research misconduct proceeding, except records that the institution did not consider or rely on. These records include but are not limited to (1) documentation of the assessment as required by § 93.306(c); (2) if an inquiry is conducted, the inquiry report and all records (other than drafts of the report) considered or relied on during the inquiry, including, but not limited to, research records and the transcripts of any transcribed interviews conducted during the inquiry, information the respondent provided to the institution, and the documentation of any decision not to investigate as required by § 93.309(c); (3) if an investigation is conducted, the investigation report and all records (other than drafts of the report)

considered or relied on during the investigation, including, but not limited to, research records, the transcripts of each interview conducted pursuant to § 93.310(g), and information the respondent provided to the institution; (4) decision(s) by the Institutional Deciding Official, such as the written decision from the Institutional Deciding Official under § 93.314; (5) the complete record of any institutional appeal consistent with § 93.315; (b) a single index listing all the research records and evidence that the institution compiled during the research misconduct proceeding, except records the institution did not consider or rely on; and (c) a general description of the records that were sequestered but not considered or relied on.

Intentionally - To act with the aim of carrying out the act or with a specific purpose in mind. Intentionally means the same as doing something purposefully or willfully.

Investigation - The formal development of a factual record and the examination of that record that meets the criteria and follows the procedures of §§ 93.310 through 93.317. An investigation leads to a decision to either not make a finding of research misconduct or to recommend a finding research misconduct. A finding of research misconduct may include a recommendation for other appropriate actions, including administrative actions.

Knowingly - To act with awareness of the act. Knowingly means the same as consciously taking action.

Plagiarism - 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 involves the deliberate use of any outside source without proper acknowledgement. (c) 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. (d) Plagiarism is scholarly misconduct, whether it occurs in any published work or applications for funding.

Preponderance of the evidence - Preponderance of the evidence means proof by evidence that, compared with evidence opposing it, leads to the conclusion that the fact at issue is more likely true than not.

PHS support - PHS 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; sub-awards, contracts, or subcontracts under those PHS funding instruments; or salary or other payments under PHS grants, cooperative agreements, or contracts.

Recklessly - (a) to propose, perform, or review research, or report research results, with indifference to a known risk of fabrication, falsification, or plagiarism; (b) using materials with a lack of proper caution and/or showing indifference to the risk that the materials may be false, fabricated, or plagiarized; (c) taking a risk with materials without thinking or caring about the consequences of the action, even if the risk is not fully realized; (d) acting with serious disregard for established standards or obvious risks, such that a reasonable person would have known that their action could likely lead to false, misleading, or inaccurate research results or record, even if there was no intent to deceive.

Research - A systematic investigation or experimentation undertaken to establish, discover, develop,

elucidate, or confirm information, underlying mechanisms, systems, methods, or processes. It includes activities such as studies, evaluations, demonstrations, surveys, testing, and the design or improvement of prototypes or procedures. The purpose is to develop or contribute to either generalizable knowledge (basic research) or specific, practical knowledge (applied research) across all fields of inquiry.

Research Integrity Officer (RIO) - 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.

Research misconduct - Fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results, whether committed by the respondent directly or with the assistance of other persons, entities, or tools, including artificial intelligence-based tools. Research misconduct does not include honest error or differences of opinion and requires proof that the foregoing was committed intentionally, knowingly, or recklessly. 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. Research misconduct does not include honest errors or differences of opinion. Additionally, this definition includes violations of University policy pertaining to research, including the failure to obtain proper review and approval by the University committees responsible for research involving human subjects, animal subjects, radioactive materials, and biohazards, as well as the failure to comply with rules and guidelines set forth by the committees responsible for these areas.

Research misconduct proceeding - Relates to alleged research misconduct taken under 42 CFR Part 93, including allegation assessments, inquiries, investigations, ORI oversight reviews, and appeals under subpart E of 42 CFR Part 93. Any actions related to alleged research misconduct taken under this policy and associated procedures, including but not limited to allegation assessments, inquiries, investigations, governmental agency oversight reviews, and appeals.

Research record - The record of data or results that embody the facts resulting from scientific inquiry. Data or results may be in physical or electronic form. Examples of items, materials, or information that may be considered part of the research record include, but are not limited to, research proposals, raw data, processed data, clinical research records, laboratory records, study records, laboratory notebooks, progress reports, manuscripts, abstracts, theses, records of oral presentations, online content, lab meeting reports, and journal articles.

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

Retaliation - 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.

Small institution - An institution that may be too small to conduct an inquiry or investigation into an allegation of research misconduct as required by 42 CFR Part 93 without actual or apparent conflicts of interest.

Sponsor - Agencies or public or private entities or their representatives having oversight responsibility, which provide funding for research or scholarly activities out of which an allegation of misconduct arises.

Suspension and Debarment Official (SDO) - The HHS official authorized to impose suspension and debarment, actions that Federal agencies take to disqualify persons deemed not presently responsible from doing business with the Federal Government.

University Community - All faculty, staff, postdoctoral fellows, graduate and undergraduate students, visiting faculty and scientists, and volunteers. Includes anyone conducting university research or research on the university's behalf.

University Officials - The University President, Vice Presidents, Provost, Deans, Associate Deans, Assistant Deans, Department Chairs/Heads, Directors, Supervisors, and Research Integrity Officer.

Witness - An individual who personally sees or perceives research misconduct or has relevant information related to the research misconduct proceedings and is called to testify to what has been seen, heard, or otherwise observed. An individual with pertinent knowledge of the possible research misconduct, either through direct observation or subject matter expertise.

Related Materials

This procedure implements and complies with the **Public Health Service (PHS) Policies on Research Misconduct**, codified at **42 CFR Part 93**. To promote clarity and readability, applicable regulatory requirements are consolidated in this References section rather than cited throughout the procedural text.

This procedure is informed by and aligned with the following sections of **42 CFR Part 93**, including but not limited to:

- **Applicability and Definitions:** §§ 93.100–93.106
- **Institutional Responsibilities:** §§ 93.200–93.220
- **Roles and Responsibilities** (Research Integrity Officer, Institutional Deciding Official, committees, respondents, complainants, and witnesses): §§ 93.214–93.218, 93.233, 93.237
- **Confidentiality, Conflicts of Interest, and Protection from Retaliation:** §§ 93.300–93.305
- **Inquiry Requirements and Procedures:** §§ 93.306–93.308
- **Investigation Requirements and Procedures:** §§ 93.310–93.314
- **Findings, Determinations, and Actions:** §§ 93.313–93.316
- **Record Retention and Access:** §§ 93.317–93.318

Attachments

Formal Investigation.pdf

Inquiry/Investigation Committee Guidelines.pdf

Approval Signatures

Step Description	Approver	Date