Siena University Research Misconduct Policy

UNIVERSITY AND ADMINISTRATIVE POLICY

	Policy Title:	Research Misconduct Policy
	Type or category of Policy:	University/Administrative/Departmental
	Approval Authority:	Provost and Senior Vice President
	Responsible Executive:	Margaret Madden, Provost and Senior Vice President
	Responsible Office:	Office of Grants and Sponsored Research
	Owner Contact:	Director of Grants and Sponsored Research sponsoredresearch@siena.edu, 783-2322
	Reviewed By:	Margaret Madden, Provost and Senior Vice President
	Reviewed Date:	December 2025
	Last Revised and Effective Date of Revision:	December 2025

Brief Overview of the Policy

Siena University complies with federal agency requirements to establish and maintain policies and procedures for the inquiry, investigation, reporting, and resolution of alleged research misconduct, including the implementation of appropriate sanctions when misconduct is substantiated.

Reason for the Policy

This policy ensures compliance with applicable federal regulations and affirms Siena's expectation that all research and scholarly activity be conducted with integrity and in accordance with the University's mission, values, and ethical standards.

Scope of the Policy

This policy applies to all faculty, administrators, staff, students, and others engaged in research or scholarly activity under the governance of Siena, regardless of funding source.

I. **Policy** Overview and Applicability

Research and scholarship at Siena are expected to be conducted with integrity and at the highest ethical standards. This Research Misconduct Policy establishes procedures for assessing allegations, conducting inquiries and investigations, reporting findings, and imposing sanctions when research misconduct is substantiated.

For purposes of this policy, "research" includes all forms of basic and applied research, scholarly inquiry, and creative activity.

This policy is aligned with applicable federal regulations, including 42 CFR Parts 50 and 93, issued by the U.S. Department of Health and Human Services (HHS), Public Health Service (PHS), and the Office of Research Integrity (ORI). Requirements of the National Science Foundation (NSF) and other federal agencies are also recognized. In the event of a conflict between this policy and applicable federal regulations, federal requirements shall prevail.

II. Definition of Research Misconduct

Research misconduct is defined as fabrication, falsification, or plagiarism in proposing, performing, reviewing, or reporting research results.

Fabrication: Making up data or results and recording or reporting them.

Falsification: Manipulating research materials, equipment, processes, or data such that the research is not accurately represented.

Plagiarism: Appropriation of another person's ideas, processes, results, or words without appropriate credit.

Research misconduct does not include honest error or differences of opinion.

A finding of research misconduct requires that:

- There is a significant departure from accepted practices of the relevant research community;
- The misconduct was committed intentionally, knowingly, or recklessly; and
- The allegation is proven by a preponderance of the evidence.

III. Time Limitations

These procedures apply to allegations of research misconduct occurring within six (6) years of the date Siena University or HHS receives the allegation, except when:

The respondent has subsequently used, cited, or republished the questioned research ("subsequent use exception"); or

ORI or Siena University determines that the alleged misconduct could have a substantial adverse effect on public health or safety.

Documentation related to determinations regarding exceptions (which can appear to be subject to it) will be retained after completion of the institutional or any HHS proceeding and in accordance with federal recordkeeping requirements.
ORI does not need to be notified if Siena applies the subsequent use exception.

IV. Process

A. Inquiry

Allegations of suspected research misconduct must be submitted in writing to the Dean of the School (or designee) in which the respondent holds their primary appointment. Siena is not required to proactively monitor public commentary unless such information is formally reported.

Upon receipt of an allegation, the Dean will appoint a Research Integrity Officer (RIO), who will conduct and document an assessment to determine whether the allegation meets the criteria for an inquiry.

The person(s) suspected (hereafter "the respondent") will be notified in writing of the inquiry. All reasonable steps will be taken to secure relevant research records and evidence. Failure to provide adequate research

records may be considered evidence of misconduct.

When multiple institutions are involved, one institution will be designated as the lead institution and will coordinate record sequestration.

The inquiry will begin promptly by the RIO and be completed within 90 days of receipt of the allegation. If additional time is required, the reasons will be documented.

All Records must be cataloged, and the inventory, along with the evidence, must be secured. If the research records or evidence encompass scientific instrumentation shared by a number of users, custody may be limited to copies of the data. This is acceptable if those copies or evidence are substantially equivalent to the evidentiary value of the instruments. Research records and evidence may also be sequestered whenever additional items become known that are relevant to the inquiry. The destruction or respondent's failure to provide research records adequately documenting the questioned research is evidence of research misconduct.

At the conclusion of the inquiry:

If an investigation is warranted, the respondent will receive the inquiry report and transcripts of transcribed interviews and may submit written comments, which will be added to the report. The complainant may be notified as well if the inquiry warrants an investigation. Relevant portions of the report can be provided to the complainant; if the report is provided, it must be given to all complainants.

ORI and the relevant funding agency will be notified within 30 days that there is cause for an investigation, as required, and provided a copy of the inquiry report.

If an investigation is not warranted, the inquiry will be closed and records retained per policy (noted below). If Siena identifies additional respondents during an inquiry or investigation, a separate inquiry for each respondent is not required, and the additional respondents will be notified and documented in the institutional record.

The respondent may admit misconduct at any time. Admissions must be specific and state the specific fabrication, falsification, or plagiarism that occurred, and which research records were affected. Also, there was a significant departure from accepted research practices, and it has to be approved by ORI when federally funded research is involved.

B. Investigation

If warranted, the Dean will initiate a formal investigation and notify the respondent in writing. The Dean can choose to investigate by a committee, the Research Integrity Officer, or another designated official. The investigation will begin promptly and be completed within 180 days, including preparation of the final report. Extensions will be requested from ORI when required.

The investigation committee will include:

- The appropriate academic dean or designee;
- The respondent's department head;
- One faculty member appointed by the Dean; and
- One faculty member selected by the respondent.

Committee members must have appropriate expertise and no conflicts of interest.

Impartiality and objectivity are essential to the investigation. As such, the investigation will pursue all significant issues and will include the examination of all available documentation, including relevant research data, proposals, publications, and correspondence. The investigatory panel or RIO is permitted to obtain the advice and testimony of experts, either internally or externally, in the course of the investigation

All interviews will be transcribed and provided to interviewees for correction. The respondent will have access to the draft investigation report and transcripts and will have 30 days to submit comments, which will be added to the report.

The Institutional Deciding Official (IDO) will determine whether research misconduct occurred and what institutional actions are appropriate.

C. Sanctions and Appeals

If misconduct is substantiated, the IDO, in consultation with the RIO, will impose appropriate sanctions and notify the President. Required notifications will be made to funding agencies and external entities (professional societies, journal editors, publishers) within 10 days. When applicable, Siena will assess and disclose potential misconduct risks in foreign collaborations as part of its reporting obligations.

The respondent may appeal the decision by submitting a written request to the President (or designee) within 10 days of receiving the final determination.

An Appeals Official, independent of the inquiry and investigation with expertise and no conflict, will review the appeal and may affirm, modify, or remand the matter for further review. The appeal process will normally be completed within 180 days.

V. Protections

Siena University will protect, to the fullest extent permitted by law:

- Individuals who report allegations in good faith;
- Individuals who participate in proceedings; and
- Respondents whose allegations are not substantiated.

Retaliation is strictly prohibited. Confidentiality will be maintained on a need-to-know basis until a final determination is made, which may include institutional review boards, journals, editors, publishers, co-authors, and collaborating institutions. This disclosure limitation no longer applies once Siena has made a final determination of findings. Siena will make efforts to protect and restore persons reputation who is cleared of research misconduct

VI. Reporting and Recordkeeping

Siena University will maintain all records in accordance with 42 CFR §93.318 for at least seven (7) years after completion of proceedings. Reports, appeals, and institutional policies under which the inquiry was conducted will be submitted to ORI and other agencies as required.

Inquiry - report prepared regardless of whether an investigation is warranted and includes:

1. The names, professional aliases, and positions of the respondent.
2. A description of the allegation(s) of research misconduct.
3. Details about the PHS funding, including grant numbers, applications, contracts, and publications listing PHS support.
4. An inventory of sequestered research records and other evidence and a description of how sequestration was conducted.
5. Transcripts of interviews, if transcribed.
6. Inquiry timeline and procedural history.
7. Any scientific or forensic analyses conducted.
8. The basis for recommending that the allegation(s) warrant an investigation.
9. Any comments on the inquiry report by the respondent or the complainant(s).
10. Any institutional actions implemented, including internal communications or external communications with journals or funding agencies.

Investigation – a written report that:

1. Describes the allegations,
2. Identifies Public Health Service (PHS) support,
3. The institutional charge
4. Describes the policies and procedures of the inquiry, investigation, research records and evidence
5. Describes the findings and the basis for the findings,
6. Comments from the respondent and complainant(s).
7. Inventory of sequestered materials and how sequestration was conducted
8. Transcripts of all interviews and any scientific analyses conducted.

The entire institutional record includes documentation of the assessment, the inquiry report, and all records; investigation report; all transcripts; decisions made by the RIO; any appeals; an index listing all the research records and evidence; and a general description of the records that were sequestered but not relied on. Siena will submit an annual summary of research misconduct even when no cases occurred.

In response to the final findings of research misconduct, the University will cooperate with ORI and the funding agency's inquiries and investigations to the fullest extent possible.

The written report and all associated records pertaining to the investigation (regardless if the evidence was used) will be kept in the investigator's permanent personnel file unless the President grants an exception or there is a successful appeal. A final decision record will also be secured in a sealed file or digital format and retained by the Provost's Office for a period of (7) years.

Evidence of potential criminal conduct will be reported immediately to ORI and the relevant funding agency.

Definitions

Assessment. A consideration of whether an allegation of research misconduct appears to fall within the definition of research misconduct; appears to involve federal funding or activities related to that research or research training; and is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

Complainant. Person(s) who, in good faith have made an allegation of research misconduct.

DHHS. U.S. Department of Health and Human Services.

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

Investigation. means the formal development of a factual record and the examination of that record that meets the criteria and follows the procedures of §§ 93.310 through 93.317.

Intentionally. To act intentionally means to act with the aim of carrying out the act.

Institutional Deciding Official. the institutional official who makes final determinations on allegations of research misconduct and any institutional actions. The same individual cannot serve as the Institutional Deciding Official and the Research Integrity Officer.

Knowingly. To act knowingly means to act with awareness of the act.

Misconduct in Research. The 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 does not include honest error or honest differences in interpretations or judgments of data.

NSF. National Science Foundation.

ORI. Office of Research Integrity. The DHHS secretary has delegated to this office the responsibility for addressing research integrity and misconduct issues related to PHS-supported activities.

OSIR. Office of Scientific Integrity Review, a component of the Office of the Assistant Secretary for Health, which is responsible for establishing PHS policies and procedures for dealing with misconduct in science, overseeing the activities of PHS research agencies to ensure that these policies and procedures are implemented, and reviewing all final reports of investigations to ensure that any findings and recommendations are sufficiently documented. The OSIR also makes final recommendations to the Assistant Secretary for Health on whether any sanctions should be imposed and, if so, what they should be in any case where scientific misconduct has been established.

NIH. National Institutes of Health oversees the implementation of all PHS policies and procedures related to scientific misconduct; monitors the individual investigations into alleged or suspected scientific misconduct conducted by institutions that receive PHS funds for biomedical or behavioral research projects or programs; and conducts investigations as necessary.

Plagiarism. the appropriation of another person's ideas, processes, results, or words, without giving appropriate credit. Plagiarism includes the unattributed verbatim or nearly verbatim copying of sentences and paragraphs from another's work that materially misleads the reader regarding the contributions of the author. Plagiarism does not include self-plagiarism, authorship, or credit disputes.

PHS. Public Health Service.

Recklessly. is to act recklessly, which means to propose, perform, or review research, or report research results, with indifference to a known risk of fabrication, falsification, or plagiarism.

Respondent. Person(s) who have been suspected of research misconduct.

RIO. Research Integrity Officer. University employee appointed by the Dean. Responsible for the equitable and fair execution of Research Misconduct inquiries and investigations in compliance with federal regulations and federal funding agencies. Also synonymous with the Institutional Certifying Official.

Resources

- Office of Sponsored Research and Grant Compliance website
- External Grants Handbook

Adopted: originally adopted in 2014; reviewed annually; approved by Cabinet 4/26/16

Revised: December 2025