

**UMBC Policy and Procedures for
Handling Allegations of Misconduct in
Research and other Scholarly Activities
UMBC Policy # III-1.10.01**

**Approved by Faculty Senate
November 11, 2003**

UMBC Policy Archive-Policy

UMBC POLICY FORMULATION AND MANAGEMENT

Volume 1 – Research

Chapter 1 – Misconduct in Research and other Scholarly Activities

Responsible Administrator: Vice Provost for Research and Planning

Responsible Office: Office of the Vice Provost for Research and Planning

Originally Issued: June, 2001/Revised: November 28, 2001 per President's Council

Interim Adoption:

Final Adoption and Archived:

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I. Policy Introduction

It is the policy of UMBC that each individual faculty, staff member, and student is expected to maintain high ethical standards in the conduct and reporting of his/her research or other scholarly activities. Maintenance of public trust in these standards is the responsibility of all members of the university community. Faculty, staff, and students have responsibilities for ethical conduct not only to UMBC, but also to the community at large, to the academic community, and to private and public institutions sponsoring the scholarly activities.

Misconduct in research or other scholarly activity is prohibited and allegations of such misconduct shall be investigated thoroughly and resolved promptly. Should alleged incidents of misconduct in scholarly activity occur, reporting of such possible violations is a shared responsibility, and it is the duty of the faculty, staff members, and students to resolve issues arising from such alleged misconduct.

Furthermore, 42 C.F.R. Part 50, Subpart A defines the responsibility of institutions receiving federal grants for dealing with and reporting possible misconduct and states, in part, that each such institution shall "...establish uniform policies and procedures for investigating and reporting instances of alleged or apparent misconduct..."

Therefore, all faculty, staff, and students engaged in or assisting with the conduct of research or scholarly activity shall comply with this policy, as amended from time to time.

II. Definitions for Purposes of this Policy

The terms defined in this section are given special meaning within this policy.

Allegation: Any written or oral statement or other indication of possible misconduct made to an institutional official.

Committee Advisor: University Legal Counsel, or any person designated by the Research Ethics Review Officer (RERO) to advise the Inquiry or Investigation Committees about this Policy's requirements and procedures.

Complainant: The individual(s) alleging that an act of misconduct has occurred.

Conflict of Interest: The real or apparent interference of one person's interests with the interests of another person, where potential bias may occur due to prior or existing personal or professional relationships.

Day(s): Throughout this document, the term "day" or "days" means calendar days.

Deciding Official: The institutional official making the final determination on allegations of misconduct and any responsive institutional actions.

Dean: College deans, the direct administrative reporting line for a center or institute, or dean equivalent. The Dean or dean equivalent serves as the chief administrative officer of his/her respective area.

Good Faith Allegation: An allegation made with the honest belief that misconduct may have occurred. An allegation is not made in good faith if it is false or if it was made with a reckless disregard for the truth.

Inquiry: Information-gathering and preliminary fact-finding to determine whether an allegation or apparent instance of misconduct warrants an investigation.

Inspector General: The office in many federal agencies (e.g., National Science Foundation, NASA) that is responsible for the misconduct and research integrity activities.

Investigation: A formal examination and evaluation of relevant facts to determine whether misconduct has taken place and, if so, to determine the responsible person and the seriousness of the misconduct.

Misconduct: Misconduct is defined for the purposes of this Policy as fabrication, falsification, plagiarism or other serious deviation from accepted practices in proposing, carrying out, or reporting results from research or other scholarly activities. The term “serious deviation from accepted practices,” as used herein, includes but is not limited to the following illustrative examples of prohibited conduct:

- a. Improper use or appropriation of information learned from reviewing the grant applications or manuscripts of others.
- b. Making a false or grossly negligent accusation of scholarly misconduct; withholding or destruction of information relevant to a claim of misconduct; obstruction of a misconduct inquiry or investigation; and retaliation against persons involved or perceived to be involved in the allegation or investigation.
- c. Material failure to comply with regulatory requirements affecting sponsored projects, including but not limited to substantial violations of federal or state regulations involving conflict of interest, the use of sponsored project funds, care of animals, human subjects, investigational drugs, recombinant products, new devices including engineering research materials, or radioactive, biological or chemical materials, or other environmental protection regulations.
- d. Deliberately misstating or misrepresenting the credentials (i.e., qualifications, experience, research accomplishments or racial/ethnic origin of the Principal

Investigator or project staff) or material facts of a proposed or existing project in order to advance the research program, to obtain funding, or for other professional advancement.

- e. Deliberately sabotaging or physically damaging the laboratory research set up, equipment, or records.

Misconduct, as defined herein does not include honest error or honest differences in interpretation or judgments of data. Further, this document is not intended to relate to student conduct that is governed by student judicial policies, or to limit faculty in the exercise of legitimate academic freedom.

Office of Research Integrity (ORI): The office within the U.S. Department of Health and Human Services (DHHS) that is responsible for the misconduct and research integrity activities of the U.S. Public Health Service.

Personal Advisor: Any person (e.g., lawyer, colleague) chosen by the Respondent or another participant (e.g., witness) to accompany that participant and act as a personal advisor when the Participant is called to a meeting of the Inquiry or Investigation Committee.

Public Health Service (PHS): The U.S. Public Health Service, an operating component of the U.S. Department of Health and Human Services (DHHS).

Respondent: The individual(s) against whom an allegation of misconduct has been made.

Research Ethics Review Officer (RERO): The Vice Provost for Research will serve as the Research Ethics Review Officer RERO for the University. It will be the duty of the Research Ethics Review Officer to inform the Provost of the status of inquiries and investigations of misconduct and to be responsible for the security of all documents relating to allegations, inquiries, and investigations of misconduct.

University Legal Counsel means legal counsel who represents the institution during the misconduct inquiry and/or investigation and who is responsible for advising the (RERO), the inquiry and investigation committees, and the Deciding Official on relevant legal issues. University Legal Counsel may mean in-house counsel and/or the Office of the Attorney General of Maryland. The University Legal Counsel does not represent the Respondent, the Complainant, or any other person participating during the inquiry, investigation, or any follow-up action, except the institutional officials responsible for managing or conducting the institutional misconduct process as part of their official duties.

Retaliation: Any action that adversely affects the employment or other institutional status (e.g., course grades or academic progress of a student) of an individual that is taken by an employee because a Complainant or witness has made, or is perceived

by the Respondent to have made an allegation of misconduct or cooperated with the inquiry or investigation.

III. General Policy Provisions

A. *Obligations of the Campus Community*

All university employees, resident visitors (e.g., exchange students, visiting faculty), and students are obliged to cooperate to the fullest extent in any and all proceedings and with the sequestration of evidence related to the case.

B. *Interim Administrative Action*

In some instances, the seriousness of the allegation may be such that interim administrative action must be taken concurrent with sequestration, or prior to completion of the inquiry or investigation. Interim administrative action (e.g., temporary replacement of a Principal Investigator or employment suspension with pay) will be taken when, based on actions taken by the Respondent, there is a possibility of adulteration or obfuscation of evidence, obstruction of the inquiry or investigation, or potential or actual harm to, or retaliation against, research subjects, employees, Complainants or other participants. Interim administrative action will require approval of the Provost in consultation with University Legal Counsel and the Research Ethics Review Officer (RERO). This order may remain in force until the completion of the inquiry and investigation or may be lifted at any time for good cause by the Provost.

C. *Reporting Misconduct*

Anyone having reason to believe that a member of the faculty, staff or student body has engaged in research or scholarly misconduct, should promptly consult with the RERO. The purpose of this consultation is to determine whether the person complaining will file a formal complaint. The institution will use due care to protect the privacy of the Complainant to the extent provided by law except insofar as information needs to be disclosed so that the University may effectively investigate the matter or take corrective measures.

If the complainant chooses not to file a formal complaint of research or scientific misconduct as provided for in this policy, the RERO shall consult with University Legal Counsel to determine if a misconduct inquiry is appropriate, and/or whether referral should be made to other appropriate oversight agencies. If the RERO decides to initiate a misconduct inquiry, this will be reported by the RERO, in writing, to the Respondent's department head, his/her dean or equivalent supervisor, and the Provost. The RERO shall next provide written notification of the intent to proceed with an inquiry to the Respondent. The RERO or his/her designee shall personally deliver the notification to the Respondent at which time (or immediately subsequent to the provision of notice) relevant

records will be sequestered in accordance with the procedures set forth in Appendix A.

IV. Inquiry

A. Purpose of the Inquiry

The purpose of the inquiry is to make a preliminary evaluation of the available evidence to determine whether there is sufficient evidence of possible misconduct to warrant an investigation. The purpose of the inquiry is not to reach a final conclusion about whether misconduct definitely occurred or who was responsible.

B. Conducting the Inquiry

1. Convening the Inquiry Committee

Following delivery of written notice of intent to proceed with an inquiry, the RERO will appoint and convene the Inquiry Committee. The Inquiry Committee should consist of at least three individuals who do not have real or apparent conflicts of interest in the case, are unbiased, and have the necessary expertise to evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, and conduct the inquiry. These individuals must be exempt professional staff or faculty and may be scientists, subject matter experts, administrators, lawyers, or other qualified persons, and they may be from inside or outside of the institution. At least two thirds of the members must be faculty of an institution of higher education.

2. Ensuring against Bias or Conflict of Interest

The RERO will take reasonable steps to ensure that the members of the committee (and experts, if any) have no bias or personal or professional conflict of interest with the Respondent, the Complainant, or the case in question. In making this determination, the RERO will consider whether a prospective committee member or any members of his or her immediate family:

- a. has any financial involvement with the Respondent or Complainant;
- b. has been a coauthor on a publication with the Respondent or Complainant;
- c. has been a collaborator or co-investigator with the Respondent or Complainant;
- d. has been a party to a scientific controversy with the Respondent or Complainant;

- e. has a supervisory or mentor relationship with the Respondent or Complainant;
- f. has a special relationship, such as a close personal friendship, kinship, or a physician/patient relationship with the Respondent or Complainant; or
- g. falls within any other circumstance that might appear to compromise the individual's objectivity in reviewing the allegations.

3. Objection by Respondent

The RERO will notify the Respondent in writing of the proposed committee membership within ten (10) days of the notice of intent to proceed with an Inquiry. If the Respondent submits to the RERO a written objection to any appointed member of the Inquiry Committee or expert based on bias or conflict of interest within five (5) days of receipt of the list of board members, the RERO will promptly determine whether to replace the challenged member or expert with a qualified substitute.

C. Duration of the Inquiry

The inquiry is considered formally initiated on the date of the issuance of the written allegations to the Respondent. The inquiry normally should be concluded within sixty (60) days. If the deadline for completion of the inquiry cannot be met, a written request for extension shall be submitted to the RERO. The request shall cite the reasons for the delay and a brief description of the progress to date. The written request and the RERO's response shall be included in the record of the inquiry. Should the extension be granted, the RERO shall notify the Respondent of the extension.

D. Administrative Support

The Office of the RERO will provide administrative and logistic support to the Inquiry Committee. Such services may include administrative staffing support, tape recording and transcription services, and provision of expert consultants (e.g., forensic, statistical, scientific). The Office of the RERO will also be responsible for maintaining the security and confidentiality of all evidentiary materials relating to the inquiry.

E. Committee Procedures

1. Initial Meeting

At the committee's first meeting, the RERO and the University Legal Counsel and/or the Committee Advisor will review the charge with the committee, discuss the allegations, any related issues, and the appropriate procedures for conducting the inquiry, assist the committee

with organizing plans for the inquiry, and answer any questions raised by the committee.

2. Follow Up Meetings

The RERO, University Legal Counsel, or the designated Committee Advisor will be available or may be present throughout the inquiry process to advise the committee as needed. The Inquiry Committee will normally interview the Complainant, Respondent, and key witnesses as well as examine relevant research records and materials. The committee will evaluate the evidence and testimony obtained and, after consultation with the RERO and University Legal Counsel, the committee members will decide whether there is sufficient evidence of possible misconduct to recommend further investigation. When invited to attend a Committee hearing, the Respondent is expected to speak for himself/herself. The Inquiry Committee, in its sole discretion, shall set the interview schedule. Persons called to testify shall comply with the Committee's requests for scheduled appearances and with the timely production of evidence.

F. The Role of Personal Advisors by Participants

A personal advisor may be engaged by any individual involved in the inquiry at his/her own expense, but the advisor may only advise the client, and may not provide advocacy for the client. In particular, the Respondent is expected to speak for himself/herself in the proceedings of the Inquiry Committee. Therefore, Respondent's or other Participant's personal advisor may not address the committee directly or represent the client to the Committee.

G. Committee Report

1. Report Contents

A written report will be prepared by the committee that states the name and title of the committee members; the allegations; a summary of the inquiry process used; a list of the research records reviewed; summaries of any interviews; a description of the evidence in sufficient detail to demonstrate whether an investigation is warranted; the committee's determination as to whether an investigation is recommended and what actions should be taken if an investigation is not recommended. University Legal Counsel will review the report for legal sufficiency.

2. Report Distribution

The RERO will provide the Respondent with a copy of the draft inquiry report for comment and rebuttal. Within 14 calendar days of their receipt of the draft report, the Respondent will provide comments, if any, to the RERO for distribution to the Inquiry Committee. These comments

will become part of the final inquiry report and record. Based on the comments received by the Respondent, the Inquiry Committee may revise the report as appropriate in consultation with University Legal Counsel. This report will be made part of the record and the date of the report shall mark the end of the inquiry.

3. Recommendation and Case Disposition

If it is determined by the Inquiry Committee that the misconduct charge does not warrant an investigation, the committee shall recommend such disposition in writing to the RERO. The RERO, in consultation with University Legal Counsel, shall make the final decision as to the disposition of the case and shall notify the appropriate individuals. If it is determined by the Inquiry Committee that the misconduct charge does warrant an investigation, the Provost will be notified in writing by the RERO that an investigation is warranted.

H. Notice of Inquiry Determination and Additional Sequestration

Upon notification to the Provost that an investigation is warranted, the RERO will immediately sequester any additional pertinent research records that were not previously sequestered during the inquiry. Immediately preceding, or concurrent with, the sequestration of additional evidence, the RERO shall notify the Respondent in writing and send a copy of the inquiry report with the notice of investigation. The procedures to be followed for sequestration during the investigation are shown in Appendix A.

V. Investigation

A. Purpose and Scope of the Investigation

The purpose of the investigation is to explore in detail the allegations, to examine the evidence in depth, and to determine specifically whether misconduct has been committed, by whom, and to what extent. The investigation will also determine whether there are additional instances of possible misconduct that would justify broadening the scope beyond the initial allegations. The result of the Investigation Committee's work is a written analysis of the evidence, a set of findings and recommendation to the RERO and Provost concerning disposition of the case. The RERO, in consultation with University Legal Counsel, may expand the investigation based upon committee recommendation or the development of additional allegations arising from evidence uncovered during the conduct of the investigation. In the event additional allegations arise, the RERO shall promptly notify the Respondent in writing of those additional allegations. This is particularly important where the alleged misconduct involves potential harm to human subjects or the general public or if it affects research that forms the basis for public policy, clinical practice, or public health practice.

B. Conducting the Investigation

Following notification of the Respondent, the RERO shall (1) appoint an Investigating Committee, (2) refer the written misconduct charge(s) to the committee, including the inquiry report, and (3) take such action as may be deemed reasonable in the discretion of the RERO to ensure the continuity and integrity of research or other scholarly work, the rights and interests of research subjects and the public, and the observance of the legal requirements.

The committee shall conduct a prompt but thorough investigation to ascertain the facts of the case and to determine whether the Respondent has violated this policy.

Convening the Committee. Procedures for appointing and convening the Investigating Committee, including membership and conflict review, shall be as set forth for the Inquiry process. Members of the Inquiry Committee shall not serve on the Investigating Committee.

C. Duration of the Investigation

The investigation will be considered initiated on the date the RERO refers the misconduct charge(s) to the Investigating Committee. If possible, the investigation should start within 30 days of the date that the inquiry ends, unless the Respondent has objected to the committee membership. In the event of an objection by the Respondent on the basis of bias or conflict of interest, the investigation should begin as soon as practicable after resolution of the committee membership.

The committee's investigation normally will be concluded within sixty (60) days from the initiation of the investigation. However, it is recognized that complex cases may require significantly more time to complete a thorough investigation. If the deadline for completion of the investigation cannot be met, a written request for extension shall be submitted to the RERO citing the reasons for the delay, summarizing the progress to date, and providing the requested period of time needed to complete the investigation. The written request and the RERO's response shall be included in the record of the investigation. Should the extension be granted, the RERO shall notify the Respondent in writing of the extension.

D. Administrative Support

The Office of the RERO shall provide administrative support to the committee. Support services may include administrative staffing support, tape recording and transcription services, and provision of expert consultants (e.g., forensic, statistical, scientific). The Office of the RERO will also be responsible for maintaining the security and confidentiality of all evidentiary materials relating to the investigation.

E. Committee Procedures

The committee's first meeting will be an organizational meeting. The RERO and the University Legal Counsel and/or the Committee Advisor will review the charge with the committee, discuss the allegations, any related issues, and the appropriate procedures for conducting the investigation (e.g., cataloging evidence, interviewing witnesses, and maintaining confidentiality), assist the committee with organizing plans for the investigation, and answer any questions raised by the committee. During that meeting or in subsequent meetings, the committee will establish an investigation plan that:

1. establishes how the committee will receive and review evidence;
2. identifies the need for forensic or expert review; and
3. sets a witness interview schedule

With respect to witnesses, the Investigation Committee, in its sole discretion, shall set the interview schedule

The RERO and the Committee Advisor will be available or may be present throughout the investigation to advise the committee as needed.. Persons called to testify shall comply with the Committee's requests for scheduled appearances and with the timely production of evidence. The Respondent will not be permitted to attend any committee session unless specifically invited by the committee.

The Respondent shall have the right to request the appearance of witnesses not otherwise called to appear to provide information concerning the matter under investigation. The Respondent shall provide a brief written explanation of the basis for requesting each witness so as to demonstrate the relevance of the suggested witness' testimony.

The Respondent may also provide a list of suggested questions for the Committee to ask prospective witnesses considered pertinent to the investigation by the Respondent. The Committee shall make the final determination as to the relevance of the suggested witnesses and questions.

VI. Examination of the Evidence

The investigation will typically involve examination of all available, potentially relevant testimonial, documentary, and physical evidence including, but not limited to, research records, computer files, calendars, proposals, manuscripts, publications, correspondence, memoranda, and notes of telephone calls. The Respondent should provide any physical or documentary evidence the Respondent deems relevant. The committee will review the Respondent's evidence and make its own relevance decisions. All evidence submitted by the Respondent, regardless of relevance, will be cataloged and included in the Committee's Report as part of the record of the investigation.

Whenever possible, the committee shall interview the Complainant(s), the Respondent(s), and other individuals who might have information regarding aspects of the allegations. In addition, external scholars or persons with expertise in relevant areas

(e.g., forensic, statistical, scientific, etc.) may be interviewed and/or hired to conduct analyses when warranted by the nature of the field or by the nature of the allegations.

Interviews of the Respondent shall be taped and transcribed. All other interviews should, at a minimum, must be taped. A brief written summary of each taped interview shall be made. All tapes of the interviews and the attendant summaries or transcripts of the interviews shall be prepared and included as part of the investigatory file.

VII. Legal Representation of or Use of Advisors by Participants

A Personal Advisor may be engaged by any individual involved in the investigation at his/her own expense, but the Personal Advisor may only advise the client, and may not provide advocacy for the client. In particular, the Respondent is expected to speak for him/herself in the proceedings of the Investigating Committee. Therefore, a Participant's Personal Advisor may not address the Committee directly or represent the client to the Committee.

VIII. The Committee Findings and Report

A. Standard of Proof and Intent

The committee will consider whether there is sufficient evidence of intent in the alleged acts. To substantiate a finding of misconduct, the alleged act(s) must have been committed intentionally, or knowingly, or recklessly.

In reaching a conclusion on whether there was misconduct and by whom it was committed, the conclusion must be supported by a preponderance of the evidence.

In considering these factors, the committee should consider whether the Respondent has presented substantial evidence of honest error or honest differences in interpretations or judgments of data, such that misconduct cannot be proven by a preponderance of the evidence.

B. The Draft Report

Upon conclusion of the investigation, the committee will prepare a preliminary investigation report setting forth its findings with respect to the misconduct charge(s) and the grounds on which such findings are based. The draft investigation report will include all evidence submitted to or considered by the committee during the course of its investigation. The draft investigation report will be transmitted to University Legal Counsel for a review of its legal sufficiency.

The RERO will provide the Respondent with a copy of the draft investigation report for comment and rebuttal. The Respondent will be allowed twenty (20) days to review and comment on the draft report. The findings of the final report should take into account the Respondent's comments in addition to all the other evidence. The Respondent's comments will be made a part of and attached to the final report.

IX. The Final Report

Report Contents. Upon the receipt of the Respondent's and Complainant's written response(s) or expiration of the 20-day response period (whichever comes first), the committee will prepare a final investigation report. The final investigation report will contain: background of the case, the allegation(s), names of the committee members, dates of the investigative hearings, a comprehensive list of all evidence reviewed by committee and/or submitted by the Respondent, analysis of key evidence, testimonial tapes, transcripts and/or summaries, Respondent's and Complainant's responses to the draft Report, all correspondence with the Respondent, all correspondence relating to any requests for investigation completion deadline extensions, the conclusions reached by the committee, the rationale for the conclusions, and recommended sanctions, if applicable.

If, by a preponderance of evidence, a majority of the committee finds that the Respondent has violated this policy, the committee will recommend an appropriate course of action that may include disciplinary sanctions and recommendations to ensure that the University meets its obligations to any third parties affected by the violation. These third parties may include co-investigators and co-authors, project sponsors and professional journals.

The final report of the Investigating Committee will be submitted to the RERO who will then forward it to the Provost.

X. Provost's Decision

Upon receipt of the Investigating Committee's complete record, including all relevant evidence and findings and recommendations, the Provost, in consultation with the RERO and appropriate Dean, shall prepare a written report of his/her final decision and include therein the disciplinary action, if any, to be taken. This report will be provided to appropriate parties, including the Respondent, within ten (10) days. The Respondent will be notified in writing by the Provost of the disciplinary action to be taken.

XI. Disciplinary Action

Disciplinary action may consist of one or more of the following example actions, or may consist of other sanctions deemed appropriate to the circumstances of the case:

1. Letter of reprimand
2. Removal from particular project
3. Special monitoring of future work
4. Probation
5. Suspension
6. Salary reduction
7. Rank reduction (with concurrence of the President)
8. Non-renewal of contract
9. Termination of employment (with concurrence of the President)

XII. Appeal of the Deciding Official's Decision

A. *Timing of the Respondent's Appeal*

Upon being notified of a finding of misconduct by the Provost, and prior to the imposition of disciplinary action other than any interim administrative action taken as specified above, the Respondent shall have the right to appeal the decision to the President of the University.

B. *Form and Grounds for Appeal*

The appeal must be made in writing and delivered to the President's office within thirty (30) days of notification of the Provost's decision. The appeal is on the record. The appeal must set forth specific grounds for appeal. Grounds for appeal are limited to procedural error or arguments clearly and convincingly establishing that the Provost's decision is not supported by substantial evidence in the record.

C. *Processing the Appeal*

The President may delegate review of the record to an appropriate reviewing official not previously substantially involved in the investigation. If the President concurs with the decision of the Provost, the decision is final and the record will be returned to the Provost. The Provost will initiate any disciplinary process. All disciplinary actions to be taken as a result of a finding of misconduct shall be subject to and carried out in accordance with applicable USM and UMBC employment policies (e.g., University System Policy on Appointment, Rank, and Tenure of Faculty BOR Policy II-1.00).

If the President does not concur with the decision of the Provost, he/she may take such action as he/she deems appropriate, consistent with USM and UMBC policies.

XIII. Post Decision/Appeal Processes

A. *Remedial Actions*

If the institution finds no misconduct, the RERO, after consulting with the Provost, the Respondent, and University Legal Counsel, may undertake reasonable efforts to restore or further protect the Respondent's reputation. Depending on the particular circumstances, the RERO should consider notifying those individuals aware of or involved in the investigation of the final outcome, publicizing the final outcome in forums in which the allegation of misconduct was previously publicized, or expunging all reference to the misconduct allegation from the Respondent's personnel file.

B. *Storage and Security of the Investigation Records*

All materials will be kept until such time that no further action (litigation or sponsor action) is probable, but not less than three (3) years after conclusion of the investigation. After the requisite storage period, the materials, as appropriate

under the circumstances, will be returned to the investigator, or the sponsor, or destroyed under the direction of the Research Ethics Review Officer or his designee.

C. Reporting to the Sponsor

When required by regulation or contract, or if deemed appropriate, the project sponsor will be provided with copies of all final reports and decisions resulting from any investigation hereunder.

The RERO will take steps to notify and keep informed, project research sponsors and the cognizant federal office for research integrity (e.g., the Office of Research Integrity or the Inspector General), as appropriate, in compliance with applicable laws, regulations and agreements. When the research is federally sponsored, notification is required, and sponsors will be:

1. informed immediately if an initial inquiry supports a formal investigation;
 2. informed immediately of any administrative actions;
 3. kept informed during such a formal investigation;
 4. notified prior to any investigation, or as required during an investigation:
 - (a) if the seriousness of apparent misconduct warrants;
 - (b) if immediate health or environmental hazards are involved;
 - (c) if the project sponsor's resources, reputation, or other interests require protection;
 - (d) if federal action is needed to protect interests of a subject of the investigation or of others potentially affected; or
 - (e) if the scientific community or the public should be informed.
 5. informed within 24 hours of reasonable indication of possible criminal violation.
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APPENDIX A

Sequestration of the Research Records

1. Immediate Sequestration

If the relevant project records have not been obtained at the assessment stage, the RERO will immediately locate, collect, inventory, and secure them to prevent the loss, alteration, or fraudulent creation of records.

2. Institutional Access

Project records produced under grants, cooperative agreements, and most contracts are the property of the institution. Employees cannot interfere with the institution's right of access to them. Under certain contracts, certain project records may belong to the sponsor, but the institution will be provided access to contract records in the custody of the institution for purposes of reviewing misconduct allegations.

3. Original Records

The documents and materials to be sequestered will include all the original items (or copies if originals cannot be located after diligent search) that may be relevant to the allegations. These include, but are not limited to, project records as defined in this document.

4. Sequestration of the Records from the Respondent

The RERO should notify the Respondent that an inquiry is being initiated simultaneously with the sequestration so that the Respondent can assist with location and identification of the project records. The RERO should obtain the assistance of the Respondent's supervisor and University Legal Counsel in this process, as necessary. If the Respondent is not available, sequestration may be carried out in the Respondent's absence.

The Respondent should not be notified in advance of the sequestration of research records. This precaution is taken to prevent questions being raised later regarding missing documents or materials and to prevent accusations against the Respondent of tampering with or fabricating data or materials after the notification. In addition to securing records under the control of the Respondent, the RERO may need to sequester records from other individuals, such as coauthors, collaborators, or whistleblowers. If reasonably feasible and as soon as practicable, a copy of each sequestered record will be provided to the individual from whom the record is taken, if requested.

5. Inventory of the Records

A dated receipt should be signed by the sequestering official and the person from whom an item is collected, and a copy of the receipt should be given to the person from whom the record is received. If it is not possible to prepare a complete inventory list at the time of collection, one should be prepared as soon as possible, and then a copy should be given to the person from whom the items were collected.

6. Security and Chain of Custody

The RERO will lock records and materials in a secure place. The persons from whom items were collected may be provided with a copy of any item. Where feasible, that person will have access to his or her own original items under the direct and continuous supervision of an institutional official. This will ensure that a proper chain of custody is maintained and that the originals are kept intact and unmodified. Questions about maintaining the chain of custody of records should be referred to the University Legal Counsel.

Policy Number: III-1.10.01

Policy Section: _____ (such as Fiscal and Business, Human Resources, etc.)

Responsible Administrator: _____ (same as noted in IV above)

Responsible Office: _____ (same as noted in IV above)

Approved by President: _____ [date(s)]

Originally Issued: _____ (date)

Revision Date(s): _____ (date)