PREAMBLE: This section, mandated by federal funding requirements, defines scientific misconduct and outlines the procedures by which alleged misconduct is investigated and, if demonstrated, how it is sanctioned. It was approved by NNU Faculty Policy Council on May 22, 2014. This document is placed as an addendum to the NNU Faculty Staff Handbook. Further information may be obtained from the Office of Academic Affairs.

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A. INTRODUCTION


a. Science rests on a foundation of mutual trust. To an extraordinary degree, that trust is thoroughly justified. But scientists are subject to all human frailties and temptations, including at times the temptation to engage in scientific misconduct. Though such misconduct is thought to be rare, once misconduct is suspected it must be dealt with quickly and forcefully in order to sustain the atmosphere of trust necessary for science.

b. Not only must individual scientists behave in a trustworthy manner, scientists must also take collective responsibility for detecting, investigating, and judging scientific misconduct. This is not an easy task for an enterprise founded on integrity; trust must not be replaced with suspicion. However, when there is ample reason to suspect misconduct, that information should be brought to the attention of persons responsible for ensuring that scientists connected with their institution are behaving responsibly. To that end, Northwest Nazarene University has established a policy on scientific misconduct, has designated an officer responsible for receiving allegations of scientific misconduct, and has created a process for resolving such allegations.

c. A crucial element of any policy on scientific misconduct that is to be fair and effective is a process that will distinguish instances of genuine and serious misconduct from insignificant deviations from acceptable practices, technical violations of rules, simple carelessness, and other such minor infractions. It is the intent of this policy to allow such distinctions to be made in a manner that minimizes disruption and protects the conscientious, honest scientist from false or mistaken accusations.

d. Northwest Nazarene University seeks to establish academic integrity in all areas of education and research. The University’s policies regarding academic and research integrity are included in the student handbook and the faculty/staff policy manual. As a Christian liberal arts university, NNU expects training and mentoring in ethical scholarship to be included in the classroom and laboratory.

A-2. Scope. This policy applies to all individuals at NNU engaged in research, including sponsored research. This policy as a requirement of federal law specifically applies to research supported by or for which support has been requested from the Public Health Service of the U.S. Department of Health and Human Services.

B. DEFINITIONS.

B-1. Allegation means any written or oral statement or other indication of possible scientific misconduct to a NNU official.
B-2. Complainant means a person who makes an allegation of scientific misconduct.

B-3. Conflict of interest means 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.

B-4. Deciding Official means the NNU official who makes final determinations on allegations of scientific misconduct and any responsive institutional actions. The Vice President of Academic Affairs (VPAA) is the deciding official for purposes of this policy.

B-5. Good faith allegation means an allegation made with the honest belief that scientific misconduct may have occurred. An allegation is not in good faith if it is made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

B-6. Inquiry means gathering information and initial fact-finding to determine whether an allegation or apparent instance of scientific misconduct warrants an investigation.

B-7. Investigation means the formal examination and evaluation of all relevant facts to determine if misconduct has occurred, and if so, to determine the responsible person and the seriousness of the misconduct.

B-8. ORI means the Office of Research Integrity, the office within the U.S. Department of Health and Human Services (DHHS) that is responsible for the scientific misconduct and research integrity activities of the U.S. Public Health Service.

B-9. PHS regulation means the Public Health Service regulation establishing standards for institutional inquiries and investigations into allegations of scientific misconduct, which is set forth at 42 C.F.R. Part 50, Subpart A, entitled “Responsibility of PHS Awardee and Applicant Institutions for Dealing With and Reporting Possible Misconduct in Science.”

B-10. Research Integrity Officer means the NNU official responsible for assessing allegations of scientific misconduct and determining when such allegations warrant inquiries and for overseeing inquiries and investigations. The Research Integrity Officer will be a NNU official who is well qualified to handle the procedural requirements involved and is sensitive 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. The Dean of the College of Arts and Sciences is the research integrity officer for NNU.

B-11. Research record means 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 scientific misconduct. A research record 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.

**B-12. Respondent** means the person against whom an allegation of scientific 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.

**B-13. Retaliation** means any action that adversely affects the employment or other institutional status of an individual that is taken by NNU or a NNU employee because the individual has in good faith, made an allegation of scientific misconduct or of inadequate institutional response thereto or has cooperated in good faith with an investigation of such allegation.

**B-14. Scientific misconduct or misconduct in science** means fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting, or reporting research. It also means any material failure to comply with federal requirements that uniquely relate to the conduct of research. It does not include honest error or honest differences in interpretations or judgments of data.

**C. RIGHTS AND RESPONSIBILITIES.**

**C-1. Research Integrity Officer.**

a. The Dean of the College of Arts and Sciences will serve as the Research Integrity Officer with primary responsibility for implementation of the procedures set forth in this document.

b. As needed, the Dean, in consultation with the Vice President of Academic Affairs, will assign an ad hoc committee to enact the policy.

c. The Research Integrity Officer will assist the inquiry and investigation boards and all institutional personnel in complying with these procedures and with applicable standards imposed by government or external funding sources. The Research Integrity Officer is also responsible for maintaining files of all documents and evidence and for the confidentiality and the security of the files.

**C-2. Complainant.** The complainant will have an opportunity to testify before the inquiry and investigation boards, to review portions of the inquiry and investigation reports pertinent to his/her allegations or testimony, to be informed of the results of the inquiry and investigation, and to be protected from retaliation. Also, if the Research Integrity Officer has determined that the complainant may be able to provide pertinent information on any portions of the draft report, these portions will be given to the complainant for comment. The complainant is responsible for making allegations in good faith, maintaining confidentiality, and cooperating with an inquiry or investigation.
C-3. **Respondent.** The respondent will be informed of the allegations when an inquiry is opened and notified in writing of the final determinations and resulting actions. The respondent will also have the opportunity to be interviewed by and present evidence to the inquiry and investigation boards, to review the draft inquiry and investigation reports, and to have the advice of counsel at the respondent’s own expense. The respondent is responsible for maintaining confidentiality and cooperating with the conduct of an inquiry or investigation. If the respondent is not found guilty of scientific misconduct, he or she has the right to receive institutional assistance in restoring his or her reputation.

C-4. **Deciding Official.** The Vice President of Academic Affairs is the deciding official and has the following responsibilities. The VPAA will receive the inquiry and/or investigation report and any written comments made by the respondent or the complainant on the draft report. The VPAA will consult with the Research Integrity Officer or other appropriate officials and will determine whether to conduct an investigation, whether misconduct occurred, whether to impose sanctions, or whether to take other appropriate administrative actions [see section J].

D. **GENERAL POLICIES AND PRINCIPLES.**

D-1. **Responsibility to Report Misconduct.** All employees or individuals associated with NNU should report observed, suspected, or apparent misconduct in science to the Research Integrity Officer. The report may be made by written or oral statement or other communication. If an individual is unsure whether a suspected incident falls within the definition of scientific misconduct, he or she may call the Dean of the College of Arts and Sciences at (208) 467-8672 to discuss the suspected misconduct informally. If the circumstances described by the individual do not meet the definition of scientific misconduct, the Research Integrity Officer will refer the individual or allegation to other offices or officials with responsibility for resolving the problem. If a conflict of interest is suspected with the Research Integrity Officer, the report shall be made to the RIO’s supervisor.

D-2. **Retaliation Prohibited.**

a. The Research Integrity Officer will take action if any individual who brings allegations of misconduct or of inadequate institutional response thereto, or those who cooperate in inquiries or investigations are retaliated against in the terms and conditions of their employment or other status at NNU and will review instances of alleged retaliation for appropriate action.

b. Employees should immediately report any alleged or apparent retaliation to the VPAA.

c. Also, NNU will protect the privacy of those who report misconduct in good faith to the maximum extent possible. NNU is required to undertake diligent efforts to protect the positions and reputations of those persons who, in good faith, make allegations.

D-3. **Protecting the Respondent.** Inquiries and investigations will be conducted in a manner that will ensure fair treatment to the respondent(s) in the inquiry or investigation and
confidentiality to the extent possible without compromising public health and safety or thoroughly carrying out the inquiry or investigation. Institutional employees accused of scientific misconduct may, at their own expense, consult with legal counsel or a non-lawyer personal adviser (who is not a principal or witness in the case) to seek advice and may bring the counsel or personal adviser to interviews or meetings on the case.

D-4. **Cooperation with Inquiries and Investigations.** NNU employees will cooperate with the Research Integrity Officer and other NNU officials in the review of allegations and the conduct of inquiries and investigations. Employees have an obligation to provide relevant evidence to the Research Integrity Officer or other NNU officials on misconduct allegations.

D-5. **Preliminary Assessment of Allegations.** Upon receiving an allegation of scientific misconduct, the Research Integrity Officer will immediately assess the allegation to determine whether there is sufficient evidence to warrant an inquiry, and whether the allegation falls under the definition of scientific misconduct.

D-6. **Time Limits.** This policy applies only to research misconduct occurring within six years of the date an allegation is received by the Research Integrity Officer, with the following exceptions: (1) if the alleged misconduct is renewed by subsequent use of the research record that is alleged to be fabricated, falsified, or plagiarized; (2) if NNU or the ORI determines that the alleged misconduct, if it occurred, could possibly have an adverse effect on the health or safety of the public; or (3) if NNU received the allegation of research misconduct before the effective date of this policy.

E. **CONDUCTING THE INQUIRY.**

E-1. **Initiation and Purpose of the Inquiry.** Following the preliminary assessment, if the Research Integrity Officer determines that the allegation provides sufficient information to allow specific follow-up, and falls under the definition of scientific misconduct, he or she will immediately initiate the inquiry process. In initiating the inquiry, the Research Integrity Officer should identify clearly the original allegation and any related issues that should be evaluated. The purpose of the inquiry is to make a preliminary evaluation of the available evidence and testimony of the respondent, complainant, and key witnesses to determine whether there is sufficient evidence of possible scientific 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. The findings of the inquiry must be set forth in an inquiry report.

E-2. **Sequestration of the Research Records.** After determining that an allegation falls within the definition of misconduct in science the Research Integrity Officer must ensure that all original research records and materials relevant to the allegation are immediately secured.

E-3. **Appointment of the Inquiry Board.** When the Research Integrity Officer determines that an inquiry should proceed, he or she informs the respondent and the VPAA in writing that a complaint of scientific misconduct has been received. The VPAA appoints three faculty members to conduct an inquiry. No member of this Inquiry Board may have a primary
appointment in the respondent’s department. This board conducts an inquiry to determine whether an investigation is warranted. The Inquiry Board should consist of 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.

E-4. Charge to the Board and the First Meeting. The Research Integrity Officer will prepare a charge for the inquiry board that describes the allegations and any related issues identified during the allegation assessment and states that the purpose of the inquiry is to make a preliminary evaluation of the evidence and testimony of the respondent, complainant, and key witnesses to determine whether there is sufficient evidence of possible scientific misconduct to warrant an investigation. The purpose is not to determine whether scientific misconduct definitely occurred or who was responsible. At the board’s first meeting, the Research Integrity Officer will review the charge with the board, discuss the allegations, any related issues, and the appropriate procedures for conducting the inquiry, assist the board with organizing plans for the inquiry, and answer any questions raised by the board. The Research Integrity Officer and institutional counsel will be present or available throughout the inquiry to advise the board as needed.

E-5. Inquiry Process. To maintain confidentiality, all meetings of the Inquiry Board are closed to everyone whose attendance has not been specifically requested by the Board. The Inquiry Board will normally interview the complainant, the respondent and key witnesses as well as examining relevant research records and materials. Then the inquiry board will evaluate the evidence and testimony obtained during the inquiry. After consultation with the Research Integrity Officer, the board members will decide whether there is sufficient evidence of possible scientific misconduct to recommend further investigation. The scope of the inquiry does not include deciding whether misconduct occurred or conducting exhaustive interviews and analyses.

F. THE INQUIRY REPORT.

F-1. Elements of the Inquiry Report. A written inquiry report must be prepared that states the name and title of the board members and experts, if any; 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 or not; and the board’s determination as to whether an investigation is recommended and whether any other actions should be taken if an investigation is not recommended. Institutional counsel will review the report for legal sufficiency.


a. The Research Integrity Officer will provide the respondent with a copy of the draft inquiry report for comment and rebuttal. The Research Integrity Officer may also furnish the complainant with those portions of the draft inquiry report that address the complainant’s role and opinions in the investigation.
b. The Research Integrity Officer may establish reasonable conditions for review to protect the confidentiality of the draft report.

c. Within 14 calendar days of their receipt of the draft report, the complainant and respondent will provide their comments, if any, to the Inquiry Board. Any comments that the respondent submits on the draft report will become part of the final inquiry report and record. Based on the comments, the Inquiry Board may revise the report as appropriate.

F-3. Inquiry Decision and Notification.

a. Decision by Deciding Official. The Research Integrity Officer will transmit the final report and any comments to the VPAA, who will make the determination of whether findings from the inquiry provide sufficient evidence of possible scientific misconduct to justify conducting an investigation. The inquiry is completed when the VPAA makes this determination, which will be made within 60 days of the first meeting of the inquiry board. Any extension of this period will be based on good cause and recorded in the inquiry file.

b. Notification. The Research Integrity Officer will notify both the respondent and the complainant in writing of the VPAA’s decision of whether to proceed to an investigation and will remind them of their obligation to cooperate in the event an investigation is opened. The Research Integrity Officer will also notify all appropriate NNU officials of the VPAA’s decision.

F-4. Time Limit for Completing the Inquiry Report. The Inquiry Board will normally complete the inquiry and submit its report in writing to the Research Integrity Officer no more than 60 calendar days following its first meeting, unless the Research Integrity Officer approves an extension for good cause. If the Research Integrity Officer approves an extension, the reason for the extension will be entered into the records of the case and the report. The respondent also will be notified of the extension.

G. CONDUCTING THE INVESTIGATION.

G-1. Purpose 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. 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.

G-2. Sequestration of the Research Records. The Research Integrity Officer will immediately sequester any additional pertinent research records that were not previously sequestered during the inquiry. This sequestration should occur before or at the time the respondent is notified that an investigation has begun. The need for additional sequestration of records may occur for any number of reasons, including a 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.

G-3. Notification of Federal Granting Agency. When federal funds are involved, the Vice President for Academic Affairs notifies the granting agency in writing that an investigation is underway. This notification must occur at or before the time the investigation begins. The vice president keeps the funding agency apprised of any developments during the course of the investigation that may affect current or potential funding for the person(s) under investigation or that the funding agency needs to know to ensure appropriate use of federal funds and otherwise protect the public interest.

G-4. Appointment of the Investigation Board. When the Inquiry Board recommends an investigation, the VPAA appoints an ad hoc Investigative Board to conduct the investigation. The Investigation Board 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 allegations, interview the principals and key witnesses, and conduct the investigation. At least one member of this board shall not be affiliated with NNU. In order to ensure separation of the inquiry and investigative phases of the process, members of the Inquiry Board shall not serve on the Investigative Board.

G-5. Charge to the Board and the First Meeting.

a. Charge to the Board. The Research Integrity Officer will define the subject matter of the investigation in a written charge to the board that describes the allegations and related issues identified during the inquiry, defines scientific misconduct, and identifies the name of the respondent. The charge will state that the board is to evaluate the evidence and testimony of the respondent, complainant, and key witnesses to determine whether, based on a preponderance of the evidence, scientific misconduct occurred and, if so, to what extent, who was responsible, and its seriousness. During the investigation, if additional information becomes available that substantially changes the subject matter of the investigation or would suggest additional respondents, the board will notify the Research Integrity Officer, who will determine whether it is necessary to notify the respondent of the new subject matter or to provide notice to additional respondents.

b. The First Meeting. The Research Integrity Officer will convene the first meeting of the Investigative Board to review the charge, the 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 Investigative Board will be provided with a copy of these instructions and, where PHS funding is involved, the PHS regulation.

G-6. Investigation Process. The Investigative Board will be appointed and the process initiated within 30 days of the completion of the inquiry, if findings from that inquiry provide a sufficient basis for conducting an investigation. The investigation will normally involve examination of all documentation including, but not necessarily limited to, relevant research
records, computer files, proposals, manuscripts, publications, correspondence, memoranda, and notes of telephone calls. Whenever possible, the board should interview the complainant(s), the respondent(s), and other individuals who might have information regarding aspects of the allegations. Interviews of the respondent should be tape recorded or transcribed. All other interviews should be transcribed, tape recorded, or summarized. Summaries or transcripts of the interviews should be prepared, provided to the interviewed party for comment or revision, and included as part of the investigatory file.

H. THE INVESTIGATION REPORT.

H-1. Elements of the Investigation Report. The final report must describe the policies and procedures under which the investigation was conducted, describe how and from whom information relevant to the investigation was obtained, state the findings, and explain the basis for the findings. The report will include the actual text or an accurate summary of the views of any individual(s) found to have engaged in misconduct as well as a description of any sanctions imposed and administrative actions taken by NNU.


a. Respondent. The Research Integrity Officer will provide the respondent with a copy of the draft investigation report for comment and rebuttal. The respondent will be allowed 14 days to review and comment on the draft report. The respondent’s comments will be attached to the final report. The findings of the final report should take into account the respondent’s comments in addition to all the other evidence.

b. Complainant. The Research Integrity Officer may provide the complainant, if he or she is identifiable, with those portions of the draft investigation report that address the complainant’s role and opinions in the investigation. The report may be modified, as appropriate, based on the complainant’s comments.

c. Confidentiality. In distributing the draft report, or portions thereof, to the respondent and complainant, the Research Integrity Officer will inform the recipient of the confidentiality requirements under which the draft report is made available and may establish reasonable conditions to ensure such confidentiality. For example, the Research Integrity Officer may request the recipient to sign a confidentiality statement or to come to his or her office to review the report.


a. After comments have been received and the necessary changes have been made to the draft report, the Investigative Board should transmit the final report to the VPAA, through the Research Integrity Officer.

b. Based on a preponderance of the evidence, the VPAA will make the final determination whether to accept the investigation report, its findings, and the recommended institutional actions. The VPAA’s decision should be consistent with the definition of scientific
misconduct, NNU’s policies and procedures, and the evidence reviewed and analyzed by the Investigative Board. The VPAA may also return the report to the Investigative Board with a request for further fact-finding or analysis. The VPAA’s determination, together with the Investigative Board’s report, constitutes the final investigation report.

c. When a final decision on the case has been reached, the Research Integrity Officer will notify both the respondent and the complainant in writing. The Research Integrity Officer is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies. The final decision of the VPAA is the final decision by NNU and is not subject to appeal within NNU or to the trustees.

H-4. **Time Limit for Completing the Investigation Report.** An investigation should ordinarily be completed within 120 days of its initiation, with the initiation being defined as the first meeting of the Investigative Board. This includes conducting the investigation, preparing the report of findings, making the draft report available to the subject of the investigation for comment, submitting the report to the VPAA for approval, and submitting the report to the funding agency, if any.

I. **REQUIREMENTS FOR REPORTING TO ORI WHEN FUNDING FROM THE DHHS IS INVOLVED.**

I-1. The Research Integrity Officer will report to ORI as required by regulation and keep ORI apprised of any developments during the course of the inquiry or investigation that may affect current or potential DHHS funding for the individual(s) under investigation or that PHS needs to know to ensure appropriate use of federal funds and otherwise protect the public interest.

I-2. NNU’s decision to initiate an investigation must be reported in writing to the Director, ORI, on or before the date the investigation begins. At a minimum, the notification should include the name of the person(s) against whom the allegations have been made, the general nature of the allegation as it relates to the PHS definition of scientific misconduct, and the PHS applications or grant number(s) involved. ORI must also be notified of the final outcome of the investigation and must be provided with a copy of the final investigation report described in H-1 above. Any significant variations from the provisions of NNU policies and procedures should be explained in any reports submitted to ORI.

I-3. If NNU plans to terminate an inquiry or investigation for any reason without completing all relevant requirements of the PHS regulation, the Research Integrity Officer will submit a report of the planned termination to ORI, including a description of the reasons for the proposed termination.

I-4. If NNU determines that it will not be able to complete the investigation in 120 days, the Research Integrity Officer will submit to ORI a written request for an extension that explains the delay, reports on the progress to date, estimates the date of completion of the report, and describes other necessary steps to be taken. If the request is granted, the Research Integrity Officer will file periodic progress reports as requested by the ORI.
I-5. When PHS funding or applications for funding are involved and an admission of scientific misconduct is made, the Research Integrity Officer will contact ORI for consultation and advice. Normally, the individual making the admission will be asked to sign a statement attesting to the occurrence and extent of misconduct. When the case involves PHS funds, NNU cannot accept an admission of scientific misconduct as a basis for closing a case or not undertaking an investigation without prior approval from ORI.

I-6. ORI or other authorized DHHS personnel will be given access to the records of the investigation upon request.

I-7. The Research Integrity Officer will notify ORI at any stage of the inquiry or investigation if:

a. there is an immediate health hazard involved;

b. there is an immediate need to protect federal funds or equipment;

c. there is an immediate need to protect the interests of the person(s) making the allegations or of the individual(s) who is the subject of the allegations as well as his/her co-investigators and associates, if any;

d. it is probable that the alleged incident is going to be reported publicly; or

e. the allegation involves a public health sensitive issue, e.g., a clinical trial; or

f. there is a reasonable indication of possible criminal violation. In this instance, NNU must inform ORI within 24 hours of obtaining that information.

J. INSTITUTIONAL ADMINISTRATIVE ACTIONS. NNU will take appropriate administrative actions against individuals when an allegation of misconduct has been substantiated. If the VPAA determines that the alleged misconduct is substantiated by the findings, he or she will decide on the appropriate actions to be taken, after consultation with the Research Integrity Officer. The actions may include: withdrawal or correction of all pending or published abstracts and papers emanating from the research where scientific misconduct was found, removal of the responsible person from the particular project, letter of reprimand, special monitoring of future work, probation, suspension, salary reduction, initiation of steps leading to possible rank reduction or termination of employment, and restitution of funds as appropriate.

K. OTHER CONSIDERATIONS.

K-1. Restoration of the Respondent’s Reputation. If NNU finds no misconduct, the Research Integrity Officer will undertake reasonable efforts to restore the respondent’s reputation. Depending on the particular circumstances, the Research Integrity Officer 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 scientific misconduct was previously publicized, or expunging all reference to the scientific misconduct
allegation from the respondent’s personnel file. Any NNU actions to restore the respondent’s reputation must first be approved by the VPAA.

**K-2. Protection of the Complainant and Others.** Regardless of whether NNU determines that scientific misconduct occurred, the Research Integrity Officer will undertake reasonable efforts to protect complainants who made allegations of scientific misconduct in good faith and others who cooperate in good faith with inquiries and investigations of such allegations. Upon completion of an investigation, the VPAA will determine, what steps, if any, are needed to restore the position or reputation of the complainant. The Research Integrity Officer is responsible for implementing any steps the VPAA approves. The Research Integrity Officer will also take appropriate steps during the inquiry and investigation to prevent retaliation against the complainant.

**K-3. Allegations Not Made in Good Faith.** If relevant, the VPAA will determine whether the complainant’s allegations of scientific misconduct were made in good faith. If an allegation was not made in good faith, the VPAA will determine whether any administrative action should be taken against the complainant.

**K-4. Interim Administrative Actions.** NNU officials will take interim administrative actions, as appropriate, to protect federal funds and ensure that the purposes of the federal financial assistance are carried out.

**L. RECORD RETENTION.** After completion of a case and all ensuing related actions, the Research Integrity Officer will prepare a complete file, including the records of any inquiry or investigation and copies of all documents and other materials furnished to the Research Integrity Officer or boards. The Research Integrity Officer will keep the file for three years after completion of the case to permit later assessment of the case.