STOCKTON UNIVERSITY

PROCEDURE

Research Misconduct

Procedure Administrator: Executive Director of the Office of Research & Sponsored Programs
Authority:
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Approved By: Dr. Joe Bertolino, President

I. Introduction

Stockton University is committed to promoting and maintaining high ethical standards in research. All Stockton University affiliates and researchers collaborating with their affiliates are expected to engage in ethical research practices to ensure the accuracy and reliability of research findings. To reflect Stockton University's commitment to ethical research practices and adherence to federal law, this procedure outlines how allegations of research misconduct will be handled and the processes followed by the University.

A complaint or allegation of research misconduct may be referred to the Compliance Officer (CO) by individuals internal or external to Stockton. In response to a complaint of alleged misconduct, the Institutional Official (IO), will form an Inquiry Committee and an Investigation Committee, as needed, selected from members of the standing Research Misconduct Review Committee. The following policy includes relevant definitions, a process overview, and detailed procedures that shall be followed when research misconduct is alleged.

II. Definitions

- **Affiliates** refer to people or entities that are formally connected to the University and include employees. The contents of this policy do not apply to allegations of misconduct by students.
- **Allegation** means any verbal or written statement or indication of possible research misconduct.
- **Complainant** is the person who makes an allegation of research misconduct.
- **Compliance Officer (CO)** is the person responsible for receiving allegations of research misconduct and overseeing the Inquiry and Investigation process. The CO is available throughout each step of the process to guide the committees. The CO will not be an active member of either committee (i.e., they will not interview witnesses or write reports). The CO is the Associate Director of the Office of Research and Sponsored Programs and is named on the Stockton Office of Research and Sponsored Programs website.

- **The Committee Chair** for a research misconduct Inquiry and Investigation is responsible for leading the committee and ensuring the Investigation is conducted fairly, impartially, and in compliance with institutional policies. They oversee the evaluation of evidence, maintain confidentiality, guide decision-making, and communicate findings to the CO. The chair ensures that the committee follows the guidelines set forth by this policy and ensures the rights of all parties are protected throughout the process.
- **Conflict of Interest** in the context of reviewing research misconduct occurs when an individual involved in the Inquiry or Investigation process has a personal, professional, or financial interest that could impair or appear to impair their ability to make an unbiased, objective, and impartial decision, This includes, but is not limited to, situations where the committee member has close personal or professional relationships with the respondent (such as co-authorship, prior collaborations, or any ongoing disputes) that might influence their judgement. Committee members must disclose any potential conflicts of interest, and they may be excused from participation if a conflict is identified.
- **Deliberate act** in the context of research misconduct refers to an intentional and willful action undertaken by a researcher with the knowledge that it violates ethical standards, guidelines, or the integrity of the research process. This includes, but is not limited to, the fabrication or falsification of data, plagiarism, or any other action designed to mislead or deceive others in the research community. A deliberate act is distinguished from an honest error or oversight by the presence of the conscious intent to deceive or misrepresent research outcomes.
- **Deviation** from accepted research practices includes but is not limited to breach of confidentiality, or the use of ideas and preliminary data gained through authorized or unauthorized access to privileged information through review of manuscripts submitted to journals and/or peer review of proposals considered for funding by agency panels or internal committees; deliberate interference, or the intentional causing of material harm to the research or scholarly work of others which may include damaging or destroying property of others, disrupting active experiments, or altering and/or deleting the products of research, such as data or images; and directing, encouraging, or knowingly allowing others to engage in fabrication, falsification, or plagiarism.
- **Fabrication** is making up data and/or results and reporting or recording them.
- **Falsification** is the manipulation of research materials, equipment, or processes, or changing/omitting data and/or results.
- **Honest Error** refers to an unintended, non-deliberate mistake in the conduct or reporting of research that does not intend to mislead, deceive, or falsify results. Such errors are typically corrected when identified and do not constitute research misconduct.
- **Inquiry** is the initial step of gathering information to determine whether there is enough evidence of research misconduct to warrant an Investigation.
- **The Inquiry Committee is** a group of individuals tasked with conducting a preliminary review of the allegations of research misconduct. The Inquiry Committee's primary role is to assess whether there is sufficient evidence to support the claim of misconduct and to determine if the matter should proceed with a formal investigation. The Inquiry Committee does not make a final determination of misconduct but will recommend to the IO further investigation of research misconduct allegations.

- **Institutional Official (IO)** makes the final determination on allegations of research misconduct and any responsive institutional actions. The IO is the Provost or Provost designee.
- **Investigation** is the formal process of examining and evaluating facts and evidence to determine if research misconduct has occurred and, if so, determining the responsible person and the seriousness of the misconduct.
- **The Investigation Committee** is a group of individuals responsible for conducting a thorough and comprehensive review of allegations of research misconduct once a preliminary Inquiry has determined that further investigation is warranted. The Investigation Committee examines detailed evidence, interviews relevant individuals, and evaluates the facts to determine whether research misconduct has occurred.
- **Plagiarism** is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.
- **Preponderance of evidence** refers to the standard of proof that requires the facts to demonstrate that it is more likely than not that the alleged misconduct occurred. In other words, the information available supports the claim to a greater degree than contradicts it.
- **Research misconduct** is defined as fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results, according to federal policies outlined by the US Department of Health and Human Services (HHS) in 42 CFR Part 93. Individuals who fail to report research misconduct or conceal misconduct, whether it is their own or that of others under their oversight, are subject to this policy. Research misconduct is a deliberate act and does not include honest error, differences of opinion, or differences in data interpretation. For misconduct related to human subject research, such as failure to adhere to ethical principles for human subject protection articulated in "The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research", refer to section XII. Relationship Between RMRC and Other Ethics Committees.
- **Research Misconduct Review Committee (RMRC)**is a standing committee of 14 members, including two tenured faculty members from each school. Members of this committee are chosen to participate in the Inquiry and Investigation Committees when an allegation of research misconduct has been made.
- **Respondent** is the person against whom an allegation of research misconduct is directed or the person whose actions are the subject of the Inquiry or Investigation. There can be more than one Respondent in any Inquiry or Investigation.

III. Procedure Timeline Overview

Procedure Step	**Timeframe** (calendar days)	**Action**
1. Allegation Receipt	Day 1	• The procedure begins when an allegation of research misconduct is received by the CO. • The date of receipt and a summary of the allegation(s) are recorded, marking the start of the formal process.

		• If the allegation involves human subjects, animal welfare, or other ethics-related concerns, the CO will notify the appropriate ethics committees (e.g., IRB, IACUC) in parallel with the misconduct process. See Section XII for additional information.
2. Formation of Committees	10 Days	• CO will select members from the RMRC to form the Inquiry and Investigation Committees.
3. Respondent Notification & Sequestration of Research Records	10 Days	• The CO must notify the respondent in writing of the allegation via email and a letter sent to their home address once the Committees are selected. • The Respondent will have the opportunity to object to a committee member reviewing their case due to a conflict of interest within ten (10) calendar days. • Following the date the Respondent is notified the CO will take reasonable and practical steps to obtain custody of research records and evidence relevant to the research misconduct.
4. Inquiry Process	30 Days	• The Inquiry Committee will interview the Complainant, Respondent, and other relevant parties. • They will examine research records and materials provided by the CO. They will evaluate evidence and testimonies to determine whether an Investigation is warranted and notify the CO of their findings. • The Inquiry Committee will identify if there is a need for an outside expert and notify the CO if applicable. • They will prepare a written report about these findings.
5. Opportunity to Comment on Report	10 Days	• The Respondent will have an opportunity to review and comment on the Inquiry report within ten (10) calendar days of the report's completion in the form of a rebuttal letter. • Their rebuttal will be included in the final Inquiry Report provided to the IO.
6. IO's Decision on Inquiry Findings	10 Days	• IO will decide whether the findings from the Inquiry warrant an Investigation. • IO will notify the Respondent, Complainant, Inquiry Committee, and appropriate university officials in writing of their decision. • The notice to the Respondent will include the final Inquiry Report and Minority Report (if applicable).

		• If an Investigation is not warranted, the CO will retain Investigation records for 7 years.
7. Investigation Committee Convenes	10 Days	• If an Investigation is warranted, the Investigation Committee will be convened by the CO within ten (10) calendar days.
8. Investigation Process	90 Days	• The Investigation Committee is tasked with determining whether the Respondent committed research misconduct by a preponderance of evidence. • The Investigation Committee will review the allegation and the Inquiry Report and develop an Investigation plan. • The Investigation Committee will identify if there is a need for an outside expert and notify the CO if applicable. • They will interview the Respondent, Complainant, and other individuals identified as relevant to the Investigation. • The Investigation Committee will create a final report and an optional Minority Report to summarize their findings.
9. Opportunity to Comment on Report	10 Days	• The Respondent will have an opportunity to comment on the Investigation report within ten (10) calendar days of the report's completion in the form of a rebuttal letter. • Their rebuttal will be included in the final Investigation Report provided to the IO.
10. IO's Final Decision	10 Days	• The IO will determine whether the institution accepts the findings of the Investigation Committee and the institutional response to the findings. • If the findings by the IO differ from recommendations of the Investigation Committee, an explanation for their final decision will be included in their correspondence. • When this final decision is made by the IO, the Respondent and Complainant will be notified of the decision in writing in addition to the University President and funding agencies as required by law.
11. Appeal Process	70 Days	• The Respondent will have ten (10) calendar days following the decision notification of the IO to appeal the IO's decision to the President of Stockton University.

		• The President or designee must make an appeal decision within sixty (60) calendar days following appeal notification from the Respondent. After the President or designee makes a decision on the appeal the IO will be notified. • The IO will relay this notification to the Respondent, Dean, and any Complainant.

IV. Research Misconduct Review Committee (RMRC) RMRC Committee Membership

1) The RMRC is a standing committee whose membership is recommended by school Deans to the CO and appointed by the IO on an annual basis. The RMRC will consist of a pool of tenured faculty at the associate professor level or higher. The committee will include two members from each school and shall consist of 14 members.

2) The IO will request recommendations from the deans for faculty who they recommended for RMRC membership.
    a) Recommendations will be requested by Deans every April. When making recommendations, Deans should prioritize faculty who demonstrate:
        i) Strong analytical and objective reasoning skills;
        ii) A thorough understanding of research ethics and integrity; and
        iii) The ability to handle sensitive matters with the utmost discretion
    b) Faculty members should not be recommended for membership if they:
        i) Have a history of significant personal or professional conflicts of interest; or
        ii) Are the subject of ongoing formal allegations of research misconduct
3) The IO (if other than the Provost) will inform the Provost of the recommended faculty.
4) RMRC members shall be appointed by the Provost by May, for the following academic year.
5) Committee members will serve renewable two-year terms. The CO will confirm committee members' service annually. Alternate committee members may be appointed to ensure adequate committee membership as needed.
6) The CO will select members from the RMRC to serve on the Inquiry Committee and the Investigation Committee when an allegation of research misconduct is reported. RMRC members may be selected to participate on the Inquiry Committee or the Investigation Committee for an allegation, but not both. Members selected for the Inquiry or Investigation Committee must sign confidentiality agreements prior to reviewing each research misconduct case.
7) RMRC members are required to complete the Responsible Conduct of Research Training (RCR) via the Collaborative Institutional Training Initiative (CITI) prior to serving.
8) A list of current RMRC members will be available on the ORSP website. *(include link to Stockton web page where all RMRC members are listed*)

V. Selection of Inquiry and Investigation Committee Members

The selection of committee members for the Inquiry and Investigation Committees will adhere to the following:

1) Within ten (10) calendar days of the allegation being made, the CO shall select faculty from the RMRC for the Inquiry and the Investigation Committees, with two alternate members being identified in the event of a conflict.
2) The Inquiry Committee shall include 5 members from the RMRC.
    a) This committee shall include at least one member from the school where the research most closely aligns.
3) The Investigation Committee shall include 7 members from the RMRC who were not members of the Inquiry Committee.
    a) This committee shall include at least one member from the school where the research most closely aligns.
4) Inquiry Committee Members and Investigation Committee Members may not be involved in any current or future personnel decisions for the respondent.
    a) Personnel decisions include decisions regarding tenure, promotion, or range adjustment for the respondent.
    b) Members of the Inquiry Committee or the Investigation Committee are prohibited from participating in any personnel decisions regarding the respondent for the entire duration of the respondent's employment.

    The outside expert, if needed, shall be a third-party consultant unaffiliated with Stockton University or a Stockton University affiliate with expertise relevant to the alleged research misconduct.

VI. Notice to Respondent and Right to Object

1) Once the committees are selected, the Respondent(s) will be notified in writing by the CO of their allegation and the associated Inquiry and Investigation Committees. The Respondent has the right to object to a committee member reviewing their case and will be provided ten (10) calendar days from the time of notification to identify committee members with a conflict of interest
2) The Respondent must report this conflict to the CO and provide evidence of such. The CO will determine if the committee member should be replaced by an alternate standing committee member due to a conflict.
3) If the respondent(s) admit to the allegations of research misconduct after receiving notification from the CO, the Inquiry Committee will not convene. The review of the misconduct case will be escalated to the Investigation Committee.

VII. Conducting the Inquiry

1) Ten (10) calendar days after the Respondent is notified, and if no conflicts are reported by the Respondent, the Inquiry begins
2) Prior to the first meeting of the Inquiry Committee, the CO will:
    a) Share the relevant policies, procedures, and definitions.
    b) Ensure each committee member has signed and submitted a confidentiality agreement and completed RCR via the CITI.

Sequestration of Research Records

1) The CO shall take all reasonable and practical steps to obtain custody of all the research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence, and sequester them in a secure manner. In the case where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the

data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments.

Inquiry Process

1) The Inquiry Committee will interview the Complainant, the Respondent, and key witnesses, as well as examine relevant research records and materials.
2) Then the Inquiry Committee will evaluate the evidence, including the testimony obtained during the Inquiry.
3) The Inquiry Committee may request an outside expert if the committee determines it is necessary due to specialized knowledge or analysis needed to fairly determine whether an investigation is warranted. The outside expert shall be a third-party consultant unaffiliated with Stockton University or a Stockton University affiliate with expertise relevant to the alleged research misconduct.
    a) If a need for an outside expert is identified by the committee, the Committee Chair must notify the CO.
    b) The CO will request that the Respondent provide a list of five possible outside experts who are experienced in their field but with whom they have not previously collaborated.
    c) The CO will review the list and select an outside expert.
4) The committee members will decide whether an Investigation is warranted based on the criteria in this policy and 42 CFR § 93.307(d) through a majority vote. The committee chair will report their final decision to the CO.
5) The scope of the Inquiry extends only to making a decision on whether there is evidentiary support to recommend an Investigation and does not include deciding whether misconduct definitely occurred, determining definitely who committed the research misconduct, or conducting exhaustive interviews and analyses.

Inquiry Report Draft

The Inquiry Committee Chair will prepare a written Inquiry Report in collaboration with the Inquiry Committee that includes the following information:

1) The name and position of the Respondent.
2) A description of the allegations of research misconduct.
3) Any external support for the research, including grant and contract numbers and references to grant applications.
4) The basis for recommending or not recommending that the allegations warrant an Investigation.
5) If the recommendations of the Inquiry Committee are not unanimously decided, Committee members will provide a Minority Report to reflect their dissenting opinion, and alternative analysis of evidence and fact.
6) The Inquiry Committee will have the opportunity to review the reports prior to them being provided to the Respondent to ensure they accurately reflect the Committee's findings.

Notice to Respondent and Opportunity to Comment

1) The Respondent shall be provided with the Inquiry Report and Minority Report Drafts within ten (10) calendar days of its completion and have ten (10) calendar days upon its receipt to provide a rebuttal letter. The rebuttal letter should address specific allegations or findings and may include the following:

a) Disputing the Facts: If the Respondent believes there are factual errors in the report, they should clarify or provide evidence to refute these points.
b) Clarification of Misunderstanding: If any findings are based on misunderstanding or misinterpretation of data or evidence, the Respondent should explain these issues.
c) Providing New Evidence: If new evidence has emerged that was not available during the CO's sequestration of records, the Respondent should present this evidence and explain how it impacts the findings.
d) Disputing the Methodology: If the Respondent believes the Inquiry process itself was flawed (such as improper procedures or bias), this should be noted.

2) A reasonable extension may be provided to the Respondent in the event of life-circumstances that prevent them from being able to prepare a rebuttal letter in ten (10) calendar days. This will be at the discretion of the CO.

Institutional Official's Decision on Inquiry Committee's Recommendation

1) The CO shall transmit the Inquiry Report, Minority Report (if applicable), and Respondent's Rebuttal (if applicable) to the IO.
2) The IO shall decide whether the findings from the Inquiry warrant conducting an Investigation. The Inquiry is completed when the IO makes this determination.

Notice of Institutional Official's Decision

1) The IO shall notify the CO, the Inquiry Committee, the Respondent, the Complainant, and appropriate University officials (e.g., academic dean, direct supervisor of the respondent, etc.) in writing of their decision whether to proceed with an Investigation within ten (10) calendar days of receiving the Final Inquiry Report, Minority Report (if applicable), and Respondent's Rebuttal (if applicable).
    a) The notice to the Respondent must include a copy of the final Inquiry Report and Minority Report, if applicable.
    b) In distributing either copies of the draft or final report, or portions thereof, the CO will inform the recipient of the confidentiality under which the report is made available and may establish reasonable conditions to ensure such confidentiality. For example, as a condition to receipt of the report, the CO may require that the recipient sign a confidentiality agreement with the University.
    c) To the extent required by federal regulations, the IO shall provide notice to federal authorities concerning the Inquiry and the decision whether an Investigation is warranted. For example, for Department of Health and Human Services (HHS) funded research, regulations require that institutions provide the Office of Research Integrity (ORI) with the written finding of the IO and a copy of the Inquiry Report. (42 CFR § 93.309)
2) If the IO decides that an Investigation is not warranted, the CO shall maintain for 7 years after the termination of the Inquiry sufficiently detailed documentation of the Inquiry to permit a later assessment by ORI. These documents must be provided to ORI or other authorized HHS personnel upon request.

If there is enough evidence to warrant an Investigation, an Investigation Committee will be convened by the CO within ten (10) calendar days.

VIII. Investigation Investigation Committee Instructions

1) Prior to the first meeting of the Investigation Committee, the CO will:
    a) Share the relevant policies, procedures, and definitions.
    b) Ensure each committee member has signed and submitted a confidentiality agreement and completed the RCR via the CITI.
2) During the first meeting of the Investigation Committee, the CO will:
    a) Confirm who the committee has appointed as the Chair.
    b) Review the relevant policies, procedures, and definitions with the committee.
    c) Share the relevant documentation of the allegation with the Committee.
    d) Inform the Investigation Committee that in order to determine that the Respondent committed Research Misconduct, they must find, by a preponderance of the evidence (meaning that it is more likely than not that the Research Misconduct occurred), that:
        i) Research Misconduct, as defined in this Policy, has occurred.
            (1) The University has the burden of proof to demonstrate that research misconduct has occurred.
            (2) The Respondent has the burden of presenting evidence to challenge the allegations, such as demonstrating that the actions in question were an honest error or a difference of opinion.
        ii) The Research Misconduct is a significant departure from accepted practices of the relevant research community; and
        iii) The Respondent committed the research misconduct deliberately.
    e) Inform the Investigation Committee that it must prepare or direct the preparation of a written Investigation Report that meets the requirements of this policy and 42 CFR Part 93 as applicable.
    f) Review the allegation, the Inquiry Report, and the prescribed procedures and standards for the conduct of the Investigation, including the necessity for confidentiality and for developing an Investigation plan.
        i) The Investigation Committee will be provided with a copy of this policy, the prescribed procedures and standards for the conduct of the Investigation, and 42 CFR Part 93.
        ii) The Investigation Committee will prepare an Investigation plan. The Investigation plan will typically include a detailed description of the allegations, identification of the Respondent, a timeline for data collection, methods for gathering evidence (including research records, raw data, publications, interviews), procedures for analyzing evidence, a plan for notifying relevant parties, and a process for making a final determination regarding whether research misconduct occurred. These case-specific Investigation plans are subject to differences depending on the type of research misconduct alleged.
    g) The CO will be available throughout the Investigation to advise the Investigation Committee as needed.

Investigation Process

During the Investigation, the Investigation Committee will:

1) Use diligent efforts to ensure that the Investigation is thorough and sufficiently documented and includes examination of all Research Records and evidence relevant to reaching a decision on the merits of the allegations.

2) Take reasonable steps to ensure an impartial and unbiased Investigation occurs to the maximum extent practical.
3) The Investigation Committee may request an outside expert if the committee determines it is necessary due to specialized knowledge or analysis needed to fairly determine whether an investigation is warranted. The outside expert shall be a third-party consultant unaffiliated with Stockton University or a Stockton University affiliate with expertise relevant to the alleged research misconduct.
    a) If a need for an outside expert is identified by the committee, the Committee Chair must notify the CO.
    b) The CO will request that the Respondent provide a list of five possible outside experts who are experienced in their field but with whom they have not previously collaborated.
    c) The CO will review the list and select an outside expert.
4) Interview each Respondent, Complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the Investigation, including witnesses identified by the Complainants and/or Respondent, and maintain detailed records of these interviews. Interviewees can choose to have a Union representative present during any interview. The Committee shall record or transcribe each interview, provide the recording or transcript to the interviewee for correction, and include the recording or transcript in the record of the Investigation; and
5) Pursue diligently all significant issues and leads discovered, including any evidence of additional instances of Research Misconduct, and continue the Investigation to completion.The Investgation Committee will evaluate the evidence, including testimony obtained during the Investigation, and will make a determination if Research Misconduct occurred by majority vote. The committee chair will report their final decision to the CO.
6) The Investigation Committee shall use its best efforts to complete the Investigation within 90 calendar days. If the Investigation Committee is unable to complete the Investigation within 90 calendar days, the IO may grant an extension of time. An extension may require approval of the responsible federal agency. For example, in cases involving PHS-funded research, it is necessary to obtain ORI approval to extend the Investigation beyond 180 calendar days from the time the alleged research misconduct was initially reported (See 42 CFR Part 93https://ori.hhs.gov/sites/default/files/42_cfr_parts_50_and_93_2005.pdfhttps://ori.hhs.gov/sites/default/files/42_cfr_parts_50_and_93_2005.pdf.311).

Investigation Report

1) Following the Investigation, the Investigation Committee Chair, in collaboration with the Committee, should compile a written report that:
    a) Describes the nature of the allegation of research misconduct, including the name and position of the Respondent.
    b) Describes and documents external support for the research that is the subject of the Investigation, including, for example, the numbers of any grants that are involved, grant applications, contracts, and publications listing federal funding through the Department of Health and Human Services and its subdivisions.

c) Describes the specific allegations of research misconduct considered in the Investigation.
d) Includes the institutional policies and procedures under which the Investigation was conducted.
e) Identifies and summarizes the research records and evidence reviewed and identifies any evidence taken into custody but not reviewed; and
f) Includes a statement of findings for each allegation of research misconduct reviewed during the Investigation. Each statement of findings must:
    i) Identify whether the research misconduct was falsification, fabrication, or plagiarism, and whether it was committed intentionally, knowingly, or recklessly.
    ii) Identify the person(s) responsible for the misconduct
    iii) Summarize the facts and the analysis that support the conclusion and consider the merits of any reasonable explanation by the respondent, including any effort by the Respondent to establish by a preponderance of the evidence that the Respondent did not engage in research misconduct because of honest error or a difference of opinion.
    iv) Identify the specific PHS support (if applicable).
    v) Identify whether any publications need correction or retraction.
    vi) List any current support or known applications or proposals for support that the Respondent has pending with non-PHS federal agencies.
g) If the findings of the Investigation Report are not unanimously decided, committee members will provide documentation of a Minority Report to reflect their dissenting opinion and alternative analysis of evidence and fact.
h) The Investigation Report shall include the names of all Investigation committee members.

Notice to Respondent and Opportunity to Comment

1) The Respondent shall be provided with a copy of the draft Investigation Report and Minority Report, if applicable, and a copy of, or supervised access to, the evidence on which the report is based.
    a) The Respondent shall have ten (10) calendar days after receipt of the report to provide a rebuttal letter to the Investigation Report.
    b) A reasonable extension may be provided to the respondent in the event of life-circumstances that prevent them from being able to prepare a rebuttal in ten (10) calendar days. This will be at the discretion of the CO. The Committee shall, in preparing its final Investigation Report, consider and attach any comments made by the Respondent to the draft Investigation Report.
2) The CO shall forward copies of the Investigation Report, Minority Report, and Rebuttal Letter to the IO.
3) In distributing either copies of the draft or final report, or portions thereof, the CO will inform the recipient of the confidentiality under which the report is made available and may establish reasonable conditions to ensure such confidentiality.

For example, as a condition to receipt of the report, the CO may require that the recipient sign a confidentiality agreement with the University.

Institutional Official's Decision

1) The final Investigation Report shall be forwarded to the IO who will have ten (10) calendar days to determine:
    a) Whether the institution accepts the findings of the Investigation Committee in the Investigation Report; and
    b) The institutional response to a finding of research misconduct. Any disciplinary action must follow University Procedure 6140, and is pursuant to the State Master Agreement.
2) If the IO's determination differs from the findings of the Investigation Committee, the IO will, as part of their written decision, explain in detail the basis for rendering a decision different from the findings of the Investigation Committee. Alternatively, the IO may return the Investigation Report to the Investigation Committee with a request for further fact-finding or analysis.
3) When a final decision has been made by the IO, the Respondent shall be notified in writing. The IO will also notify the President, the Respondent's dean or supervisor, and any funding or sponsoring agencies as required by applicable law.
4) The CO will notify the Complainant and the Inquiry and Investigation Committee members that a decision has been made and that the case is closed.
5) The Investigation is to be completed within 180 calendar days of notification to the individual of the alleged violation including conducting the Investigation, preparing the report of findings, providing the draft report for comment, and sending the final report to any necessary parties, including government agencies as applicable.

IX. Appeal Process

1) Appeal of the IO's decision may be made in writing to the President of Stockton University.
2) A Respondent has ten (10) calendar days following notice of the decision of the IO to appeal the decision.
3) The President, or designee must make an appeal decision sixty (60) calendar days following appeal notification from the Respondent.
4) After the President has made a final decision on the appeal, the President shall notify the IO who will notify the Respondent, Dean, and any Complainant.

X. Enforcement and Sanctions

1) Any disciplinary action must follow University Procedure 6140, and is pursuant to the State Master Agreement.
2) Non-compliance with any provision of these procedures by any Stockton University affiliates or researchers collaborating with its affiliates shall be subject to sanctions. This includes, but is not limited to, research misconduct by the Respondent, breaches of confidentiality by committee members, and allegations made in bad faith by a Complainant. Non-compliance shall be reported by any knowledgeable individual to the CO or IO. These bodies shall investigate the allegation, reach a conclusion, and submit their findings to the Provost, who shall have the final decision, in conjunction with the Respondent's dean or supervisor, as stated in University Procedure 6140.

3) Recommendations will also involve the notification of the sponsor and/or journal editors if non-compliance may have resulted in compromise of the integrity of the research and/or resulting publications or other communications.
4) Standards set by governmental agencies will be monitored and considered in the University's routine review of this procedure.

XI. Best Practices for Committee Members

1) Avoid Bias or Conflict of Interest
    a) All necessary steps must be taken to avoid bias or conflict of interest between the committee and outside experts and the Respondent, Complainant, and witnesses.
    b) If any committee member has a conflict of interest with the Respondent(s) or key witnesses, it must be explicitly disclosed to the CO to mitigate bias in evidence gathering, interview processes, and decision making.
2) Consult with the CO and Institutional Counsel
    a) The CO and institutional counsel can be consulted throughout the Investigation on compliance with these procedures and federal regulations, appropriate investigatory and interviewing methods and strategies, legal issues, and standard of proof.
    b) The CO and institutional counsel will be available throughout the Investigation to advise the committee.
3) Conducting Interviews
    a) Interviews should be in-depth, and all significant witnesses should be interviewed. Interviewees are permitted to have union and legal representation during the interview process.
    b) All relevant documents and research data should be reviewed in advance by the interviewing committee at a convened meeting.
    c) Specific questions or issues that the committee wants to cover during the interview should be identified in advance to the extent possible. Follow-up questions or clarifying questions may be asked as needed.
    d) One individual on the committee should be appointed to lead the interview process to the extent possible.
    e) If additional questions or issues arise that require committee deliberation, the committee may take a short recess to discuss these issues. These deliberations should be private and not in the presence of the interviewee.
    f) If the interviewing committee recognizes inconsistencies in the testimony of key witnesses, witnesses should have the opportunity to respond to these inconsistencies between their testimony and other evidence.
    g) The committee may interview an individual multiple times if deemed necessary.
    h) Committee members must take reasonable steps to maintain the confidentiality and anonymity of the testimony, the respondent, and other key witnesses.

XII. Relationship Between the RMRC and Other Ethics Committees

1) If the alleged research misconduct requires oversight from ethical review committees such as IRB, IACUC, or Biosafety, the CO must notify the relevant committee chairs.

2) Committee chairs are responsible for following up on any possible ethical non-compliance according to their standard institutional processes.

XIII. Anti-Retaliation Protections

1) It is of utmost importance for Respondents, Complainants, witnesses, and committee members to be adequately protected throughout and after this process.
2) University affiliates may not retaliate against these parties in any way during or after the Investigation process.
    a) Individuals who experience alleged or apparent retaliation should immediately report these incidents to the CO.
        i) The CO will review the matter and escalate to the IO for both parties to make reasonable and practical efforts to protect and restore the position and reputation of the individual against whom the retaliation is directed.

XIV: Restoration of the Respondent's Reputation

1) In cases where no finding of misconduct is made, the University, as appropriate, will take reasonable steps to restore the reputation of the individual(s) alleged to have engaged in misconduct. Such actions may include notifying those who were informed of or involved in the investigation of its outcome, issuing public clarification in any venue where the allegation was previously shared, and removing any reference to the allegation from the respondent's personnel file.
2) If during the inquiry process a complaint is found to be made not in good faith and violates the Campus Code of Conduct, actions may be taken as spelled out in Procedure 6140, Policy VI-13.2, other relevant policies and procedures, related procedures, state codes and Collective Bargaining Agreements, as applicable.

Review History:

	Date
Procedure Administrator	05/09/2025
Faculty Senate	01/16/2026
AA Council	03/12/2026
AA Leadership	04/20/2026
Divisional Executive	05/28/2026
General Counsel	07/23/2026
Senior Leadership	08/06/2026
President	08/06/2026