FLORIDA INTERNATIONAL UNIVERSITY

OFFICIAL UNIVERSITY POLICY

Research Misconduct # 2370.070

INITIAL EFFECTIVE DATE:	LAST REVISION DATE:	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT
January 27, 2006	February 4, 2026	Office of Research and Economic Development

POLICY STATEMENT

It is the policy of the University that all persons involved in University research, including without limitation, University faculty, staff, and students and non-University personnel collaborating on University research, maintain high ethical standards in the conduct and reporting of their research. Allegations of research misconduct are to be reported to, and shall be investigated and, if the allegations are substantiated, sanctioned by, the University as set forth in this policy. This policy applies to students and all individuals who are employed by or are agents of, the University, or who are affiliated with the University by contract or agreement and who are engaged in any University research project whether or not the research is supported by external funding.

SCOPE

All persons involved in University research.

REASON FOR POLICY

The University bears the primary responsibility for prevention and detection of research misconduct and for the inquiry, investigation, and adjudication of alleged research misconduct. The University must take action necessary to ensure the integrity of research, the rights and interests of research subjects and the public, the protection of sponsor funds from misuse by ensuring the integrity of the research work, the observance of legal requirements or responsibilities and to provide appropriate safeguards for subjects of allegations, as well as Complainants.

This policy sets forth procedures for addressing allegations of research misconduct in compliance with applicable laws and regulations and in a manner which is thorough, competent, objective and fair. This policy seeks to:

a) Foster a research environment that promotes research integrity and the responsible conduct of research, research training, and activities related to that research or research training, discourages research misconduct, and deals promptly with allegations or evidence of possible research misconduct;

b) Set forth reasonable and practical steps to protect the positions and reputations of good faith Complainants, witnesses and committee members and to protect these individuals from retaliation by Respondents and/or other University members;
c) Provide confidentiality consistent with applicable laws and regulations to all Respondents, Complainants, and witnesses in a research misconduct proceeding, and to research subjects identifiable from Research Records or other evidence;
d) Take reasonable and practical steps to ensure the cooperation of Respondents and other University members with research misconduct proceedings, including, but not limited to, their providing information, Research Records, and other evidence;
e) Set forth the manner in which the University will cooperate with federal agencies during any research misconduct proceeding or compliance review, including addressing deficiencies or additional allegations in the additional record if directed by the U.S. Department of Health and Human Service (HHS) Office of Research Integrity (ORI);
f) Assist in administering and enforcing any federal agency administrative actions imposed on the University.

This statement of policy and procedures applies only to allegations of research misconduct that occurred within six years of the date the University or HHS ORI received the allegation, subject to the subsequent use, health or safety of the public, and grandfather exceptions in 42 CFR § 93.104(b).

Pursuant to 42 CFR § 93.104(b), the six-year limitation noted above does not apply in the following instances:

(1) The Respondent continues or renews any incident of alleged research misconduct that occurred before the six-year period through the use of, republication of, or citation to the portion(s) of the research record (e.g., processed data, journal articles, funding proposals, data repositories) alleged to have been fabricated, falsified, or plagiarized, for the potential benefit of the Respondent ("subsequent use exception"). For alleged research misconduct that appears subject to this subsequent use exception, but University determines is not subject to the exception, the institution will document its determination that the subsequent use exception does not apply and will retain this documentation for the later of seven years after completion of the institutional proceeding or the completion of any HHS proceeding.
(2) If the HHS ORI or the University, following consultation with HHS ORI, determines that the alleged misconduct, if it occurred, would possibly have a substantial adverse effect on the health or safety of the public.

DEFINITIONS	
TERM	**DEFINITION**
Allegation	A disclosure of possible research misconduct through any means of communication. The disclosure may be by written or verbal statement or other communication.

Assessment	A consideration of whether an allegation of research misconduct appears to fall within the definition of research misconduct and is sufficiently credible and specific so that potential evidence of research misconduct may be identified. The assessment only involves the review of readily accessible information relevant to the allegation. The assessment will also include whether the allegation of research misconduct appears to involve PHS-supported, or other sponsor-supported biomedical or behavioral research, biomedical or behavioral training, or other sponsor-funded research or training, or activities that relate to such research or research training.
Complainant	A person who in good faith makes an allegation of research misconduct.
Conflict of Interest	When a person's professional judgment or adherence to widely recognized professional norms may be, or may appear to be, compromised by the person's or a Related Person's interests, commitments, obligations or loyalties outside the University. A conflict of interest may exist by virtue of financial or other personal considerations that have the potential to compromise or bias professional judgment and objectivity. Conflict of interest includes, but is not limited to, the provisions of federal regulations which provide that a conflict of interest exists if an individual has a significant financial interest that could affect the design, conduct or reporting of the research or educational activities funded or proposed for funding.
Days	Means calendar day unless otherwise specified. If a deadline falls on a Saturday, Sunday, or Federal holiday, the deadline will be extended to the next day that is not a Saturday, Sunday, or Federal holiday.
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	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 witness's testimony. As applied to an institutional or committee member, means cooperating with the research misconduct proceeding by impartially carrying out the duties assigned for the purpose of helping an institution meet its responsibilities under this part. An institutional or committee member does not act in good faith if their acts or omissions during the research misconduct proceedings are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the research misconduct proceeding.
Inquiry	Preliminary information-gathering and preliminary fact-finding.
Institutional Deciding Official (IDO)	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. The University's IDO is the Senior Vice President for Research within FIU's Office of Research and Economic Development (ORED).
Institutional Action	An action by the IDO within the IDO's University purview related to research matters that result from a finding of research misconduct. An Institutional Action used within this policy does not include action that other appropriate University officials may take relating to the Respondent's employment or appointment as a result of a research misconduct finding.
Investigation	The formal development of a factual record and the examination of that record.
Notice	A written or electronic communication served in person or sent by mail or its equivalent to the last known street address, facsimile number or email address of the addressee.
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 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. (c) Plagiarism may include work that has been generated by an automated tool without proper acknowledgement of the source.
Preponderance of the Evidence	Proof by information that, compared with that opposing it, leads to the conclusion that the fact at issue is more probably true than not.
Records of Research Misconduct Proceedings	The records that the University secures for research misconduct proceeding pursuant to applicable federal regulations, except to the extent the institution subsequently determines and documents that those records are not relevant to the proceeding or that the records duplicate other records that are being retained. These documents include the assessment, 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; the investigation report and all records (other than drafts of the report) in support of that report, including the recordings or transcriptions of each interview conducted, as applicable.
Related Persons	For purposes of this policy, means the employee, the employee's spouse and dependent children.
Research	A systematic experiment, study, evaluation, demonstration, or survey designed to develop or contribute to general knowledge (basic research) or specific knowledge (applied research) by establishing, discovering, developing, elucidating, or confirming information or underlying mechanisms related to biological causes, functions, or effects; diseases; treatments; or related matters to be studied.
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 this part. The University's RIO is the Senior Director of the Office of Research Integrity within FIU's Office of Research and Economic Development
Research Misconduct	Fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. Research misconduct does not include honest error or differences of opinion.
Research Records	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 the University or one of its employees or representatives in response to - (a) a good faith allegation of research misconduct; or (b) good faith cooperation with a research misconduct proceeding.
Significant Financial Interests	Anything of monetary value, including, but not limited to, salary or other payments for services (e.g., consulting fees or honoraria); equity interest (e.g., stocks, stock options or other ownership interests); and intellectual property rights (e.g., patents, copyrights and royalties from such rights). However, the term does not include: 1. salary, royalties or other remuneration from the University; 2. income from seminars, lectures, or teaching engagements sponsored by public or non-profit entities; 3. income from service on advisory committees or review panels for public or nonprofit entities; 4. an equity interest that, when aggregated for the investigator and the investigator's spouse and dependent children, meets both of the following tests: does not exceed $5,000 in value as determined through reference to public prices or other reasonable measures of fair market value, and does not represent more than a 5% ownership interest in any single entity; or 5. salary, royalties or other payments that, when aggregated for the investigator and the investigator's spouse and dependent children, are not expected to exceed $5,000 during the twelve-month period.
University	Florida International University. References to "institution" in this policy refer to the University.
SVPR	Senior Vice President for Research.

ROLES AND RESPONSIBILITIES

The University community is responsible for following the requirements of this policy and the associated procedures.

RELATED RESOURCES

42 CFR Part 93 Public Health Service, "Public health service policies on research misconduct."

45 CFR Part 689 National Science Foundation, "Research Misconduct."

NSF Proposal and Award Policies and Procedures Guide (PAPPG) 24-1, Supplement 1

Conflict of Interest in Research policy #2370.005

Scholarly Research Authorship policy # 2370.080

FIU BOT Regulation 117 Fraud Prevention and Detection

CONTACTS

FIU Office of Research Integrity
Modesto A. Maidique Campus, MARC 430
11200 S.W. Eighth Street
Miami, Florida 33199
Telephone: (305) 348-2494

HISTORY

Initial Effective Date: January 27, 2006
Review Dates (*review performed, no updates*): January 18, 2024
Revision Dates (*updates made to document*): June 10, 2011, June 15, 2018, June 17, 2019, November 24, 2020, January 3, 2023; January 30, 2023 (procedure only), December 9, 2025, December 10, 2025, February 4, 2026.

Research Misconduct # 2370.070a

INITIAL EFFECTIVE DATE:	LAST REVISION DATE:	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT
January 27, 2006	February 4, 2026	Office of Research and Economic Development

PROCEDURE STATEMENT

I. Research Misconduct Finding

A finding of research misconduct requires that with respect to the research misconduct alleged (i.e., the fabrication, falsification or plagiarism): a) there is a significant departure from accepted practices of the relevant research community (i.e., the behavior is to be viewed in the context of community research practices); b) the misconduct be committed intentionally, knowingly, or recklessly; and c) the allegation be proven by a preponderance of the evidence. Research misconduct may occur when the fabrication, falsification or plagiarism is committed by an individual or if it was committed by an individual's use or assistance of other persons, entities, or tools including artificial intelligence (AI)-based tools. Any allegation of misconduct must be resolved promptly and equitably using procedures that safeguard the rights of all administrators, faculty, staff, and students and other concerned parties. The University has the responsibility of conducting all inquiry and investigations in a manner that will ensure fair treatment and confidentiality of the Respondent, the Complainant and others involved in the process.

Findings pursuant to this policy must be made using the following evidentiary standards:

a) Standard of proof. The University finding of research misconduct must be proved by a preponderance of the evidence.
b) Burden of proof. The University has the burden of proof for making a finding of research misconduct. The destruction, absence of, or Respondent's failure to provide Research Records documenting the questioned research is evidence of research misconduct where the University establishes by a preponderance of the evidence that the Respondent intentionally or knowingly destroyed Research Records after being informed of the research misconduct allegations. A Respondent's failure to provide research records documenting the questioned research is evidence of research misconduct where the Respondent claims to possess the records but refuses to provide them upon request.
c) The Respondent has the burden of going forward with and proving, by a preponderance of the evidence, affirmative defenses he/she raises. In determining whether the University has carried the burden of proof imposed by this part, the finder

of fact shall give due consideration to admissible, credible evidence of honest error or difference of opinion presented by the Respondent.

d) The Respondent has the burden of going forward with and proving by a preponderance of the evidence any mitigating factors relevant to a decision to impose administrative actions after a research misconduct proceeding.

II. The Allegation

A. Reporting Allegation of Research Misconduct

Allegations of research misconduct must be made directly to the University's Research Integrity Officer (RIO) or via the University's Compliance Hotline called the Ethical Panther Line. You may access information regarding the Ethical Panther Line at https://compliance.fiu.edu/hotline. Reporting concerns of research misconduct in good faith is a service to the University and to the larger academic community, and will not jeopardize anyone's employment. An allegation of research misconduct may be made orally or in writing. If an individual is unsure whether a suspected incident falls within the definition of research misconduct, he or she may meet with or contact the RIO to discuss the suspected research misconduct informally, which may include discussing it anonymously and/or hypothetically. Individuals should report research misconduct allegations via the above process as soon as they have a good faith basis to believe that the research misconduct may have occurred. Individuals and University units should not endeavor to investigate the possible research misconduct prior to reporting it to the RIO or reporting it via the University's Compliance Hotline as noted above. The process set forth in this policy comprises the process for the review, inquiry and investigation of all allegations of research misconduct and no other review or investigation should be attempted by any other University unit in regards to research misconduct.

B. Institutional Assessment

An Assessment's purpose is to determine whether an allegation warrants an inquiry. Upon receiving an allegation of research misconduct, the RIO (or designee) must promptly assess the allegation to determine whether the allegation:

(1) Falls within the definition of Research Misconduct;
(2) Is within the applicability criteria of § 93.102 or relates to other research or research training projects; and
(3) Is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

An inquiry must be conducted if the allegation meets the three Assessment criteria set forth above. If the RIO or (designee) determines that requirements for an inquiry are met, he/she must:

(1) Document the Assessment; and

(2) Promptly sequester all research records and other evidence, as required in this policy and promptly initiate the inquiry.

If the RIO (or designee) determines that requirements for an inquiry are not met, they must keep sufficiently detailed documentation of the assessment of the reasons why the institution did not conduct an Inquiry.

If the RIO (or designee) determines that an inquiry is not warranted, the individual making the allegation may be referred to other University offices or officials, as appropriate, with responsibility for resolving the problem raised.

If the RIO (or designee) determines that an inquiry is warranted, the RIO (or designee) shall document the allegation of research misconduct in writing and shall notify the Provost and the DIO by forwarding a copy of the same, along with a copy of the Complainant's written allegation, if there was one. The formal research misconduct allegation shall include:

- Name of Respondent(s)
- Name of Complainant(s), if available
- Name of any potential witness(es) of which the Complainant is aware
- Description of alleged misconduct
- When alleged misconduct occurred
- Where alleged misconduct occurred
- Any supporting documentation
- Grant number or title (if applicable)
- Funding source (if applicable)
- Statement that an inquiry into the allegation shall be commenced pursuant to this policy.

Before or at the time of notifying the Respondent of the allegation(s) and whenever additional items become known or relevant, the University will promptly take all reasonable and practical steps to obtain all research records and other evidence and sequester them securely.

III. The Inquiry

A. Purpose of Inquiry

The purpose of an inquiry is to conduct an initial review of the evidence to determine whether an investigation is warranted. An inquiry does not require a full review of all the evidence related to the allegation.

B. Appointment of Inquiry Committee

In lieu of an Inquiry Committee, the RIO (or designee) may conduct the inquiry, provided the RIO (or designee) utilizes one or more subject matter experts, if needed, to assist in the inquiry.

If an Inquiry Committee will be used, the RIO (or designee) will appoint an Inquiry Committee and committee chair and shall provide the Inquiry Committee with the formal written allegation of research misconduct as described in section II.B above. The Inquiry Committee shall consist of at least 3 individuals who have sufficient expertise to evaluate the allegations and conduct the inquiry. The University may use the services of a consortium or person(s) that the University reasonably determines to be qualified by practice and experience to conduct the research misconduct inquiry.

C. Notice to Respondent of Commencement of Inquiry

At the time of, or before beginning an inquiry, the RIO (or designee) shall make a good faith effort to notify the Respondent in writing of the allegation and that an inquiry will be conducted.

If an Inquiry Committee will be used, the RIO (or designee) will notify the Respondent in writing of the proposed membership of the Inquiry Committee. If the Respondent objects to the proposed membership, the Respondent must submit a written objection to the RIO (or designee) within 5 days of the date of the RIO's (or designee's) notice to the Respondent of the composition of the committee. The RIO (or designee) will then determine whether to replace the challenged member(s) of the Inquiry Committee.

If the inquiry subsequently identifies additional Respondents, the RIO (or designee) shall notify them and provide the same notifications and rights to the additional Respondents as to the original Respondent described above. Only allegations specific to a particular Respondent shall be included in the notification to that Respondent. If additional allegations are raised, the Respondent(s) shall be notified in writing of the additional allegations raised against them.

D. Inquiry Committee First Meeting

If an Inquiry Committee will be used, the RIO (or designee) shall convene the first meeting of the Inquiry Committee. At the Inquiry Committee's first meeting, the RIO (or designee) will review with the Inquiry Committee the allegations and the appropriate procedures as stated in this policy, assist the committee with organizing plans for the inquiry, and answer any questions raised by the committee for conducting the inquiry. The RIO (or designee) and/or other University officials as determined by the RIO (or designee) may attend all Inquiry Committee meetings.

E. Inquiry Process

The Inquiry Committee or RIO (or designee) will conduct a preliminary review of the evidence and may interview the Respondent(s) and/or witnesses.

An investigation is warranted if there is: (1) A reasonable basis for concluding that the allegation falls within the definition of research misconduct under this policy; and (2) preliminary information-gathering and preliminary fact-finding from the inquiry indicates that the allegation may have substance.

Findings of research misconduct, including the determination of whether the alleged misconduct is intentional, knowing, or reckless, cannot be made at the inquiry stage.

F. Draft Inquiry Report

If an Inquiry Committee is used, the Inquiry Committee shall draft an inquiry report to the RIO in the format of the final inquiry report described below and a copy of that draft report shall be provided to the Respondent for comment. If there is no Inquiry Committee and the RIO (or designee) conducts the inquiry, the RIO shall draft an inquiry report to the file in the same format of the final inquiry report. The University may, but is not required to, provide a copy of the draft inquiry report, or relevant portions of the report to the Complainant for comment (if the Complainant's identity is known). The Respondent and/or the Complainant, as applicable, shall have 10 days from the receipt of the draft report to respond to the Inquiry Committee with any comments on the draft inquiry report.

G. Final Inquiry Report

The final inquiry report shall include:

a) The composition of the Inquiry Committee, if used, including name(s), position(s), and subject matter expertise;
b) The names, professional aliases, and positions of the Respondent and Complainant;
c) A description of the allegation(s) of research misconduct;
d) Information regarding externally sponsored research project, including, for example, grant numbers, grant applications, contracts, and publications;
e) The basis for recommending or not recommending that the alleged actions warrant an investigation.
f) Comments received from the Respondent and/or the Complainant, as applicable, in response to the draft report. If no comments were received, a statement that a copy of the draft inquiry report was provided to the Respondent and the Complainant, if applicable, and that either or both did not provide any comments to the Inquiry Committee in response to that draft report.

g) Sufficient detail to permit a later assessment of the determination of whether or not a full investigation is warranted.
h) A description of the information reviewed.
i) A list of the interviews conducted, if applicable.
j) Statements of conclusions reached and the findings and facts supporting them.
k) A recommendation on whether an investigation is warranted.
l) Note: If related to a PHS-funded project, the Inquiry Report must also address the following additional details:
    a. Inventory of sequestered research records and other evidence and a description of how sequestration was conducted;
    b. Transcripts of any transcribed interviews;
    c. Timeline and procedural history;
    d. Any scientific or forensic analyses conducted;
    e. Any institutional actions implemented, including communications with journals or funding agencies;
    f. Documentation of potential evidence of honest error or difference of opinion.

H. Time Limit for the Inquiry

The RIO (or designee) will make the determination of whether findings from the inquiry provide sufficient evidence of possible research misconduct to justify conducting an investigation. The inquiry is completed once that determination has been made. The inquiry must be completed within 90 days of the initiation of the inquiry unless circumstances warrant a longer period. If an Inquiry Committee is used, the date of the first meeting of the Inquiry Committee is considered the initiation of the inquiry. If the RIO (or designee) conducts the inquiry in lieu of an Inquiry Committee, the date that the RIO (or designee) reflects in the file of the determination that the RIO (or designee) will conduct the inquiry shall be deemed the date of the initiation of the inquiry. If the inquiry requires longer than 90 days to complete, the inquiry record must include documentation of the reasons for exceeding the 90 day period.

I. Notice of Results of the Inquiry

The RIO (or designee) shall notify the Respondent if the inquiry found that an investigation is warranted. The notice shall include a copy of the final inquiry report and include a copy of or refer to this part and the policy. The RIO (or designee) shall notify the Provost and DIO if the inquiry found that an investigation is warranted.

IV. The Investigation

A. Purpose of Investigation

The purpose of an investigation is to examine in-depth the evidence presented and determine whether research misconduct has occurred, by whom, and to what extent and the consequences to be imposed for such misconduct. The investigation shall be commenced within 30 days after the RIO (or designee) decides that an investigation is warranted after the inquiry.

B. Appointment of Investigation Committee

The Investigation Committee shall be appointed by the RIO (or designee). The committee should consist of at least 3 individuals, who have sufficient expertise to evaluate the evidence related to the allegations. The University may use the services of a consortium or person(s) that the University reasonably determines to be qualified by practice and experience to conduct the research misconduct investigation. A consortium or person acting on behalf of the University must follow the requirements of this policy in conducting the research misconduct proceedings.

An investigation into multiple Respondents may convene with the same Investigation Committee members or anyone acting on behalf of the University, but there will be separate investigation reports and separate research misconduct determinations for each Respondent. Committee members may serve for more than one investigation, in cases with multiple Respondents. Committee members may also serve for both the inquiry and the investigation.

C. Notice to Respondent of Commencement of Investigation

The RIO (or designee) shall notify the Respondent in writing of the allegations within a reasonable amount of time after determining that an investigation is warranted, but before the investigation begins. If the Respondent objects to any of the proposed committee members; the Respondent must submit a written objection to the RIO within 5 days, who will determine whether to replace the challenged member. The RIO (or designee) shall give the Respondent written notice of any new allegations of research misconduct within a reasonable amount of time of deciding to pursue allegations not addressed during the inquiry or in the initial notice of investigation.

D. Investigation Committee First Meeting

The RIO (or designee) shall convene the first meeting of the Investigation Committee. At the first meeting, the RIO (or designee) shall provide the Investigation Committee with the allegation of research misconduct and a copy of the final inquiry report. The RIO (or designee) will review with the committee the appropriate procedures as stated in this policy, assist the committee with organizing plans for the investigation and answer any questions raised by the committee for conducting the investigation. The RIO (or designee) and/or other University officials as determined by the RIO (or designee) may attend all Investigation Committee meetings.

E. Investigation Process

The investigation process includes examination of all documents, including but not necessarily limited to, Research Records, computer files, proposals, manuscripts, publications, correspondence, memoranda and notes of telephone calls. The Investigation Committee shall interview each Respondent, Complainant (if the Complainant's identity is known), and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the Respondent.

If the allegation relates to a PHS-funded project, the following additional requirements apply:

1. The Investigation Committee shall number all relevant exhibits and refer to any exhibits shown to the interviewee during the interview by that number.
2. The interviews will be recorded and transcribed during the investigation and the transcripts will be made available to the interviewee for correction. The Investigation Committee will include the transcript(s) with any corrections and exhibits in the institutional record of the investigation.
3. The Respondent will not be present during the witnesses' interviews, but the University will provide the Respondent with a transcript of each interview, with redactions as appropriate to maintain confidentiality.

The Investigation Committee shall pursue diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of additional instances of possible research misconduct, and continue the investigation to completion. All significant issues should be pursued until the Investigation Committee is reasonably certain that the necessary and available information has been amassed.

F. Draft Investigation Report

The Investigation Committee shall prepare a draft investigation report in the format of the final investigation report described below. The Respondent shall be given a copy of the draft investigation report and, concurrently, a copy of, or supervised access to, the research records or other evidence that the Investigation Committee considered or relied on. The Investigation Committee may, but is not obligated to, provide a copy of the draft investigation report, or relevant portions of that report, to the Complainant for comment (if the Complainant's identity is known). The comments of the Respondent, and the Complainant if applicable, on the draft report, if any, must be submitted in writing within 30 days of the date on which the Respondent, or the Complainant, as applicable, received the draft investigation report. The Investigation Committee shall consider and address the Respondent's and Complainant's comments, as applicable, before issuing the final report. If there is more than one Respondent, separate draft reports shall be prepared for the Respondents, in order to preserve confidentiality.

G. Final Investigation Report

The Investigation Committee shall prepare the final investigation report which shall include:

a) The composition of the Investigation Committee, including name(s), position(s), and subject matter expertise.
b) Description of the nature of the allegations of research misconduct.
c) Description and documentation of the sponsor support for the project, including, for example, any grant numbers, grant applications, contracts, and publications.
d) Description of the specific allegations of research misconduct for consideration in the investigation.
e) The policies and procedures under which the investigation was conducted.
f) Identification and summary of the Research Records and evidence reviewed.
g) For each separate allegation of research misconduct identified during the investigation, provide a finding as to whether research misconduct did or did not occur. A finding of research misconduct requires that with respect to the research misconduct alleged (i.e., the fabrication, falsification or plagiarism): (1) there is a significant departure from accepted practices of the relevant research community (i.e., the behavior is to be viewed in the context of community research practices); and (2) the research misconduct was committed intentionally, or knowingly, or recklessly; and (3) the allegation is proven by a preponderance of evidence. For each separate finding of research misconduct include the following:
    i. Identify the individual(s) who committed the research misconduct;
    ii. Indicate whether the research misconduct was falsification, fabrication, or plagiarism
    iii. Indicate whether the misconduct was committed intentionally, knowingly, and/or recklessly;
    iv. Identify any significant departure from the accepted practices of the relevant research community and that the allegation was proven by a preponderance of the evidence;
    v. Summarize the facts and the analysis which support the conclusion and consider the merits of any reasonable explanation by the Respondent;
    vi. Identify the specific sponsor support;
    vii. Identify whether any publications need correction or retraction;
    viii. List any current support or known applications or proposals for support that the Respondent has pending.
h) Include and consider any comments made by the Respondent and Complainant, as applicable, on the draft investigation report. If no comments were received, a statement that a copy of the draft investigation report was provided to the Respondent and the Complainant, if applicable, and that either or both did not provide any comments to the Investigation Committee in response to that draft report.

i) Note: If related to a PHS-funded project, the Investigation Report must also address the following additional details:
   i. Inventory of sequestered research records and other evidence, except records the institution did not consider or rely on. This inventory will include manuscripts and funding proposals that were considered or relied on during the investigation. The inventory will also include a description of how sequestration was conducted.
   ii. Transcripts of all interviews conducted.
   iii. Identification of the specific published papers, manuscripts submitted but not accepted for publication (including online publication), PHS-funding applications, progress reports, presentations, posters, or other research records that allegedly contained the falsified, fabricated, or plagiarized material.
   iv. Any scientific or forensic analyses conducted.

The RIO will assist the Investigation Committee in finalizing the draft investigation report, including ensuring that the Respondent's comments and the Complainant's comments, as applicable, are included and considered. The Investigation Committee shall transmit the final investigation report with attachments, including the Respondent's and Complainant's comments, to the IDO and shall copy the RIO.

H. University Review and Decision

The IDO will determine in writing: (1) whether the institution accepts the investigation report, its findings, and the recommended institutional actions; and (2) the appropriate institutional research-related actions in response to the accepted findings of research misconduct. If this determination varies from the findings of the Investigation Committee, the IDO will, as part of his/her written determination, explain in detail the basis for rendering a decision different from the findings of the Investigation Committee. Alternatively, the IDO may return the report to the Investigation Committee with a request for further fact-finding or analysis. The IDO will consult with the Provost regarding appropriate research-related actions. The Provost or other University officials may impose additional actions within their purviews against the Respondent that result from the finding of research misconduct.

When a final decision on the case has been reached, the IDO (or RIO) will notify the Respondent in writing. The IDO (or RIO) may choose to also notify the Complainant in writing, but is not obligated to do so. The IDO's decision will be the final agency action of the University as to the research misconduct matter.

After informing HHS ORI (if related to a PHS-funded project), the IDO will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the Respondent in the work, or other relevant parties should be notified of the outcome

of the case. The IDO is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies.

I. Time Limit for Investigation

An investigation must be completed within 180 days of beginning it, including conducting the investigation, preparing the report of findings, providing the draft report for comment in accordance with this policy, preparing the final report and providing the final report to any Federal agency as noted in Section V.B below.

V. University Interim and Administrative Action and Notification to Sponsoring Agencies

A. Interim Administrative Action

University officials will take interim administrative actions, as appropriate, to protect public health or safety, Federal funds and equipment, the integrity of the federally supported research process and ensure that the purposes of the Federal financial assistance are carried out.

The type of action depends on the seriousness of the misconduct, the impact of the misconduct, and whether the misconduct demonstrates a pattern of behavior.

B. Notification to Sponsoring Agency

If an allegation of research misconduct relates to a sponsored research project, the Office of Research and Economic Development (ORED) shall provide notifications to the sponsoring agency as required by the sponsor's regulations, guidelines and/or the sponsor award document for the project.

(a) PHS-Funded Projects

Research allegations related to any sponsored project that has support from the Public Health Service (PHS) require that the University inform HHS ORI as follows:

(i) Within thirty (30) days of finding that an investigation is warranted, and no later than on the date the investigation begins, the University must notify HHS ORI of the decision to begin an investigation.

(ii) Provide HHS ORI with the written finding and a copy of the inquiry report. The University must provide the following information to HHS ORI whenever requested:

a. The University policies and procedures under which the inquiry was conducted;

b. The research records and evidence reviewed, and copies of all relevant documents.

(iii) FIU ORI must notify HHS ORI in advance if FIU ORI plans to close a case at the inquiry or investigation stage on the basis that the Respondent admits to the research misconduct, a settlement with the Respondent has been reached or for any other reasons, except the closing of a case at the inquiry stage on the basis that an investigation is not warranted or a finding of no misconduct at the investigation stage, which must be reported to HHS ORI per subsection V.(B)(a)(iv) below. If the Respondent admits to research misconduct, the FIU ORI will not close the case until providing HHS ORI with the Respondent's signed, written admission. The admission must state the specific fabrication, falsification, or plagiarism that occurred, which research records were affected, and that it constituted a significant departure from accepted practices of the relevant research community. FIU ORI will not close the case until giving HHS ORI a written statement confirming the Respondent's culpability and explaining how the institution determined that the Respondent's admission fully addresses the scope of the misconduct.

(iv) At the conclusion of the Investigation, FIU ORI must provide to HHS ORI the complete institutional record, which consists of the following:

a. The records that were compiled or generated during the research misconduct proceeding, except records the institution did not rely on. These records include documentation of the assessment, a single index listing all research records and evidence, the inquiry report and investigation report, and all records considered or relied on during the investigation.

b. The institutional record also includes the IDO's final decision and any information the Respondent provided to the institution. The institutional record must also include a general description of the records that were sequestered but not considered or relied on.

(v) At any time during a research misconduct proceeding, FIU ORI must notify HHS ORI immediately if it has reason to believe that any of the following conditions exist, including any facts that may be relevant to protect public health, Federal funds and equipment, and the integrity of the PHS-supported research process:

a. Health and safety of the public is at risk, including an immediate need to protect human or animal subjects;

b. Resources or interests of the U.S. Department of Health and Human Service (HHS) are threatened;

c. Research activities should be suspended;

d. There is reasonable indication of possible violations of civil or criminal law;

e. Federal action is required to protect the interests of those involved in the research misconduct proceeding;

f. FIU ORI believes the research misconduct proceeding may be made public prematurely so that HHS may take appropriate steps to safeguard evidence and protect the rights of those involved;

g. The research community or public should be informed. The University shall also notify the National Institutes of Health (NIH) at any time during the research misconduct proceeding as required by applicable NIH policy or regulations.

(vi) The University will cooperate with HHS ORI during any research misconduct proceeding or compliance review, including addressing deficiencies or additional allegations in the institutional record if directed by HHS ORI and to assist in administering and enforcing any HHS administrative actions imposed on institutional members.

(b) NSF-Funded Projects

Research allegations related to any sponsored project that has support from the National Science Foundation (NSF) require that the University inform the NSF Office of Inspector General (OIG) as follows:

(i) If the completion of the inquiry is delayed beyond 90 days, but the University wishes NSF to defer the research misconduct inquiry or investigation to the University, NSF may require submission of period status reports;
(ii) Immediately if an initial inquiry supports an investigation;
(iii) Keep NSF informed during the investigation;
(iv) If the completion of the investigation is delayed beyond 180 days, but the University wishes NSF to defer the research misconduct investigation to the University, NSF may require submission of period status reports;
(v) Provide OIG with the final report from the investigation;
(vi) Promptly notify the OIG if the University becomes aware during the inquiry or investigation that:
   a. Public health or safety is at risk;
   b. NSF's resources, reputation, or other interests need protecting;
   c. There is reasonable indication of possible violations of civil or criminal law;
   d. Research activities should be suspended;
   e. Federal action may be needed to protect the interests of a subject of the investigation or of others potentially affected; or
   f. The scientific community or the public should be informed.

VI. Confidentiality

Disclosure of the identity of Respondents, Complainants, and witnesses in research misconduct proceedings and of any records or evidence related thereto shall be limited, to the extent possible, to those who need to know, consistent with a thorough, competent, objective and fair research misconduct proceeding, and as allowed by law. Although reasonable efforts to maintain confidentiality will be made, anonymity cannot be guaranteed. As pertains to public records requests under Florida law, while a research misconduct matter is ongoing, whether at the allegation, inquiry or investigation stage, all

information obtained pursuant to the research misconduct matter by the University are exempt from disclosure as public records. However, once the research misconduct matter is concluded, the records are subject to disclosure pursuant to a Florida public records request unless the records requested are otherwise exempt from disclosure pursuant to applicable law.

VII. Other Considerations

- *Termination of Institutional Employment or Resignation Prior to Completing Inquiry or Investigation:* In accordance with federal regulations, termination of the Respondent's University employment, by resignation or otherwise, before or after an allegation of possible research misconduct has been reported, will not preclude or terminate the misconduct procedures.
- *Restoration of Reputation:* The University shall undertake reasonable and practical efforts, if requested and as appropriate, 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. Any University actions to restore the person's reputation must be done in consultation with the Provost and shall be determined by the Provost in consultation with the IDO.
- *University Employees not Acting in Good Faith, Including Allegations Not Made in Good Faith:* Any University employee engaging in research misconduct proceedings in a manner other than in good faith, including but not limited to, making an allegation of research misconduct not in good faith or participating as a witness or committee member not in good faith, may be subject to disciplinary action in accordance with applicable University regulations and policies.

VIII. Conflict of Interest

Individuals responsible for carrying out any part of the research misconduct proceedings, whether at the inquiry or investigation stage, may not have potential, perceived, or actual personal, professional, or financial conflicts of interest with the Complainant, Respondent, or any witnesses. Any potential conflicts of interest with the University must be disclosed pursuant to the Conflict of Interest in Research policy. If a conflict of interest is such that it cannot be resolved or managed, then the affected University employee may not take part in the research misconduct proceedings.

IX. Record Retention

FIU ORI shall maintain the Research Records and evidence of research misconduct proceedings in a secure manner for 7 years after completion of the research misconduct proceeding.

X. Multiple Institutions

If the alleged research misconduct involves multiple institutions, FIU ORI may work closely with the other affected institutions to determine whether a joint research misconduct proceeding will be conducted. If so, the cooperating institutions will choose an institution to serve as the lead institution. In a joint research misconduct proceeding, the lead institution will obtain research records and other evidence pertinent to the proceeding from the other relevant institutions. By mutual agreement, the joint research misconduct proceeding may include committee members from the institutions involved. The determination of whether further inquiry and/or investigation is warranted, whether research misconduct occurred, and the institutional actions to be taken may be made by the institutions jointly or tasked to the lead institution.

XI. Legal Representation

Respondent may have his/her attorney attend all proceedings in which Respondent is present. During proceedings in which the Respondent is present, the attorney may advise the Respondent privately and may observe, but not otherwise participate in, the proceedings. Conduct by the attorney that disrupts a proceeding is grounds for the attorney being required to leave. In such an event, the proceeding will continue without the attorney being present. Respondent must provide the University with written notice at least three (3) business days before any interview that the Respondent wishes to have his/her attorney present.

XII. Respondent Admissions and Settlements

The Respondent may at any time during the proceeding prepare a written admission of research misconduct or enter into a written agreement with the University resolving certain issues material to the proceeding. The signed admission must state the specific fabrication, falsification, or plagiarism that occurred, which research records were affected, and that the research misconduct constituted a significant departure from accepted practices of the relevant research community.