



Policy # 81007

RESEARCH MISCONDUCT PROCEDURES POLICY

Effective Date: April 30, 2026

Responsible Office: Graduate Studies/Department of Research Ethics and Integrity (DREI)

Division: Research and Sponsored Programs

I. PURPOSE/OBJECTIVE

The following information details Grambling State University's (GSU) policy and procedures for addressing allegations of misconduct involving university-sponsored or collaborative research, in compliance with PHS Policies on Misconduct (42 CFR Part 93) and National Science Foundation (45 CFR Part 689). The purpose of this policy is to ensure GSU's compliance with federal guidelines regarding guidance for employees students, and other members of the institution engaged in or responsible for managing research activity.

II. STATEMENT OF POLICY

Grambling State University endeavors to achieve excellence in post-secondary education through teaching, research, and other scholarly and creative works of its faculty, students, and other members of the university community. Excellence in scholarship requires all members of the University to adhere strictly to the highest standards of integrity and ethical conduct regarding research. GSU is committed to the ethical conduct of research by its faculty, staff, and students. Grambling State University expects that all community members to ensure research is conducted with rigor, honesty, and transparency.

III. APPLICABILITY

This policy is applicable to faculty, staff, students, sub-awardees, and other members of the university community.

A. FEDERAL APPLICABILITY

This policy is adopted in accordance with the U.S. Department of Health and Human Services Public Health Service Policies on Research Misconduct, 42 CFR Part 93 (2024), applicable to allegations received on or after January 1, 2026, and with the National Science Foundation Research Misconduct Regulation, 45 CFR Part 689. This policy applies to all research conducted under institutional oversight, including research funded or proposed funding by federal agencies.

B. STANDARD OF PROOF AND INTENT

A finding of research misconduct requires that: (a) there be a significant departure

from accepted practices of the relevant research community; (b) the misconduct be committed intentionally, knowingly, or recklessly; and (c) the allegation be proven by a preponderance of the evidence.

C. ADMISSIONS OF RESEARCH MISCONDUCT

If a respondent admits to research misconduct, the Research Integrity Officer shall document the admission in writing. The institution shall consult with the Office of Research Integrity or the appropriate federal agency prior to closing the matter or implementing final administrative actions.

D. MULTI-INSTITUTIONAL RESEARCH

In cases involving multiple institutions, the Research Integrity Officer shall coordinate with counterpart officials to determine lead-institution responsibility, sharing of evidence, and reporting obligations, consistent with applicable federal regulations.

E. RESEARCH RECORDS AND DIGITAL EVIDENCE

Research records include all documents, data, and materials in any form, including electronic formats, metadata, emails, images, software files, and access logs. The institution shall ensure secure sequestration, preservation, and chain-of-custody of both physical and electronic research records.

This policy is applicable to faculty, staff, students, and other members of the university community.

IV. INSTITUTIONAL ROLES AND RESPONSIBILITIES

A. GENERAL INSTITUTIONAL RESPONSIBILITY

To the extent possible, the institution will limit disclosure of the identity of respondents, complainants, and witnesses while conducting the research misconduct proceedings to those who need to know, inform all institutional members about these policies and procedures, and make these policies and procedures publicly available. This limitation on disclosure no longer applies once the institution has made a final determination of research misconduct findings. The institution will respond to each allegation of research misconduct under 42 CFR Part 93 in a thorough, competent, objective, and fair manner. The institution will take all reasonable and practical steps to ensure the cooperation of respondents and other institutional members with research misconduct proceedings, including, but not limited to, their providing information, research records, and other evidence. The institution agrees to cooperate with ORI during any research misconduct proceeding or compliance review, including addressing deficiencies or additional allegations in the institutional record if directed by ORI and to assist in administering and enforcing any HHS administrative actions imposed on institutional members. The institution may also take steps to manage published data or acknowledge that data may be unreliable.

Except as may otherwise be prescribed by applicable law, the institution will maintain confidentiality for any records or evidence from which research subjects might be identified and will limit disclosure to those who need to know to carry out a research misconduct proceeding.^{li} Before or at the time of notifying the respondent of the allegation(s) and whenever additional items become known or relevant, the institution will promptly take all reasonable and practical steps to obtain all research records and other evidence and sequester them securely. The institution will ensure that the institutional record contains all required elements, i.e., research records that were compiled and considered during the proceedings, assessment documentation, and inquiry and/or investigation reports. Upon completion of the inquiry, the institution will provide ORI with the complete inquiry report and add it to the institutional record. The institution will maintain the institutional record and all sequestered research records and other evidence in a secure manner for seven years after completion of the institutional and/or HHS proceeding.

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

B. INSTITUTIONAL MEMBER

Institutional members are individual employed by, agents of, or are affiliated by contract or agreement with GSU. Institutional members may include, but are not limited to, officials, faculty, support staff, researchers, technicians, students, volunteers, consultants, subcontractors, and sub-awardees.

C. RESEARCH INTEGRITY OFFICER

The Research Integrity Officer (RIO) refers to the institutional official responsible for administering the institution's written policies and procedures for addressing allegations of research misconduct in compliance with 42 CFR Part 93.

D. INSTITUTIONAL CERTIFYING OFFICIAL

The designated official within the institution responsible for ensuring compliance with the Policies on Research Misconduct (42 CFR Part 93) and related federal policies and requirements.

V. PROCESS AND ACTIONS

A. ASSESSMENT

An assessment purpose is to determine whether an allegation warrants an inquiry. An assessment is intended to be a review of readily accessible information relevant to the allegation. Upon receiving an allegation of research misconduct, the RIO or another designated institutional official will promptly determine whether the allegation (a) falls within the definition of research misconduct, (b) is within the applicability criteria of 42 CFR Part 93 § 93.102, and (c) is credible and specific enough to identify and sequester potential evidence.

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

B. INQUIRY

An inquiry is warranted if the allegation (a) falls within the definition of research misconduct under 42 CFR Part 93, (b) is within the applicability criteria of § 93.102, and (c) is sufficiently credible and specific so that potential evidence of research misconduct may be identified. An inquiry's purpose is to conduct an initial review of the evidence to determine whether an allegation warrants an investigation. An inquiry does not require a full review of all related evidence. GSU will complete the inquiry within 90 days of initiating it unless circumstances warrant for a longer period, in which it will sufficiently document the reasons for exceeding the time limit in the inquiry report.

– **Sequestering Evidence and Notifying the Respondent**

Before or at the time of notifying the respondent(s), GSU will obtain the original or substantially equivalent copies of all research records and other evidence that are pertinent to the proceeding, inventory these materials, sequester the materials in a secure manner, and retain them for seven years. The institution has a duty to obtain, inventory, and securely sequester evidence that extends to whenever additional items become known or relevant to the inquiry or investigation.

At the time of or before beginning the inquiry, GSU will make a good-faith effort to notify the presumed respondent(s), in writing, that an allegation(s) of research misconduct has been raised against them, the relevant research records have been sequestered, and an inquiry will be conducted to decide whether to

proceed with an investigation. If additional allegations are raised, the institution will notify the respondent(s) in writing. When appropriate, the institution will give the respondent(s) copies of, or reasonable supervised access to the sequestered materials.

If additional respondents are identified, GSU will provide written notification to the new respondent(s). All additional respondents will be given the same rights and opportunities as the initial respondent. Only allegations specific to a particular respondent will be included in the notification to that respondent.

– **Convening the Committee and Ensuring Neutrality**

GSU will ensure that all inquiry committee members understand their commission, keep the identities of respondents, complainants, and witnesses confidential, and conduct the research misconduct proceedings in compliance with the PHS regulation. In lieu of a committee, the institution may task the RIO or another designated institutional official to conduct the inquiry, provided this person utilizes subject matter experts as needed to assist in the inquiry.

– **Determining Whether an Investigation Is Warranted**

The inquiry committee, RIO, or other designated institutional official will conduct a preliminary review of the evidence. In the process of fact-finding, the inquiry committee may interview the respondent and/or witnesses. An investigation is warranted if (a) there is a reasonable basis for concluding that the allegation falls within the definition of research misconduct under 42 CFR Part 93 and involves PHS-supported biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or research training, as provided in § 93.102; and (b) preliminary information-gathering and fact-finding from the inquiry indicates that the allegation may have substance.

The inquiry committee will not determine if research misconduct occurred, nor assess whether the alleged misconduct was intentional, knowing, or reckless; such a determination is not made until the case proceeds to an investigation.

– **Completing the Inquiry**

GSU will give the respondent a copy of the draft inquiry report for review and comment. The institution may but is not required to provide relevant portions of the report to a complainant for comment. GSU will notify the respondent of the inquiry's outcome and provide the respondent with copies of the final inquiry report, the PHS regulation, and these policies and procedures. The institution may, but is not required to, notify a complainant whether the inquiry found that an investigation is warranted. If the institution provides notice to one complainant in a case, it must provide notice, to the extent possible, to all complainants in the case.

– **If an Investigation Is Not Warranted:**

If the inquiry committee, RIO, or other designated institutional official determines that an investigation is not warranted, GSU will keep sufficiently detailed documentation to permit a later review by ORI of why the institution did not proceed to an investigation, store these records in a secure manner for at least seven years after the termination of the inquiry, and provide them to ORI upon request.

– **If an Investigation is Warranted:**

If the inquiry committee, RIO, or other designated institutional official determines that an investigation is warranted, GSU must: (a) within a reasonable amount of time after this decision, provide written notice to the respondent(s) of the decision to conduct an investigation of the alleged misconduct, including any allegations of research misconduct not addressed during the inquiry; and (b) within 30 days of determining that an investigation is warranted, provide ORI with a copy of the inquiry report.

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

– **Investigation**

The purpose of an investigation is to formally develop a factual record, pursue leads, examine the record, and recommend finding(s) to the IDO, who will make the final decision, based on a preponderance of evidence, on each allegation and any institutional actions. As part of its investigation, the institution will pursue diligently all significant issues and relevant leads, including any evidence of additional instances of possible research misconduct, and continue the investigation to completion. Within 30 days after deciding an investigation is warranted, GSU will notify ORI of the decision to investigate and begin the investigation.

– **Notifying the Respondent and Sequestering Evidence**

GSU will notify the respondent(s) of the allegation(s) within 30 days of determining that an investigation is warranted and before the investigation begins. If any additional respondent(s) are identified during the investigation, the institution will notify them of the allegation(s) and provide them an opportunity to respond consistent with the PHS regulation. If the institution identifies additional respondents during the investigation, it may choose to either conduct a separate inquiry or add the new respondent(s) to the ongoing investigation. The institution will obtain the original or substantially equivalent copies of all research records and other evidence, inventory these materials,

sequester them in a secure manner, and retain them for seven years after its proceeding or any HHS proceeding, whichever is later.

– **Convening an Investigation Committee**

After vetting investigation committee members for conflicts of interest and appropriate scientific expertise, the GSU will convene the committee and ensure that the members understand their responsibility to conduct the research misconduct proceedings in compliance with the PHS regulation. The investigation committee will conduct interviews, pursue leads, and examine all research records and other evidence relevant to reaching a decision on the merits of the allegation(s). The institution will use diligent efforts to ensure that the investigation is thorough, sufficiently documented, and impartial and unbiased to the maximum extent practicable. The institution will notify the respondent in writing of any additional allegations raised against them during the investigation.

– **Conducting Interviews**

GSU will interview each respondent, complainant(s), and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the respondent. The institution will number all relevant exhibits and refer to any exhibits shown to the interviewee during the interview by that number. The institution will record and transcribe interviews during the investigation and make the transcripts available to the interviewee for correction. The institution will include the transcript(s) with any corrections and exhibits in the institutional record of the investigation. The respondent will not be present during the witnesses' interviews, but the institution will provide the respondent with a transcript of each interview, with redactions as appropriate to maintain confidentiality.

– **Documenting the Investigation**

GSU will complete all aspects of the investigation within 180 days. The institution will conduct the investigation, prepare the draft investigation report for each respondent, and provide the opportunity for respondents to comment. The institution will document the IDO's final decision and transmit the institutional record (including the final investigation report and IDO's decision) to ORI. If the investigation takes more than 180 days to complete, the institution will ask ORI in writing for an extension and document the reasons for exceeding the 180-day period in the investigation report.

If the committee recommends a finding of research misconduct for an allegation, the investigation report will present a finding for each allegation. These findings will (a) identify the individual(s) who committed the research misconduct; (b) indicate whether the misconduct was falsification, fabrication, and/or plagiarism; (c) indicate whether the misconduct was committed intentionally, knowingly, or recklessly; (d) identify any significant departure

from the accepted practices of the relevant research community and that the allegation was proven by a preponderance of the evidence; (e) summarize the facts and analysis supporting the conclusion and consider the merits of any explanation by the respondent; (f) identify the specific PHS support; and (g) state whether any publications need correction or retraction.

If the investigation committee does *not* recommend a finding of research misconduct for an allegation, the investigation report will provide a detailed rationale for its conclusion.

The investigation committee should also provide a list of any current support or known applications or proposals for support that the respondent has pending with PHS and non-PHS Federal agencies.

– **Completing the Investigation**

GSU will give the respondent a copy of the draft investigation report and, concurrently, a copy of, or supervised access to, the research records and other evidence that the investigation committee considered or relied on. The respondent will submit any comments on the draft report to the institution within 30 days of receiving the draft investigation report. If GSU chooses to share a copy of the draft investigation report or relevant portions of it with the complainant(s) for comment, the complainant's comments will be submitted within 30 days of the date on which they received the report. The institution will add any comments received to the investigation report.

– **IDO Review of the Investigation Report**

The IDO will review the investigation report and make a final written determination of whether the institution found research misconduct and, if so, who committed the misconduct. In this statement, the IDO will include a description of relevant institutional actions taken or to be taken.

– **Creating and Transmitting the Institutional Record**

After the IDO has made a final determination of research misconduct findings, GSU will add the IDO's written decision to the investigation report and organize the institutional record in a logical manner.

The institutional record consists of 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. 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.

If the respondent filed an appeal, the complete record of any institutional appeal also becomes part of the institutional record. For institutions with an internal appeals process, the GSU will wait until the appeal is concluded to transmit the institutional record to ORI. After the IDO has made a final written determination, and any institutional appeal is complete, the institution must transmit the institutional record to ORI.

C. OTHER PROCEDURES AND SPECIAL CIRCUMSTANCES

– **Multiple Institutions and Multiple Respondents**

If the alleged research misconduct involves multiple institutions, GSU 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, including witness testimony, 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.

If the alleged research misconduct involves multiple respondents, GSU may either conduct a separate inquiry for each new respondent or add them to the ongoing proceedings. The institution must give additional respondent(s) notice of and an opportunity to respond to the allegations.

– **Respondent Admissions**

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

– **Other Special Circumstances**

At any time during the misconduct proceedings, GSU will immediately notify ORI if any of the following circumstances arise:

1. Health or safety of the public is at risk, including an immediate need to protect human or animal subjects.
2. HHS resources or interests are threatened.
3. Research activities should be suspended.
4. There is reasonable indication of possible violations of civil or criminal law.
5. Federal action is required to protect the interests of those involved in the research misconduct proceeding.
6. HHS may need to take appropriate steps to safeguard evidence and protect the rights of those involved.

D. RECORDS RETENTION

GSU will maintain the institutional record and all sequestered evidence, including physical objects (regardless of whether the evidence is part of the institutional record), in a secure manner for seven years after the completion of the proceeding or the completion of any HHS proceeding, whichever is later, unless custody has been transferred to HHS.

VI. NOTIFICATION AND REPORTING REQUIREMENTS

Many federal sponsors have published requirements and regulations regarding the inquiry and investigation of allegations of research misconduct involving activities they are considering for funding or have been funded. These regulations contain requirements to report to these sponsors under certain conditions and at specified stages in the process. The Research Integrity Officer (RIO) for the University is responsible for the preparation and submission of any required notifications or reports. In addition, for Public Health Service (PHS) proposals and awards, the University Institutional Certifying Official will work with the Office of Research Integrity (ORI) to ensure compliance on an annual basis.

VII. ADDITIONAL INFORMATION

Reference to the DHHS Office of Research Integrity (ORI) comprehensive policies on research misconduct can be found at [PHS Policies on Research Misconduct | ORI - The Office of Research Integrity](https://ori.hhs.gov/) web site at <https://ori.hhs.gov/>. For additional information regarding implementation of this policy at GSU, please contact the Office of Graduate Studies or the Office of Research and Sponsored Programs.

VIII. ACCREDITATION

Grambling State University is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award associate, baccalaureate, master's, and doctorate degrees. GSU also may offer credentials such as certificates and diplomas at approved degree levels. Questions about the accreditation of GSU may be directed in writing to the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097, by calling (404) 679-4500, or by using information available on SACSCOC's website (www.sacscoc.org).