



# Cornell University Policy Office

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## Policy 1.2 Research Integrity

**Responsible Executive:** Vice President of Research and Innovation

**Responsible Office(s):** Office of the Vice President of Research and Innovation

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### Table of Contents

<b>1. Policy Statement and Requirements</b> .....	<b>1</b>
1.1 Policy Statement.....	1
1.2 Scope.....	2
1.3 Policy Requirements.....	3
1.4 Collection and Retention of Information.....	15
1.5 Compliance.....	15
2. <i>To Whom This Policy Applies</i> .....	15
3. <i>Definitions</i> .....	15
4. <i>Policy Administration</i> .....	19
5. <i>Revision History</i> .....	20

## 1. Policy Statement and Requirements

### 1.1 Policy Statement

Members of the Cornell University community are expected to perform their scholarly and scientific activities with honesty, to meet the highest ethical standards, and to respect the appropriate standards of evidence and the contributions and scholarship of others. The university will vigorously investigate allegations of research misconduct and research-related misconduct that contravene these expectations, taking all reasonable steps to protect the rights and interests of individuals whose work or performance is questioned. *Research misconduct* is defined by federal agencies. *Research-related misconduct* includes other unacceptable behaviors that Cornell has elected to prohibit that may appear in an academic environment. This policy closely adheres to the procedures for investigating research misconduct allegations required by federal agencies as a condition of federal funding. *Misconduct* (as defined herein), unless otherwise specified, means either research misconduct or research-related misconduct.

The search for truth underlies our academic values as an educational institution. Research misconduct and research-related misconduct on the part of any members of the Cornell community threaten and subvert the fundamental values of the university as a whole. Each member of the community is expected to promote high standards of integrity in interactions with other scholars, and to participate in review procedures and disciplinary actions as may be appropriate in the case of reported violations of these standards.

The discovery of new knowledge through research is a fundamental part of the life of the faculty at the university. The formulation of research objectives, the organization of research design, the mobilization of financial support, equipment, technological assistance, and space and time to perform the required investigations all require a strong effort and helpful cooperation from many people. The collection of vital research observations, their analysis and interpretation, and successful research publication are important steps in the dissemination of new knowledge.

The university's research climate must encourage and support the intellectual integrity of researchers and must discourage any and all activities that might interfere with the integrity of these pursuits. Research misconduct and research-related misconduct in any form are serious threats to this endeavor, and threaten the integrity of the science, the investigator, and the university. Research misconduct is also prohibited under federal laws and regulations applicable to recipients of federal funding and can result in very large financial liabilities for the university. This policy asserts that research misconduct and research-related misconduct are prohibited by the university, regardless of funding source.

## 1.2 Scope

All employees or individuals associated with the university should report observed, suspected, or apparent misconduct. When allegations of misconduct are made, the university is committed to a thorough investigation of such allegations, while protecting the rights of all involved to the maximum extent feasible.

This policy applies to all allegations of misconduct that occur within 6 years prior to the date of the allegation. Exceptions to the general 6-year timeframe will extend the reach of this policy and procedures (a) where the university determines that the alleged misconduct, if it occurred, could have a substantially adverse effect on the health or safety of the public; (b) as required by federal regulations or a relevant federal oversight agency; (c) if the respondent (as defined herein) perpetuates potential misconduct through citation, republication, or other use within 6 years; or (d) under certain grandfather exceptions set forth under relevant laws.

While this policy delegates comprehensive administration to the Vice President for Research and Innovation (VPRI), the historic role played by the Dean of Faculty and the broad oversight responsibilities of the university's Faculty Senate will be stewarded in the following ways:

1. The VPRI or designee, when appointing an Inquiry Committee or Investigation Committee and when determining sanctions, will consult with the Dean of Faculty and the relevant dean(s);
2. The VPRI or designee will provide an annual report to the Dean of Faculty with a summary of matters handled under this policy and their disposition; and
3. The VPRI or designee will meet annually with the Faculty Senate to review this policy and its administration, and to consider input and suggestions from the Faculty Senate that might improve policy, faculty outreach, or training, or other ways research integrity is to be maintained and enhanced at the university.

Particular circumstances in an individual case may dictate variation from the normal procedure when such deviation is reasonably deemed in the best interests of the university or the relevant federal funding agency. Any change from normal procedures must ensure fair treatment to the *complainant* (who has brought a complaint forward) and the *respondent* (the subject of the

inquiry or investigation). Any significant variation in the application of procedure must be approved in advance by the VPRI.

### 1.3 Policy Requirements

#### 1.3.1 Principles and General Responsibilities

**1.3.1.1. Responsibility to Preserve Research Integrity:** Cornell administration, faculty, students, and staff all share in the responsibility for preserving research integrity and preventing research misconduct and research-related misconduct. The entire university community must create an atmosphere that promotes high ethical standards and fosters honest research. Within this framework, it is the university's obligation to establish standards and responsibilities for its community and to hold its members accountable for transgression of this policy.

**1.3.1.2. Responsibility to Report Misconduct:** All covered individuals (see [Definitions](#) section) will report observed, suspected, or apparent misconduct to the Research Integrity Officer (RIO). Any institutional official who receives an allegation of misconduct must report it immediately to the RIO. If an individual is unsure whether a suspected incident falls within the definition of research misconduct or research-related misconduct, they may meet with or contact the RIO to discuss the suspected research misconduct informally, which may include discussing it anonymously and/or hypothetically. At any time, a Cornell community member may have confidential discussions and consultations about concerns of possible misconduct with the RIO and will be counseled about appropriate procedures for reporting allegations. Contact information for the RIO is available on the [Cornell Research Division website](#) or from the Office of the Vice President for Research and Innovation.

**1.3.1.3. Cooperation with Misconduct Proceedings:** All covered individuals will cooperate with the Research Integrity Officer (RIO) and other university officials in the review of allegations and the conduct of inquiries and investigations. Covered individuals, including respondents, have an obligation to provide evidence relevant to misconduct allegations to the RIO or other university officials and to cooperate with the relevant government agencies.

**1.3.1.4. Confidentiality:** The identity of respondents and complainants will be limited to those who need to know in order to carry out a thorough, competent, objective, and fair misconduct proceeding. Except as otherwise prescribed by law\*, the disclosure of any records or evidence from which research subjects might be identified will be limited to those who need to know in order to carry out a misconduct proceeding. Written confidentiality agreements or other mechanisms may be used to ensure that the recipient does not make any further disclosure of identifying information.

*\*Such as HIPAA protections and any agreement with a human research subject to code or otherwise deidentify personal information or specimens they provide for research purposes.*

**1.3.1.5. Protection of Complainants, Witnesses, and Committee Members:** Any form of retaliation against complainants, witnesses, or committee members is strictly prohibited. All covered individuals should immediately report any alleged or apparent retaliation against complainants, witnesses, or committee members to the Research Integrity Officer, who will review the matter and, as necessary, make all reasonable and practical efforts to counter any potential or actual retaliation and protect and restore the position and reputation of the person against whom the retaliation is directed.

**1.3.1.6. Protection of the Respondent:** Inquiries and investigations will be conducted in a manner that affords fair treatment to the respondent(s) in the inquiry or investigation and confidentiality to the extent possible without compromising public health and safety or a thorough and compliant inquiry or investigation. The Research Integrity Officer (RIO) is responsible for ensuring that the notices and opportunities provided for in this policy, and when relevant, appropriate federal regulations, are provided to respondents. Respondents accused of misconduct may consult with legal counsel or another adviser (who is not a principal or witness in the case) to seek advice and may bring the counsel or adviser to interviews or meetings on the case. The respondent will be given the opportunity to admit that misconduct occurred and that they committed the research misconduct.

With the advice of the RIO and University General Counsel, the Deciding Official (see the [Definitions](#) section) may terminate or truncate the university's review of an allegation if the respondent admits the misconduct, or if a settlement has been reached, or for any other reason. When appropriate, the university will, pursuant to relevant federal regulations, inform the relevant Office of Research Integrity of its termination of review. Finally, as requested, and as appropriate, the RIO and other university officials will make reasonable and practical efforts to protect or restore the reputation of persons alleged to have engaged in misconduct, but against whom no finding of misconduct is made.

**1.3.1.7. Interim Administrative Actions:** Throughout the misconduct proceeding, the Research Integrity Officer (RIO) will review the situation to determine if there is any threat of harm to public health, federal funds and equipment, or the integrity of the research process. In the event of such a threat, the RIO will, in consultation with other university officials and, if the allegations involve federal agency support, with the relevant Office of Research Integrity, take appropriate interim action to protect against any such threat.

Interim action might include additional monitoring of the research process and the handling of, if applicable, federal funds and equipment, additional review of research data and results, or delaying publication or filing of new requests for funding. The RIO will, at any time during a misconduct proceeding that involves federal agency support, notify the relevant Office of Research Integrity immediately if they have reason to believe that any of the following conditions exist:

- Health or safety of the public is at risk, including an immediate need to protect human or animal subjects. The chair (s) of the university's Institutional Review Board and/or Institutional Animal Care and Use Committee, as well as the university official(s) responsible for this/these committee(s), will be promptly notified of such action;
- Federal agency resources or interests are threatened;
- Research activities should be suspended;
- There is a reasonable indication of possible violations of civil or criminal law;

- Federal action is required to protect the interests of those involved in the misconduct proceeding;
- The misconduct proceeding may be made public prematurely and federal agency action may be necessary to safeguard evidence and protect the rights of those involved; or
- The research community or public should be informed.

**1.3.1.8. Maintenance of Records:** The university will maintain records of misconduct proceedings in a secure manner for 7 years after completion of the proceeding. In cases of research misconduct that involve federal agency funding, the university will also maintain such records in a secure manner for 7 years after the completion of any federal proceeding involving the research misconduct allegation and must provide any information, documentation, research records, evidence, or clarification requested by the relevant Office of Research Integrity to carry out its review of an allegation or of the university's handling of such allegation.

**1.3.1.9. Termination or Resignation Prior to Completing Inquiry or Investigation:** The termination of the respondent's university employment or affiliation, by resignation or otherwise, before or after an allegation of possible misconduct has been reported, will not preclude or terminate the misconduct proceeding or otherwise limit any of the university's responsibilities under this policy. If the respondent, without admitting to the misconduct, elects to resign their position after the university receives an allegation of misconduct, the assessment of the allegation will proceed, as well as the inquiry and investigation, as appropriate. If the respondent refuses to participate in the process after resignation, the Research Integrity Officer and any Inquiry Committee or Investigation Committee will use their best efforts to reach a conclusion concerning the allegations, noting in the report the respondent's failure to cooperate and its effect on the evidence.

### *1.3.2 Responsibilities of Key Parties*

#### **1.3.2.1. Faculty and Other Covered Individuals:**

- Upholding the integrity of the research enterprise is the responsibility of all covered individuals, especially research leaders, principal investigators, and laboratory directors ("research leaders"). These individuals must set the example by maintaining the highest ethical standards, encouraging open communication within and among students, trainees, junior faculty, and other research staff, and instituting procedures for self-regulation and peer review of ongoing research. Research leaders are urged to discuss research ethics to heighten awareness of these issues.
- Research leaders must accept special responsibility for the appropriate supervision and teaching of other staff and students, and ultimately must assume responsibility for the validity of all research communications emanating from their laboratories or programs.
- Carefully recorded experimental protocols and methods are strong deterrents to research misconduct. It is the responsibility of every researcher to ensure that records are maintained to adequately document the work performed.
- All authors of research publications must insist on the appropriate accreditation of authorship for their own work and must cite appropriate references to research performed outside their laboratories. The contributions of other investigators must be appropriately acknowledged in all scientific publications. Authorship must be attributed only to those individuals who have contributed significantly to the research, have reviewed the manuscript critically, and are prepared to support the validity of the data presented.

- All members of the Cornell community should report to the Research Integrity Officer observed, suspected, or apparent research misconduct or any allegations of research misconduct brought to their attention.
- Faculty and other university members must understand their obligations to report observed research misconduct and will cooperate with research misconduct proceedings.
- Department chairs have primary responsibility for the academic activities of members of their departments, including the responsibility to maintain appropriate standards of research integrity and will cooperate with misconduct proceedings.

**1.3.2.2. Responsibilities of the Research Integrity Officer:** The Deciding Official appoints the Research Integrity Officer (RIO) (see the [Definitions](#) section), who has primary responsibility for implementation of the university's policies and procedures on misconduct. The responsibilities of the RIO include these duties related to misconduct proceedings:

- Consult confidentially with persons uncertain about whether to submit an allegation of misconduct;
- Receive allegations of misconduct;
- Assess each allegation of misconduct in accordance with this policy to determine whether it falls within the definition of research misconduct or research-related misconduct and warrants an inquiry;
- As necessary, take interim action and notify the relevant Office of Research Integrity (ORI) of special circumstances, in accordance with this policy;
- Sequester research data and evidence pertinent to the allegation of misconduct in accordance with this policy and maintain it securely in accordance with this policy and applicable law and regulation;
- Provide confidentiality to those involved in the misconduct proceeding as required by applicable law and university policy;
- Notify the respondent and provide opportunities for them to review, comment on, and respond to allegations, evidence, and committee reports in accordance with this policy;
- Inform respondents, complainants, and witnesses of the procedural steps in the misconduct proceeding;
- Determine whether any person involved in handling an allegation of misconduct has an unresolved personal, professional, or financial conflict of interest and take appropriate action, including recusal, to ensure that no person with such conflict is involved in the misconduct proceeding;
- In cooperation with other university officials, take all reasonable and practical steps to protect or restore the positions and reputations of good-faith complainants, witnesses, and committee members and counter potential or actual retaliation against them by respondents or other university members;
- Keep the Deciding Official and others who need to know apprised of the progress of the review of the allegation of misconduct;
- Notify and make reports to the relevant ORI as required by applicable law;
- Ensure that administrative actions, taken by the university and, when applicable, the relevant ORI, are enforced and take appropriate action to notify other involved parties, such as sponsors, law enforcement agencies, professional societies, and licensing boards of those actions; and
- Maintain records of the misconduct proceeding and when applicable make them available to the relevant ORI in accordance with this policy.

### *1.3.3 Assessment and Inquiry Process*

**1.3.3.1 Assessment:** Any report of alleged or apparent misconduct should be brought immediately to the attention of the Research Integrity Officer (RIO), who will promptly, in consultation with the Deciding Official, assess the allegation to determine whether the allegation falls within the definition of misconduct in this policy and whether the allegation is sufficiently credible and specific to identify misconduct. An inquiry must be conducted if these criteria are met. In the event that the RIO and Deciding Official disagree as to whether the inquiry should be conducted, an inquiry will be conducted.

If the allegation involves the safety of human and/or animal subjects in research, the RIO will promptly bring the allegation to the attention of the chair (s) of the university's Institutional Review Board (IRB) and/or of the Institutional Animal Care and Use Committee (IACUC), as well as the university official(s) responsible for this/these committee(s). The Deciding Official and RIO, along with the IRB chair or IACUC chair, will determine whether review by the IRB or IACUC will constitute the assessment or inquiry process required under this policy.

The assessment period should be brief. In conducting the assessment, the RIO must determine whether the allegation is sufficiently credible and specific so that potential evidence of misconduct may be identified. The RIO may, but need not, convene a committee of subject matter experts to make this determination. If the RIO and Deciding Official determine that an inquiry under this policy need not be conducted, the Deciding Official may require that the respondent engage in appropriate remedial activities, such as taking a course or attending a workshop on responsible conduct in research.

If the RIO and Deciding Official agree that the alleged misconduct is neither research misconduct nor research-related misconduct, but is misconduct under another university policy, the RIO will promptly bring the allegation to the attention of the university official responsible for compliance with that policy. In such cases, an inquiry will not be conducted under this policy.

The complainant will be informed about the general outcome of their complaint.

**1.3.3.2. Inquiry Initiation and Purpose:** If the Research Integrity Officer determines that the criteria for an inquiry are met, they will promptly initiate the inquiry process. The purpose of the inquiry is to conduct an initial review of the available evidence to determine whether to conduct an investigation. An inquiry does not require a full review of all the evidence related to the allegation. An investigation is warranted if there is a reasonable basis for concluding the allegation falls within the definition of research misconduct or research-related misconduct and the preliminary information gathering and fact-finding from the inquiry indicates that the allegation may have substance.

**1.3.3.3. Notice to Respondent; Sequestration of Research Records:** At the time of or before beginning an inquiry, the Research Integrity Officer (RIO) will make a good-faith effort to inform the respondent of the allegations in writing, if the respondent is known. If the inquiry subsequently identifies additional respondents, they must be notified in writing. The RIO will also inform the faculty or staff member(s) responsible for the respondent(s) and such faculty or staff member(s) should in turn promptly notify the relevant department chair(s) of the allegation. In cases where the respondent is a student, the RIO will also inform the appropriate academic official.

On or before the date on which the respondent is notified, or the inquiry begins, whichever is earlier, the RIO will take all reasonable and practical steps to obtain custody of all the research records and evidence needed to conduct the misconduct proceeding. After obtaining custody, the RIO will inventory the records and evidence and sequester them in a secure manner. Where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments.

**1.3.3.4. Appointment of the Inquiry Committee:** The Deciding Official, in consultation with the Dean of Faculty and relevant dean(s), will appoint an Inquiry Committee and committee chair within 10 days of the initiation of the inquiry or as soon thereafter as practical. The Inquiry Committee will consist of individuals selected from among the faculty and administration who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the inquiry and should include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, and conduct the inquiry. Such individual(s) must be objective, impartial, and fair.

**1.3.3.5. Notification Regarding Inquiry Committee:** The Research Integrity Officer (RIO) will notify the respondent and the complainant of the names of the individuals solicited to conduct the inquiry. Within 10 days from the date that the RIO communicates the Inquiry Committee composition, the respondent or the complainant may raise objections regarding the individuals conducting the inquiry, on the basis of unresolved conflicts of interest. The RIO will consider these objections and make the final determination of whether a conflict exists.

**1.3.3.6. Charge to the Inquiry Committee and First Meeting:** The Research Integrity Officer (RIO) will prepare a charge for the Inquiry Committee that:

- Sets forth the time for completion of the inquiry;
- Describes the allegations and any related issues identified during the allegation assessment;
- States that the purpose of the inquiry is to conduct an initial review of the evidence, including the testimony of the respondent, complainant, and key witnesses, to determine whether an investigation is warranted, not to determine whether misconduct definitely occurred or who was responsible;
- States that an investigation is warranted if the committee determines: (1) there is a reasonable basis for concluding that the allegation falls within the definition of misconduct provided in this policy and (2) the allegation may have substance, based on the committee's review during the inquiry;
- Informs the Inquiry Committee that they are responsible for preparing or directing the preparation of a written report of the inquiry that meets the requirements of this policy and applicable law.

At the Inquiry Committee's first meeting, the RIO will review the charge with the Inquiry Committee, discuss the allegations, any related issues, and the appropriate procedures for conducting the inquiry, assist with organizing plans for the inquiry, and answer any questions raised by the committee. The RIO will be present or available throughout the inquiry to provide advice as needed.



**1.3.3.7. Inquiry Process:** The Inquiry Committee will conduct a prompt inquiry into the alleged misconduct, affording the respondent an opportunity to comment on the allegations, and will prepare a written report including full documentation of the proceedings of the inquiry. The inquiry will generally involve interviewing the complainant, the respondent, and key witnesses, as well as examining relevant research records and materials. Evidence will then be evaluated, including the testimony obtained during the inquiry.

**1.3.3.8. Draft Inquiry Report:** The Research Integrity Officer (RIO) will notify the respondent whether the committee found an investigation to be warranted and include a copy of the draft inquiry report for comment within 10 days of receipt. The RIO may notify the complainant whether the inquiry found an investigation to be warranted and provide relevant portions of the inquiry report to the complainant for comment within 10 days of receipt. The complainant will execute a confidentiality agreement prior to receiving a copy of any portion of the inquiry report. Any comments received from either the respondent or the complainant will be attached to the final inquiry report. Based on the comments, the Inquiry Committee may revise the draft inquiry report as appropriate and prepare it in final form. The Inquiry Committee will deliver the final inquiry report to the RIO and the Deciding Official.

**1.3.3.9. Final Inquiry Report:** The Inquiry Committee's final inquiry report will include the following information: (1) the name and position of the respondent, (2) a description of the allegations of misconduct, (3) whether the alleged misconduct involved federal agency support and information regarding that support, (4) the basis for recommending or not recommending that the allegations warrant an investigation, (5) any comments on the draft inquiry report by the respondent or complainant, (6) the evidence reviewed, and (7) a summary of relevant interviews.

**1.3.3.10. Inquiry Outcome:** Based on the findings of the inquiry, the Deciding Official will decide whether it is necessary to undertake a formal investigation and whether interim administrative action is necessary and appropriate.

If the Deciding Official determines that a formal investigation is necessary, and if the allegation is of research misconduct and involves federal agency support, the Research Integrity Officer (RIO) will provide the relevant Office of Research Integrity (ORI) with the Deciding Official's written decision and a copy of the final inquiry report within 30 calendar days of the Deciding Official's decision. Additionally, in such cases, the RIO must provide the following information to the relevant ORI upon request: (1) the university policies and procedures under which the inquiry was conducted; (2) the research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and (3) the charges to be considered in the investigation. The RIO will also notify those university officials, including the relevant dean(s) and when appropriate, the chairs of the departments in which the respondent(s) hold appointments, who need to know of the Deciding Official's decision.

**1.3.3.11. Inquiry Record:** A complete record of the proceedings of the inquiry will be maintained and forwarded to the Deciding Official together with the final inquiry report. This record, in whole or in part, may be provided to authorized agencies.

If the Deciding Official decides that an investigation is not warranted, the Research Integrity Officer will secure and maintain for 7 years after the termination of the inquiry, sufficiently detailed documentation of the inquiry and of the reasons why an investigation was not conducted. If the allegations are of research misconduct and involved federal agency support, these documents must

be provided to the relevant Office of Research Integrity or authorized federal agency personnel upon request.

**1.3.3.12. Inquiry Confidentiality:** The proceedings of the inquiry will be kept confidential and will not be disclosed except as necessary to facilitate a complete and comprehensive investigation, or as required by applicable federal, state, or other agency regulations or law. If the allegation involves use of human and/or animal subjects in research, the chair(s) of the university's Institutional Review Board and/or of the Institutional Animal Care and Use Committee, as well as the university official(s) responsible for this/these committee(s), will be provided with the final inquiry report.

**1.3.3.13. Inquiry Completion Time:** The inquiry, including the preparation of the final inquiry report and the decision of the Deciding Official on whether an investigation is warranted, must be completed within 60 calendar days of initiation. If the Research Integrity Officer determines that the circumstances warrant longer than 60 days to complete, the final inquiry report should include documentation of the reasons for exceeding the 60-day period

#### *1.3.4 Investigation Process*

**1.3.4.1. Investigation Initiation:** The investigation must begin within 30 calendar days after the determination by the Deciding Official that an investigation is warranted (see section [1.3.3.10. Inquiry Outcome](#)).

**1.3.4.2. Investigation Records:** The Research Integrity Officer will, prior to notifying the respondent of the allegations, take all reasonable and practical steps to obtain custody of, and sequester in a secure manner, any research records and evidence needed to conduct the investigation that were not previously sequestered during the inquiry. Where the research records or evidence encompass scientific data, notebooks, or instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments. The need for additional sequestration of records for the investigation may occur for any number of reasons, including the university's decision to investigate additional allegations not considered during the inquiry stage or the identification of records during the inquiry process that had not been previously secured. The procedures to be followed for sequestration during the investigation are the same procedures that apply during the inquiry.

**1.3.4.3. Investigation Notification:** On or before the date on which the investigation begins, the Research Integrity Officer (RIO) will notify the respondent (and as applicable, the complainant) in writing of the allegations to be investigated. If the investigation involves federal research funding, the RIO must at the same time notify the relevant Office of Research Integrity (ORI) of the decision to begin the investigation and provide the relevant ORI with a copy of the final inquiry report. The RIO must also 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 the investigation.

**1.3.4.4. Appointment of Investigation Committee:** The Deciding Official, in consultation with the Dean of Faculty and relevant dean(s), will name a committee and a committee chair to hear the formal charges against the respondent within 10 days of the beginning of the investigation or as soon thereafter as practical. The Investigation Committee must consist of a majority of faculty and be individuals who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the investigation and should include individuals with the necessary and appropriate scientific expertise to carry out a thorough and authoritative evaluation of the evidence reviewed, evaluate issues related to the allegation, interview the respondent and complainant, and conduct the investigation. The committee will also include person(s) reasonably knowledgeable about federal and institutional regulations applicable to research involving human and/or animal subjects when such issues are involved in the allegation.

The respondent will be informed of the proposed composition of the committee. Within 10 days of receiving notice of the composition, the respondent may raise objections to individual appointees, on the basis of unresolved conflicts of interest. The Deciding Official will consider the objections and make a final determination as to whether a conflict exists.

**1.3.4.5. Responsibilities of Investigation Committee:** The committee will fully investigate and document the charges set forth, and recommend appropriate action based on an examination of all research records and evidence relevant to reaching a decision on the merits of each allegation. Since the Investigation Committee's findings will serve as a factual basis for its recommendation and for any disciplinary action against the respondent, the committee must take reasonable steps to ensure an impartial, unbiased, and thorough investigation to the maximum extent possible.

The committee will create a detailed record of the proceedings, including, but not necessarily limited, to relevant research data and proposals, publications, correspondence, and memoranda of telephone calls. Interviews will be conducted of all complainant(s) and respondent(s), as well as other available individuals reasonably identified as having information regarding the allegations, including witnesses identified by respondent(s). Recordings and verified transcriptions of these interviews must be prepared and included as part of the record of the investigation.

The investigation will also determine whether there are additional instances of possible misconduct that would justify broadening the scope beyond the initial allegations. This is particularly important where the alleged misconduct involves clinical trials or 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. The findings of the investigation will be set forth in an investigation report.

**1.3.4.6. Charge to the Investigation Committee and First Meeting:** The Research Integrity Officer (RIO) will define the subject matter of the investigation in a written charge to the committee that:

- Describes the allegations and related issues identified during the inquiry;
- Identifies the respondent;
- Informs the committee that it must conduct the investigation as prescribed in this section;
- Defines research misconduct and research-related misconduct;
- Informs the committee that it must evaluate the evidence and testimony to determine whether, based on a preponderance of the evidence, misconduct occurred and, if so, the type and extent of it and who was responsible;

- Informs the committee that in order to determine that the respondent committed misconduct it must find that a preponderance of the evidence establishes that: (1) misconduct, as defined in this policy, occurred (respondent has the burden of proving by a preponderance of the evidence any affirmative defenses raised, including honest error or a difference of opinion); (2) the misconduct is a significant departure from accepted practices of the relevant research community; and (3) the respondent committed the misconduct intentionally, knowingly, or recklessly; and
- Informs the committee that it must prepare or direct the preparation of a written investigation report that meets the requirements of this policy.

The RIO will convene the first meeting of the Investigation Committee to review the charge, the final inquiry report, and the prescribed procedures and standards for the conduct of the investigation, including the necessity for confidentiality and for developing a specific investigation plan. The Investigation Committee will be provided with a copy of this policy, and if the allegation involves federal research funding, a copy of the relevant federal regulations. The RIO will be present or available throughout the investigation to advise the committee as needed.

**1.3.4.7. Investigation Report:** The Investigation Committee and the Research Integrity Officer (RIO) are responsible for preparing a written draft investigation report that:

- Describes the nature of the allegation of misconduct, including identification of the respondent;
- In investigations that involve allegations of research misconduct in research with federal agency support, describes and documents the support, including, for example, the numbers of any grants that are involved, grant applications, contracts, and publications listing the support;
- Describes the specific allegations of misconduct considered in the investigation;
- Includes the institutional policies and procedures under which the investigation was conducted, unless, in cases that involve federal agency support, those policies and procedures were previously provided to the relevant Office of Research Integrity in the final inquiry report;
- Identifies and summarizes the research records and evidence reviewed and identifies any evidence taken into custody but not reviewed; and
- Includes a statement of findings for each allegation of misconduct identified during the investigation. Each statement of findings must: (1) identify whether the misconduct was falsification, fabrication, or plagiarism, or other practices defined as research-related misconduct under this policy and whether such misconduct was committed intentionally, knowingly, or recklessly; (2) summarize the facts and the analysis that support the conclusion and consider the merits of any reasonable explanation by the respondent, including any effort by respondent to establish by a preponderance of the evidence that they did not engage in misconduct because of honest error or a difference of opinion; (3) if applicable, identify the specific federal agency support; (4) identify whether any publications need correction or retraction; (5) identify the person(s) responsible for the misconduct; and (6) if applicable, list any known applications or proposals for support that the respondent has pending with any federal agencies.

- Includes recommendations for the Deciding Official of appropriate disciplinary and/or remedial actions, which may include, but not be limited to:
  - i. Notification to the sponsoring agency of the findings of the investigation and appropriate restitution of funds as required;
  - ii. Withdrawal of all pending abstracts and publications emanating from the research in question and notification to the editors of journals in which previous abstracts and paper have appeared;
  - iii. Notification to other institutions and sponsoring agencies with which the respondent has been affiliated if there is reason to believe that the validity of previous research may be questionable;
  - iv. Appropriate action to terminate the appointment or employment or alter the status of faculty or staff members, including imposing a probationary period, where such action is justified by the seriousness of the misconduct;
  - v. Special monitoring of future work;
  - vi. Removal from a particular project; and/or
  - vii. Requiring that the respondent engage in appropriate activities, such as taking a course or attending a workshop on responsible conduct in research.

**1.3.4.8. Comments on Draft Investigation Report and Access to Evidence:** The draft investigation report and, concurrently, a copy of, or supervised access to, the evidence on which the report is based, will be made available to the respondent. The respondent will have the opportunity to respond in writing within 30 days from the date they received the draft.

The draft investigation report, or relevant portions of it that address concerns reported by the complainant, will also be made available to complainant. The complainant will have the opportunity to respond in writing within 30 days from the date they received the draft report or the relevant portions.

In distributing the draft investigation report, or portions thereof, to the respondent and complainant, the Research Integrity Officer (RIO) will inform the recipient of the confidentiality under which the draft report is made available and may establish reasonable conditions to ensure such confidentiality. For example, the RIO may require that the recipient sign a confidentiality agreement.

If the allegations involve use of human and/or animal subjects in research, the report will be made available to the chair(s) of the university's Institutional Review Board and/or of the Institutional Animal Care and Use Committee, as appropriate, as well as to the university official(s) responsible for this/these committee(s).

**1.3.4.9. Investigation Outcome:** The Research Integrity Officer (RIO) will assist the Investigation Committee in finalizing the draft investigation report, including ensuring that the respondent's and complainant's comments are included and considered as appropriate. The RIO will provide the final investigation report to the Deciding Official.

The Deciding Official will consult with the Dean of Faculty and other university officials, including the relevant dean(s) and, when appropriate, the chair(s) of the departments in which the respondent has an appointment, and will determine in writing: (1) whether the university accepts the final investigation report and findings; and (2) the appropriate university actions in response to the accepted findings of misconduct, to be imposed by the Deciding Official. If this determination varies from the recommendations of the Investigation Committee, the Deciding Official will, as part

of their written determination, explain in detail the basis for rendering a decision different from the recommendations of the Investigation Committee. Alternatively, the Deciding Official may return the report to the Investigation Committee with a request for further fact-finding or analysis.

If the alleged misconduct is not substantiated by the inquiry or by the formal investigation, every effort will be made by the Deciding Official to restore the reputation and integrity of the individual accused of misconduct. Furthermore, if it is determined that the allegations were made in bad faith, appropriate action against the complainant should be taken. If new evidence is brought to the attention of the Deciding Official at any time, they may determine at their discretion that the matter be referred back to the Investigation Committee, or that a new committee be appointed to re-open the case.

**1.3.4.10. Process for Notifications:** When the Deciding Official has reached a decision, the Research Integrity Officer (RIO) will normally notify both the respondent and the complainant in writing, as well as the Dean of Faculty, relevant dean(s), and chair(s) of the departments in which the respondent holds appointments. In cases involving federal agency support where research misconduct is found, the RIO will also inform the relevant Office of Research Integrity. When the issues include research involving human and/or animal subjects, the final investigation report, in whole or in part, may be made available to the chair(s) of the university's Institutional Review Board and/or of the Institutional Animal Care and Use Committee and the university official(s) responsible for this/these committee(s).

The Deciding Official will also 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. The RIO is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies.

**1.3.4.11. Investigation Completion Time:** The investigation must be conducted in a thorough and expeditious manner, and must be completed within 120 days of initiation, including conducting the investigation, preparing the draft investigation report, and providing it for comment. In investigations finding research misconduct that involves federal agency support, the 120 days also includes sending the final report to the relevant Office of Research Integrity (ORI).

If the Research Integrity Officer (RIO) determines that the investigation will not be completed within this 120-day period, the RIO will document the reason for the delay. In cases that involve allegations of research misconduct and federal agency support, the RIO will submit to the relevant ORI a written request for an extension, setting forth the reasons for exceeding the 120-day limit. If the ORI grants the request for an extension and directs the filing of such reports, the RIO will ensure that periodic progress reports are filed with the ORI.

**1.3.4.12. Process for Appeals:** Appeals under this policy are to the University Provost. The respondent will serve upon the Provost a petition, in writing, for an appeal no later than 10 business days after the decision of the Deciding Official is issued.

The respondent may only appeal a finding of misconduct on the basis that significant procedural errors were committed in violation of this policy that can reasonably be deemed to have affected the integrity of the outcome of the investigation. The respondent may not appeal factual determinations. Objections not raised when the respondent had an opportunity to review the draft investigation report may not be made on appeal. The respondent may appeal the disciplinary

sanctions imposed by the Deciding Official on the basis that they are significantly disproportionate to the severity of the misconduct found.

The Provost will have the power to affirm, reverse, or modify the decision or the discipline and any such actions will be taken within 60 days of the filing of the appeal, absent good cause shown for an extension.

The Provost's decision will be based on the written appeal, the record of the investigation proceedings, and the Deciding Official's decision. No new or additional evidence may be introduced into the record on appeal. The decision of the Provost is final and not subject to further review, appeal, or grievance under any university policy or procedure.

### **1.4 Collection and Retention of Information**

Records associated with this policy are retained or disposed of in accordance with [University Policy 4.7, Retention of University Records](#) and as described in section [1.3.1.8. Maintenance of Records](#) in this policy.

### **1.5 Compliance**

The University Compliance Office, University Audit, and others may audit or investigate to assess compliance with this policy. Non-compliance with university policies is addressed in accordance with applicable policies and procedures, and is subject to progressive disciplinary action up to and including termination.

## **2. To Whom This Policy Applies**

### **2.1 For Cornell community based out of:**

- Ithaca-based locations (covers all locations except Weill Cornell Medicine)
- Weill Cornell Medicine – New York City

### **2.2 Who should read this policy:**

- Faculty, staff, and students involved in, or supporting research

## **3. Definitions**

<b>Term</b>	<b>Definition</b>
Allegation	Disclosure of possible misconduct as defined herein through any means of communication. The disclosure may be by written or oral statement or other communication. All allegations should be reported to the university's Research Integrity Officer.
Assessment	Initial brief stage in which it is determined whether an allegation falls within the definition of misconduct in this policy and whether the allegation is sufficiently credible and specific to identify potential misconduct.

Term	Definition
Complainant	Identified person or entity, whether or not part of the Cornell community, who in good faith makes an allegation of misconduct. Anonymous complaints can trigger these procedures; however, an anonymous complainant will not be solicited for engagement and interactions as provided herein.
Conflict of Interest	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.
Covered Individuals	Covered individuals are Cornell University students, faculty, and staff. Staff include, but are not limited to, tenured and untenured faculty, teaching and support staff, researchers, research coordinators, clinical technicians, postdoctoral and other fellows, and students.
Deciding Official	University official who makes final determinations on allegations of research misconduct and any responsive institutional actions. The Deciding Official for the Ithaca campus is the most senior research official, currently the Vice President for Research and Innovation.
Evidence	Any document, tangible item, or testimony offered or obtained during a misconduct proceeding that tends to prove or disprove the existence of an alleged fact.
Faculty	Any member of the Cornell community who holds any one of the titles listed in the <a href="#">Faculty Handbook</a> under Description of Titles, with or without one of the modifiers listed under Description of Title Modifiers.
Federal Agency Support	Federal agency grant, contract, cooperative agreement, or application therefore.
Federal Regulation	Federal agency regulation establishing standards for institutional inquiries and investigations into allegations of research misconduct.
Good Faith	<p>As applied to a complainant or witness, means having a belief in the truth of one’s allegation or testimony that a reasonable person in the complainant’s or witness’s position could have, based on the information known to the complainant or witness at the time.</p> <p>As applied to a committee member, means cooperating with the purpose of helping the university meet its responsibilities under this policy.</p> <p>An allegation or cooperation with a misconduct proceeding is not in good faith if it is made with knowing or reckless disregard for information that would negate the allegation or testimony.</p>
Inquiry	Preliminary information-gathering and preliminary fact-finding that meets the criteria and follows the procedures set forth herein.



<b>Term</b>	<b>Definition</b>
Investigation	Formal development of a factual record and the examination of that record leading to a decision not to make a finding of misconduct or to a recommendation for a finding of misconduct, which may include a recommendation for other appropriate actions.
Misconduct	Either research misconduct or research-related misconduct, unless otherwise specified.
Office of Research Integrity (ORI)	Office within the applicable federal funding agency that is responsible for the research misconduct and research integrity activities of that agency, without regard to the name of that office within a particular agency. For example, ORI can refer to the Office of the Inspector General (OIG) in some agencies.
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 Misconduct Proceedings	<p>Includes any and all:</p> <p>Research records and evidence secured for the research misconduct proceeding pursuant to this policy, except to the extent the Research Integrity Officer determines and documents that those records are not relevant to the proceeding or that the records duplicate other records that have been retained;</p> <p>Documentation of the determination of irrelevant or duplicate records;</p> <p>Inquiry report and final documents (not drafts) produced in the course of preparing the inquiry report, including documentation of any decision not to investigate;</p> <p>Investigation report and all records (other than drafts) in support of the investigation report, including recordings or verified transcripts of each interview conducted; and</p> <p>Complete record of any appeal.</p>
Relevant Dean(s)	Dean(s) of the college(s) in which the respondent(s) hold appointments.

Term	Definition
<p>Research (or Scientific) Misconduct</p>	<p>Any act that violates the standards of integrity in proposing, performing, or reviewing research or in reporting research results and that violates federal regulations. Honest error or honest differences in interpretation or judgment of data are not regarded as research misconduct.</p> <p>Acts of research misconduct are fabrication, plagiarism, and falsification where:</p> <ul style="list-style-type: none"> <li>• Fabrication means the making up of data or results and recording or reporting them.</li> <li>• Plagiarism means the appropriation of another person’s ideas, processes, results, or words without giving appropriate credit.</li> <li>• Falsification means the manipulation of research materials, equipment, or processes or changing or omitting data or results such that the research is not accurately represented in the research record.</li> </ul>
<p>Research-related Misconduct</p>	<p>Any act that violates the standards of integrity in the conduct of scholarly and scientific research and communication outside the parameters of research misconduct as defined in this policy and relevant federal regulations. This includes, but is not limited to, forging academic documents; abusing the confidentiality of information obtained from colleagues or other persons; failing to acknowledge the intellectual contribution of others; making false representations concerning intellectual property; intentionally or knowingly helping another to commit an act of misconduct, or otherwise facilitating such acts; or other practices that seriously deviate from ethical standards that are commonly accepted within the scientific and scholarly communities. Research-related misconduct also includes any form of retaliation against a person who, while acting in good faith, provides information about suspected or alleged misconduct.</p> <p>In this definition, abuse of confidentiality means misuses of confidential information or failure to maintain the confidentiality of such information, for example, “stealing” of information obtained through review of research proposals, manuscripts, etc.</p> <p>Violations of pertinent federal regulations or institutional policies and ethical codes, for example, those involving the protection of human subjects and the welfare of laboratory animals, are also research-related misconduct, but allegations of such violations are investigated under the relevant institutional policies when those policies contain guidelines for investigation of misconduct allegations. When no such guidelines exist, such allegations are investigated under this policy.</p>

Term	Definition
Research Integrity Officer (RIO)	University official responsible for assessing allegations of research misconduct and determining when such allegations warrant inquiries and for overseeing inquiries and investigations. The RIO is appointed by the Deciding Official. The RIO will be well qualified to handle the procedural requirements involved and have the skills to be responsive to the varied demands made on those who conduct research, those who are accused of misconduct, and those who report apparent misconduct in good faith.
Research Record	Broad category of university records that includes, but is not limited to: grant or contract applications, whether funded or unfunded; grant or contract progress and other reports; laboratory notebooks; notes; correspondence; videos; photographs; X-ray film; slides; biological materials; computer files and printouts; manuscripts and publications; equipment use logs; laboratory procurement records; animal facility records; human and animal subject protocols; consent forms; medical charts; and patient research files. In addition, research records include any data, document, computer file, computer diskette, or any other written or non-written account or object that reasonably may be expected to provide evidence or information regarding the proposed, conducted, or reported research that constitutes the subject of an allegation of research misconduct.
Respondent	Person against whom an allegation of misconduct is directed or the person whose actions are the subject of the inquiry or investigation. There can be more than one respondent in any inquiry or investigation.
Verified Transcript	Written transcript of a recorded interview that has been reviewed by all participants in the interview for the purpose of correcting any errors of transcription, and only errors of transcription. Revision of statements made in the interview are not included in a verified transcript.

#### 4. Policy Administration

Policy Clarification and Interpretation	Contact	Phone	Email/Web Address
Ithaca-based locations	Research Integrity Officer		<a href="mailto:crco_compliance@cornell.edu">crco_compliance@cornell.edu</a>

## 5. Revision History

Date	Summary of Revisions
April 30, 2024	<ul style="list-style-type: none"><li>• Updated link for "Cornell Research Division Website" in section 1.3.1.2 on page 3.</li></ul>
May 5, 2021	<ul style="list-style-type: none"><li>• Renamed to more clearly indicate policy scope is research misconduct.</li><li>• Updated policy to align with federal procedures, requirements, and definitions, and with Weill Cornell Medicine campus policies.</li><li>• Added preliminary allegation assessment stage and confidentiality clauses.</li><li>• Clarified roles, responsibilities, and processes for assessment and inquiry, investigation, decision, and appeal.</li><li>• Defined role of Research Integrity Officer.</li></ul>