

Effective: August 28, 2009

Policy and Procedures on Integrity in Research and Publication

I. INTRODUCTION

This document articulates University of Illinois' policy and procedures on integrity in research and publication, and prescribes procedures for impartial fact-finding and fair adjudication of allegations of academic and Research Misconduct. This Policy incorporates federal regulations and guidelines of the U.S. Public Health Service [42 CFR 93 (rev. 2005)]. (See <http://ori.dhhs.gov/>). This Policy does not relieve employees from their responsibilities to comply with professional ethical guidelines, applicable federal law and/or regulations, other University statutes, rules, or policies, and Illinois law and shall be administered in compliance with the laws and regulations of any federal agency sponsoring the research in question and shall be subject to modifications, as necessary, for compliance with such laws and/or regulations.

II. GENERAL PROVISIONS

A. Coverage

This Policy applies to all faculty, students, and members of the academic and administrative staffs of the University who at the time of the alleged Research Misconduct were employed by, were an agent of, or were affiliated by contract or agreement with this institution. Codes of student conduct and other campus specific policies (e.g., Graduate College By-Laws) also address matters of academic misconduct by students and should be consulted in cases where students are involved.

B. Authority

The Vice-Chancellors for Research (VCRs) on each campus have primary responsibility for administering this Policy. Each VCR will appoint a Research Integrity Officer (RIO), who will report to the VCR and be responsible for assuring compliance with this Policy. An RIO will be a tenured faculty member or administrative officer who has an appropriate level of experience in research, compliance, or both.

C. Confidentiality

All persons involved in proceedings under this Policy shall keep confidential, to the extent reasonably possible, the identities of persons alleging Misconduct ("Complainants") and persons accused of Misconduct ("Respondents"), limiting any disclosure to those who have a need to know and as allowed by applicable law. Except as may otherwise be prescribed by applicable law, confidentiality must be maintained for any records or evidence from which research subjects may be identified and disclosure of any such records of evidence from which these persons may be identified is limited to those who have a need to know to carry out a Research Misconduct proceeding.

D. Academic Freedom

It shall be a prime concern of all persons who implement this Policy and these procedures to protect the policies of academic freedom and tenure that are fundamental to the academic enterprise. Academic freedom affords no license for Research Misconduct as described below in Section III.

III. DEFINITIONS

- A. *Assessment Phase* refers to initial evaluation to determine whether the Complaint falls within the scope of this Policy.
- B. *Complainant* means a person who makes a Complaint of Research Misconduct.
- C. *Complaint* or *Allegation* means a disclosure of possible Research Misconduct through any means of communication to an institutional or other official.
- D. *Dean* means the dean or other next-level administrative officer to whom a unit executive officer (UEO) reports.
- E. *Evidence* means any document, tangible item, or testimony offered or obtained during a Research Misconduct proceeding that tends to prove or disprove the existence of an alleged fact.
- F. *Good faith*, as applied to a complainant or witness, means having a belief in the truth of one's Complaint or testimony that a reasonable person in the Complainant's or witness's position could have based on the information known to the Complainant or witness at the time. A Complaint or cooperation with a Research Misconduct proceeding is not in good faith if it is made with knowing or reckless disregard for information that would negate the Complaint or testimony. Good faith as applied to an Inquiry team or Investigation panel means cooperating with the purpose of helping an institution meet its responsibilities under this Policy. An Inquiry team or Investigation panel member does not act in good faith if his/her acts or omissions on the Inquiry team or Investigation panel are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the Research Misconduct proceeding.
- G. *Inquiry* means any preliminary information-gathering and preliminary fact-finding conducted to determine whether an Investigation is warranted.
- H. *Institutional members* may include, but are not limited to, officials, tenured and untenured faculty, teaching and support staff, researchers, research coordinators, clinical technicians, postdoctoral and other fellows, students, and other employees.
- I. *Investigation* is a proceeding conducted under this Policy through which it is determined whether the alleged Research Misconduct occurred. The purpose of the Investigation is to formally develop a factual record by exploring the allegations in detail and examining the evidence in depth, leading to recommended findings on whether Research Misconduct has been committed, by whom, and to what extent. The Investigation will also determine whether there are additional instances of possible Research Misconduct that would justify broadening the scope beyond the initial allegations and recommend appropriate actions, including administrative actions.
- J. *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.

K. *Records of Research Misconduct proceedings* means: (1) the research records and evidence secured for the Research Misconduct proceeding pursuant to this Policy, except to the extent the Research Integrity Officer determines and documents that those records are not relevant to the proceeding or that the records duplicate other records that have been retained; (2) the documentation of the determination of irrelevant or duplicate records; (3) the Inquiry Report and final documents (not drafts) produced in the course of preparing that report, including the documentation of any decision not to investigate; (4) the Investigation Report and all records (other than drafts of the report) in support of the report, including any recordings or transcripts of each interview conducted; and (5) the complete record of any appeal within the institution from the finding of Research Misconduct.

L. *Research Integrity Officer (RIO)* means the institutional official responsible for:

1. Overseeing Inquiries and Investigations; and
2. Other matters described in this Policy.

M. *Research Misconduct* (or “*Misconduct*”) includes fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results.

1. Fabrication is making up data or results and recording or reporting them.
2. Falsification is 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.
3. Plagiarism is the appropriation of another person’s ideas, processes, results, or words without giving appropriate credit.
4. Research Misconduct does not include honest error or difference of opinion.

Research Misconduct also includes, but is not limited to, the following:

1. Intentionally misleading or deliberately false reporting of credentials and related information;
2. Abuse of confidentiality with respect to unpublished materials;
3. Misappropriation of research materials;
4. Evasion, or intentional failure to comply after notice with research regulations, such as those governing conflict of interest/commitment, human subjects, laboratory animals, new drugs, radioactive materials, genetically altered organisms, and safety; and,
5. Any other conduct that constitutes a serious deviation from accepted ethical guidelines and professional standards in scholarship and research.

N. *Research record* means the record of data or results, whether in physical or electronic form, that embodies the facts resulting from research inquiry. Research records include but are not limited to research proposals, laboratory records, progress reports, abstracts, theses, oral presentations, internal reports, journal articles, and any documents and materials provided to an institutional official by a respondent in the course of the Research Misconduct proceeding.

O. *Respondent* means the person against whom a Complaint of Research Misconduct is directed or who is the subject of a Research Misconduct proceeding.

P. *Retaliation* means an adverse action taken against a Complainant, witness, or an Inquiry Team or Investigation Panel member by this institution or one of its institutional members in response to (1) a good faith Complaint of Research Misconduct; or (2) good faith cooperation with a Research Misconduct proceeding.

Q. *Sanctions* mean consequences imposed by the Chancellor in the final disposition of the case.

IV. EVIDENTIARY STANDARDS

Evidentiary Standards

A finding of Research Misconduct requires that:

1. There has been a significant departure from accepted practices of the relevant professional community;
2. The Misconduct was committed intentionally, knowingly, or recklessly; and,
3. The Complaint is confirmed by a preponderance of the evidence.

The destruction, absence of, or Respondent's failure to provide research records adequately documenting the questioned research is evidence of Misconduct where the University establishes by a preponderance of the evidence that the Respondent intentionally, knowingly, or recklessly had research records and destroyed them, had the opportunity to maintain the records but did not do so, or maintained the records and failed to produce them in a timely manner, and that the Respondent's conduct constitutes a significant departure from accepted practices of the relevant professional community.

Any defenses raised by the respondent with respect to allegation of Research Misconduct, such as honest error or difference of opinion, will need to meet the same standard of proof, by a preponderance of evidence, required of the University to confirm a finding of Research Misconduct.

V. GENERAL PROCEDURES

A. The Process

After an initial Assessment, an Inquiry is conducted to determine whether an Investigation is warranted. If so, a formal Investigation is conducted to determine whether Research Misconduct has occurred.

1. **Responsibility of the RIO.** The RIO is responsible for procedures and laws applicable to the research under review that may be associated with Research Misconduct. The RIO will assist Inquiry Teams, Investigation Panels, and all other University employees in complying with this Policy.
 - (a) During the course of an Inquiry or an Investigation, the RIO will provide information about the status of the proceedings to, and respond to inquiries from, the Dean, the Unit Executive Officer (UEO), the Respondent, and the Complainant to the extent required by this Policy and federal law. The responsibilities assigned to the RIO shall not be deemed to constitute rights of the Respondent.

- (b) The RIO will maintain a file of all documents and evidence, and is responsible for the confidentiality and the security of the file. All information and items furnished will be made available to any Inquiry Team or Investigation Panel that may be appointed.
- (c) The RIO shall be the University point of contact with the Office of Research Integrity and other external agencies.
- (d) The RIO may request legal advice from the Office of University Counsel with respect to matters relating to this Policy or applicable state or federal laws and regulations as the RIO determines as necessary.
2. **Conflict of Interest.** If anyone charged with responsibility under this Policy has a potential or actual unresolved personal, professional, or financial conflict of interest with a Complainant, Respondent or witness, that person shall disclose such conflict to the RIO; if the RIO has such a conflict, the RIO will inform the VCR. The VCR will have the discretion to handle conflicts of interest identified in this process, and the VCR's decision will be final. If the VCR has such a conflict of interest, the Chancellor will appoint a replacement.
 3. **Prompt Resolution.** All processes and proceedings should be conducted expeditiously and adhere to the timelines set out herein. Nevertheless, after consultation with the RIO and the Respondent, a Chancellor may for good cause extend any timeline or make such other changes to these procedures as may be necessary to effectuate the purposes of this Policy or insure a Respondent's right of due process, provided that the changes do not infringe upon a Respondent's rights or impair the ability to defend.
 4. **Proceedings at Federal Request.** If an external agency requests that the University undertake an Inquiry, Investigation, or other federally mandated proceeding, then the VCR shall initiate such proceedings. In this case, the RIO will notify the Dean and the UEO of the proceeding.
 5. **Right of Consultation.** At any stage of the proceedings hereunder, the Respondent may consult with appropriate student, faculty, or professional advisory groups. The Respondent may consult with private legal counsel, and may be accompanied and advised by an advisor at any interview or meeting under this Policy. An advisor may, but need not, be an attorney. The advisor may not present the case or otherwise participate in the proceeding. The RIO may request the presence of an attorney from the Office of University counsel at such an interview or meeting.
 6. **Complaints involving University or Campus Administration.** Complaints concerning an employee of University Administration should be communicated to the Vice-President for Academic Affairs. The Vice-President will assign responsibility for handling the Complaint under this Policy to an appropriate and impartial administrator. An RIO may be assigned to assist. All other procedures shall follow this Policy..

B. The Complaint and Assessment

Any member of the University community who has information related to potential Research Misconduct has a duty to report such information to the Respondent's UEO, or to the RIO, each of whom will notify the other promptly. The Complainant should make allegations in good faith, maintain confidentiality, and, if the complainant is known, cooperate in the Inquiry and Investigation when appropriate. The RIO, with the assistance of the UEO, shall initiate the processes of this Policy upon receiving information of Misconduct, regardless of whether such information originates within or without the University. No Complaint shall be heard or reviewed under this Policy as to conduct alleged to have occurred six years or more before the date of receipt of the Complaint except as described in B.3 below.

1. Cooperation with Research Misconduct Proceedings

Members of the University community shall cooperate with the RIO and other institutional officials in the review of allegations and the conduct of inquiries and Investigations. Institutional members, including Respondents, have an obligation to provide evidence relevant to Research Misconduct allegations to the RIO or other institutional officials.

2. Assessment of Complaints and Notice to Dean.

Upon receiving a Complaint, the UEO, with assistance of the RIO, shall immediately begin to assess the Complaint to determine whether the Complaint falls within the definition of Research Misconduct in this Policy, whether it is credible, and whether it is sufficiently specific to enable potential evidence of Research Misconduct to be identified. Unless a Complaint clearly falls outside the scope of this Policy, the UEO, with the assistance of the RIO, shall bring the Complaint and the Assessment findings to the attention of the Dean or equivalent (hereinafter "Dean") to whom the UEO reports.

The Assessment period should be brief, preferably concluded within 15 calendar days. In conducting the Assessment, the UEO and RIO need not interview the Complainant, Respondent, or other witnesses, or gather data beyond any that may have been submitted with the Complaint, except as may be necessary to determine whether the Complaint is credible and sufficiently specific to enable potential evidence of Research Misconduct to be identified.

3. Decision by Dean.

Within 15 calendar days after a Complaint has been brought to the attention of the Dean, the Dean shall decide whether there is sufficient evidence to warrant an Inquiry. In cases involving more than one unit, the Deans from all units shall jointly determine whether an Inquiry is required. If the Deans cannot agree, the Provost shall decide. A Complainant may appeal the decision not to pursue an Inquiry to the VCR in writing within 15 calendar days of the decision. If the Complaint is not brought to the Inquiry stage, the RIO shall direct that all references to the Complaint be expunged from the Respondent's personnel file. The Respondent, Complainant, and all persons who have been informed of the Complaint shall be notified in writing of the disposition of the Complaint. In the case of a Complaint that might be affected by the six-year time limitation above, the Dean shall first consult with the RIO and Office of University Counsel before making a decision to reject a Complaint based upon the limitation. At any stage of these proceedings, a Complaint may be dismissed upon a finding that the facts giving rise to the Complaint of Misconduct occurred more than six years before receipt of the Complaint.

4. Protecting the Respondent

As requested and as appropriate, the RIO and other institutional officials shall make all reasonable and practical efforts to protect or restore the reputation of persons alleged to have engaged in Research Misconduct, but against whom no finding of Research Misconduct is made. During the Research Misconduct proceeding, the RIO is responsible for ensuring that Respondents receive all the notices and opportunities provided for under this Policy.

5. Protecting Complainants, Witnesses, and Other Participants

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

6. Interim Actions.

At any time after a Complaint is made, but before final disposition of the case, the VCR, RIO, or Dean, with the Chancellor's approval, may take any action deemed necessary to (a) protect the health and safety of research subjects or patients; (b) protect the interests of students, faculty, and staff; (c) preserve evidence; (d) protect University resources or (e) comply with applicable federal laws and/or regulations. Any interim action should be fashioned so as to impose minimal burdens on the Respondent and others who may be affected, to the extent reasonable and practical, and to comply with applicable federal laws and regulations, the University Statutes, General Rules and other statutes, rules, policies and regulations applicable to the University.

7. Criminal Conduct.

If any evidence of criminal conduct is discovered during an Inquiry or Investigation, the Office of University Counsel shall be notified and appropriate steps taken pursuant to this Policy. The Inquiry or Investigation shall not be suspended.

C. Sequestration of Records and Evidence

On or before the date on which the Respondent is notified of the allegation, Inquiry or Investigation, the RIO, in consultation with University Counsel, shall undertake reasonable and practical steps to secure all research records and other evidence needed to conduct a Research Misconduct proceeding, to inventory those materials, and to sequester them in a secure manner.

1. Custody may be limited to copies of the data or evidence, in cases where the RIO determines that the evidentiary value of those copies is substantially equivalent to the evidentiary value of the original material.
2. Whenever practicable, the Respondent may request and shall upon request be given copies of, or reasonable supervised access to, sequestered research records.
3. The RIO shall undertake all reasonable and practical efforts to secure additional research records and evidence discovered during the course of the Research Misconduct proceedings, including at the Inquiry and Investigation stages, or if new allegations arise.

VI. INQUIRY

A. Notice to Respondent

Before beginning an Inquiry, the RIO must make a good faith effort to notify the Respondent in writing, if the Respondent is known. If the Inquiry subsequently identifies additional Respondents, they must be notified in writing.

Upon selection of the Inquiry Team, the RIO shall send the Respondent a letter presenting the allegations and this University Policy. The RIO shall explain to the Respondent the obligation and the advantages of full cooperation in providing information and materials relevant to the Inquiry/Investigation of the Complaint and provide notice of the Respondent's responsibilities to provide evidence, to maintain confidentiality, and to cooperate with the conduct of an Inquiry and/or Investigation. The letter should state that refusal to produce research records upon request may constitute evidence of Research Misconduct (see Sections IV. and V.B1).

The letter must also provide notice of the following rights of the Respondent during the Inquiry:

1. To challenge any member of the Inquiry Team for failure to meet the criteria in Section VI.B.;
2. To consult with appropriate University committees and private legal counsel;
3. To submit a written response to the Complaint and to have his/her comments provided to the Inquiry Team to accompany the Inquiry Report;
4. To be notified of the outcome of the Inquiry, and receive a copy of the Inquiry Report.
5. To comment on the Inquiry Report and have those comments accompany the report when forwarded to the VCR.

This same letter or a subsequent letter shall identify the Inquiry Team members and their affiliations.

B. Appointment of an Inquiry Team

If the Dean decides that an Inquiry should be conducted, the Dean, in consultation with the RIO, shall appoint an Inquiry Team of two individuals who have no potential or actual unresolved personal, professional, or financial conflicts of interest with a Complainant, Respondent or witness, are unbiased, and have appropriate qualifications to evaluate the matters at issue. Whenever feasible, the Inquiry Team shall consist of one tenured faculty member from the unit in which the Respondent holds a primary appointment, or in which the conduct in question has occurred, and one tenured faculty member from elsewhere within the University. The Dean may appoint a third faculty member or an academic professional to the team. Any exception to the designated composition of the Inquiry Team shall be made only for good cause and with the approval of the Chancellor.

C. Challenge

The Respondent may object to any proposed member of the Inquiry Team on the sole ground that the person does not meet the criteria set forth in paragraph B directly above. An objection to a Team member must be made in writing by the Respondent and delivered to the Dean within 10 calendar days after receipt of the notice of appointment. The Dean shall have the discretion to approve or deny such challenges, and the Dean's decisions thereon are final.

D. Charge to the Team and First Meeting

The RIO, after consultation with the Dean(s) and UEO, shall prepare a charge for the Inquiry Team that:

1. Sets forth the time for completion of the Inquiry;
2. Describes the allegations and any related issues identified during the Complaint Assessment;
3. States that the purpose of the Inquiry is to conduct an initial review of the evidence, which may include the testimony of the Respondent, Complainant, and key witnesses, and to determine whether an Investigation is warranted;
4. States that an Investigation is warranted if the Inquiry Team determines: (1) there is a reasonable basis for concluding that the Complaint falls within the definition of Research Misconduct and is within the jurisdictional criteria of this Policy; and (2) the Complaint may have substance, based on the Team's review during the Inquiry.
5. Informs the Inquiry Team members that they are responsible for preparing, or directing the preparation of, a written report of the Inquiry that meets the requirements of this Policy.

E. Admission and Agreed Statement of Facts.

If at any time during the proceedings under this Policy, the Respondent provides a written statement of facts and/or admits in writing to the facts alleged in the Complaint that constitute Research Misconduct, the VCR shall decide whether to order an immediate Investigation, in lieu of continuing the Inquiry. If an Investigation is ordered, the Respondent's agreed statement of the facts will serve as the Inquiry Report.

F. RIO Assistance to Inquiry Team.

The RIO shall convene the first meeting of the Inquiry Team, review the allegations of the Complaint, and describe the procedures for conducting an Inquiry. The RIO shall be available to advise the Team throughout the Inquiry as needed.

G. Inquiry Process

The Inquiry Team will normally interview the Respondent, the Complainant (if known), and key witnesses; examine relevant research records and materials; consult experts in the field; and take such other steps as are in their judgment appropriate to the Inquiry. Then the Inquiry Team shall evaluate the evidence, including the testimony obtained during the Inquiry. After consultation with the RIO, the Inquiry Team shall recommend whether, in its opinion, an Investigation is warranted based on the criteria specified in this Policy.

H. The Inquiry Report

1. Contents.

The Inquiry Team shall prepare a written Inquiry Report that includes the following information: (1) the name and position of the Respondent; (2) a description of the allegations of Research Misconduct; (3) findings of fact and a clear, detailed description of the evidence upon which those findings are based; (4) the basis for recommending or failing to recommend that an Investigation is warranted; and (5) identification of the sponsor(s) of the research in question, including, for example, grant numbers, grant applications, contracts and publications listing such sponsor(s) support.

The Inquiry report shall also include: the names and titles of the committee members; a summary of the Inquiry process; a list of the research records reviewed; a list of witnesses; and whether the Inquiry Team recommends any other actions to be taken if an Investigation is not recommended. The RIO shall assist the Team to ensure that the Report conforms to the requirements of this Policy.

If the Team recommends an Investigation, it may make other relevant recommendations, e.g. with respect to the scope of the Investigation it deems appropriate.

2. Timeline and Distribution of Inquiry Report.

Within 60 calendar days after notice to Respondent set forth in Section VI.A is delivered, the Inquiry Team shall send the Inquiry Report to the VCR, with a copy to the RIO. The RIO shall deliver a copy of the report to the Dean, the Respondent, and other appropriate parties. If additional time is needed for the completion of the Report, the RIO shall submit a written request to the Chancellor. The request for extension shall set forth the length of the extension requested and the reason for the request. The RIO will notify the Respondent and other parties of the extension request. The Chancellor has the sole discretion to approve or reject the requested extension. If approved, the Chancellor's approval of and the cause for extension will be included as part of the Inquiry Report. The RIO shall notify the Respondent of the Chancellor's determination.

3. Comments by Respondent

The Respondent may submit written comments to the VCR within 10 calendar days of receipt of the Inquiry Report.

I. Decision by VCR.

Within 10 calendar days after receiving both the Inquiry Report and written comments of the Respondent, if any, the VCR shall determine whether to order an Investigation, close the case, or take other appropriate action under this Policy or University statutes, policies, rules or regulations.

1. If the VCR closes the case, the RIO shall make sure that all reference to the matter is expunged from the Respondent's personnel file. The Respondent, the UEO, the Complainant, and all persons who have been interviewed or otherwise informed of the Complaint shall be notified in writing that the charges have been dropped. If the VCR decides that an Investigation is not warranted, the RIO shall secure and maintain for 7 years after the termination of the Inquiry sufficiently detailed documentation of the Inquiry to permit a later assessment.
2. If the VCR orders an Investigation, the Respondent and the Complainant shall be so informed in writing, and reminded of the obligation to cooperate with the Investigation. The RIO shall notify appropriate campus administrators, including the Chancellor, the Vice-Chancellor for Academic Affairs, the Dean, and the Respondent's UEO; and shall as necessary or appropriate notify Respondent's collaborators, external sponsors, and relevant governmental agencies.

Within 30 calendar days of the VCR's determination, the RIO shall provide the applicable federal agencies with the written decision of the VCR and a copy of the Inquiry Report and addenda.

VII. INVESTIGATION

A. Rights of the Respondent During an Investigation

The Respondent shall be notified in writing of the allegations to be investigated within 30 calendar days after the determination that an Investigation is warranted, but before the Investigation begins.

The RIO shall provide the Respondent with a letter, informing the Respondent of his/her responsibility to appear before the Investigation Panel to present information and respond to the allegations. The contents of the letter shall include a written charge, including all allegations to be investigated, and a list of the Respondent's rights in the Investigation, as follows:

1. To be notified in writing of any new allegations, not addressed in the Inquiry or in the initial notice of Investigation, within a reasonable time after the determination to pursue those allegations;
2. To be interviewed during the Investigation, have the opportunity to correct transcripts of the interview, if made, and have recordings or transcripts, if made, included in the record of the Investigation;
3. To have any witness interviewed during the Investigation whom the Panel determines has been reasonably identified by the Respondent as having information on relevant aspects of the Investigation.
4. To submit written statements to the Panel;
5. To be accompanied by personal legal counsel or any advisor of choice as set forth in paragraph V.5 of this Policy;
6. To receive a copy of the draft Investigation Report and, concurrently, a copy of, or supervised access to the evidence on which the draft Report is based, and be notified that any comments to the draft Report must be submitted within 30 calendar days of the date on which the draft Report was received and that the comments will be included with the final version of the Report.

B. Appointment of the Investigation Panel

Within 15 calendar days after the Respondent has been notified of the Investigation, the VCR, in consultation with the RIO, shall appoint an Investigation Panel. The RIO will notify in writing the Respondent of the appointments. The Panel shall consist of three persons, each of whom shall be a tenured faculty member or an academic professional. At least one member shall be a tenured faculty member. Whenever feasible, one appointee shall be from the unit in which the Respondent holds primary appointment, one shall be from elsewhere in the University, and one shall be from outside the University. No member of the Inquiry Team may serve on the Investigation Panel. A tenured University faculty member who is not from the unit in which the Respondent holds primary appointment shall chair the Panel.

1. Qualifications of Panel.

Panel members shall have the following qualifications:

- a. Lack of bias, and do not have any potential or actual unresolved personal, professional, or financial conflict of interest with a Complainant, Respondent or witness, In the case of a potential bias or conflict, the VCR's decision shall be final as to whether such a bias or conflict exists that could affect the outcome of the Investigation;
- b. Judicious temperament;
- c. Willingness to serve and ability to devote adequate time to the work; and
- d. Sufficient academic training and experience to understand and judge the allegations of Misconduct.

2. Challenge to Panel.

The Respondent may object to any proposed member of the Panel on the sole ground that the person does not meet the qualifications set forth in paragraph 1 immediately above. Any such objection must be made in writing and delivered to the VCR within 10 calendar days upon of receipt of notice of identity of the Panel members. The VCR shall have the discretion to approve or deny such challenges, and the VCR's decisions thereon are final.

C. Subject Matter of the Investigation

The VCR, in consultation with the RIO, shall set the scope of the Investigation based upon the Complaint and the Inquiry Report (including Respondent's comments) in a written charge to the Investigation Panel. If during the Investigation, new information comes to light that affects the scope of the Investigation, the VCR shall determine whether the Panel should continue with its original charge, amend the scope of the Investigation, or commence a new Investigation. New information that could substantially change the scope of the Investigation shall be promptly addressed. The Respondent shall be informed if the scope of the Investigation changes substantially.

D. Charge to the Investigation Panel and the First Meeting

1. Charge to the Investigation Panel

The VCR shall define the subject matter of the Investigation in a written charge to the Panel that:

- a. Describes the allegations and related issues identified during the Inquiry;
- b. Identifies the Respondent;
- c. Informs the Panel that it must conduct the Investigation as prescribed in this Policy;
- d. Informs the Panel that it must evaluate the evidence and testimony to determine whether sufficient credible evidence exists, Research Misconduct occurred based on the standards set forth in Article IV of this Policy and, if so, the type and extent of it and who was responsible;
- e. Informs the Panel that it must prepare or direct the preparation of a written Investigation report to the VCR that meets the requirements of this Policy.

2. First Meeting

The RIO shall convene the first meeting of the Investigation Panel to review the charge, the Inquiry report, and the prescribed procedures and standards for the conduct of the Investigation, including the necessity for confidentiality and for developing a specific Investigation plan. The Investigation Panel shall be provided with a copy of this Policy. The RIO shall be present or available throughout the Investigation to advise the Investigation Panel as needed.

E. Proceedings

The Investigation Panel shall interview the Respondent and any witnesses who have been reasonably identified as having relevant information, including witnesses identified by the Respondent. Transcripts of oral interviews, if made, shall be provided to the respective interviewee for corrections and shall be preserved as part of the record of the case. As necessary, deadline extensions shall be requested from the applicable funding agency.

F. Contents of the Investigation Panel Report.

Within 90 calendar days after the first meeting, the Panel shall present its written Investigation Report to the RIO. The RIO shall assist the Investigation Panel to ensure that the Report conforms to the requirements of this Policy. The Report shall:

1. Provide the name and position of the Respondent;
2. Describe the allegations of Research Misconduct subject to the Investigation;
3. Describe the investigative process;
4. Provide a finding with respect to each Complaint as to whether Research Misconduct did or did not occur;
5. Identify and summarize the research records and evidence reviewed, and identify any evidence take into custody but not reviewed; and
6. Provide the names and titles of the Panel members and experts who conducted the Investigation.

For each finding, if Research Misconduct was determined to have occurred, the Investigation Report, shall identify whether the Misconduct was falsification, fabrication or plagiarism, and if it was intentional, knowing, or in reckless disregard; summarize the facts and analysis which support such conclusion and consider the merits of any reasonable explanation by the Respondent; identify the person(s) responsible for the Misconduct; and recommend what sanctions, if any, should be imposed upon the Respondent and what corrective actions, if any, should be taken.

G. Comments by the Respondent

Upon receipt of the Investigation Report from the Panel, the RIO shall send a copy of the draft Investigation Report to the Respondent. The Respondent may submit written comments to the RIO which must be submitted within 30 calendar days of receipt of the draft Report. Respondent's comments will be shared with the Investigative Panel who shall incorporate them into the Investigation Report.

H. Submission to the VCR.

The RIO shall submit the Investigation Report and the Respondent comments, if any, to the VCR. The VCR may consult with the Investigation Panel, Dean, RIO and others prior to determining any recommendations for sanctions and/or corrective actions. The RIO shall send the Final Investigation Report to the Respondent.

I. Decision by the Chancellor

The VCR shall promptly transmit the Final Investigation Report and the VCR's recommendations to the Chancellor.

1. The Chancellor, after consultation with the VCR, Provost and Vice Chancellor for Academic Affairs, Dean, and others as appropriate, shall decide the final disposition of the case. The decision shall be communicated to the Respondent within 30 days of receipt of the VCR's recommendations. If the Chancellor determines that the Complaint has not been proven pursuant to this Policy, the case will be terminated as provided in this Policy, and the RIO will so notify the Respondent, Complainant, Dean, UEO, the VCR and all persons who have been interviewed or otherwise informed of the allegations.
2. If the Chancellor determines that the Complaint has been proven pursuant to this Policy, sanctions may be imposed to the extent permitted by the University Statutes, General Rules, and other University rules, regulations or policies. The Chancellor has the sole discretion whether to impose sanctions and is not obligated to follow the Investigation Report in that regard. The Chancellor may also prescribe corrective actions and take any other action deemed appropriate. The RIO shall notify the Respondent, Dean, and UEO and the VCR of the decisions of the Chancellor.

J. Appeal

The Chancellor is the final adjudicator of all allegations of Research Misconduct that arise at the campus level, subject only to an appeal to the President on procedural grounds. Appeals on such grounds must be made in writing and filed in the President's Office within 14 calendar days after Respondent receives written notice of the Chancellor's decision. The sole matter to be raised on appeal shall be whether proceedings conducted in Respondent's case deviated from this Policy to the extent that Respondent was denied due process. The President shall within 30 calendar days either affirm or vacate the Chancellor's decision, and shall notify the appellant and all concerned of this ruling, which shall conclude the proceeding.

K. Notice to Third Parties

The Chancellor will decide whether law enforcement agencies, professional societies, professional licensing boards, journal editors, Respondent's collaborators, or other concerned parties, including the Complainant, should be notified of the outcome of a case. The RIO will be responsible for compliance with any notice requirements of sponsors or funding agencies.

L. Termination of University Employment

The termination of Respondent's University employment, by resignation or otherwise, after commencement of the proceedings described herein, shall not cause termination of such proceedings.

M. Protection of the Complainant, Witnesses, and Other Participants

During the Research Misconduct proceeding and upon its completion, regardless of whether the university or a federal agency determines that Research Misconduct occurred, the RIO, the UEO(s), the Dean(s), and all other persons involved in administering these procedures will undertake all reasonable and practical efforts to protect the position and reputation of, or to counter potential or actual retaliation against, any Complainant who made allegations of Research Misconduct in good faith and of any witnesses and Inquiry Team or Investigation Panel members who cooperate in good faith with the Research Misconduct proceeding.

N. Unfounded Cases

Bringing unfounded charges motivated by malice constitutes a violation of the purposes and standards for ethical conduct that underlie this document. It shall be a violation of this Policy for any person to bring a charge of Research Misconduct who knows or has reason to know that the charge is unsupported by facts. In cases where no Misconduct is found, all Reports will include a finding whether there was a reasonable basis in fact for making allegations. If at any stage in the proceedings it is determined that the original unfounded allegations or testimony of any person associated with the university was motivated by ill will, that shall be communicated to the Chancellor. The Chancellor may enter a finding of malicious conduct in the person's personnel file or academic record and communicate the finding to the person's UEO. Such a finding may be the basis for disciplinary action or other personnel action in accordance with University rules and policies.

O. Record Keeping

Disposition of all records created or gathered under this policy shall be managed consistent with the provisions of the General Rules Concerning University Organization and Procedure (Article VI, Section 4) and the Illinois State Records Act.

After termination of a case and all ensuing related actions, the RIO shall prepare a complete file, including all research records, evidence reviewed and original records of all research misconduct proceedings, including transcripts or recordings of any interviews if made, and copies of all relevant documents. The RIO shall seal the file and retain it for seven years. Except as required by law or court order, the file shall be made available only to external agencies as required, but may otherwise be made available for good cause by the Chancellor, such as under court order, or for use in a subsequent Misconduct proceeding involving the Respondent. Upon expiration of the seven-year term, the RIO shall return all original materials to the persons who furnished them. Unless the RIO makes a specific written finding that there is good cause to retain the file for an additional period, the RIO will destroy the file, after receiving approval from the University Archivist. The Respondent shall receive either a notice that the file has been destroyed, or a copy of the RIO's decision that the file will be retained.