



---

## Research Misconduct Policy

“Scholarly research . . . among both faculty and students” is “essential” and “encouraged” at BYU ([BYU Mission Statement](#)). BYU seeks to foster for faculty and students an innovative environment that promotes responsible scholarly and scientific research. To ensure the integrity of research associated with the university, BYU conducts an inquiry into all sufficiently credible and specific allegations of research misconduct. This policy identifies the administrative processes for responding to alleged scholarly or scientific research misconduct, regardless of the funding source.

### Definitions

*Fabrication* means making up data or results and recording or reporting them.

*Falsification* means manipulating research materials, equipment, or processes, or changing or omitting data or results so that the research is not accurately represented in the research record.

*Inquiry* means a preliminary information-gathering and fact-finding process.

*Investigating Officer* means the individual responsible for conducting an Inquiry or Investigation into possible Research Misconduct.

*Investigation* means formally developing a factual record and examining that record to reach a decision regarding a finding of Research Misconduct.

*Plagiarism* means appropriating another person’s ideas, processes, results, or words without giving appropriate credit.

*Reporter* means a person who in good faith makes an allegation of Research Misconduct.

*Research Misconduct* means Fabrication, Falsification, or Plagiarism in proposing, performing, or reviewing research, or in reporting research results. Research Misconduct does not include honest error or differences of opinion.

*Respondent* means the person against whom an allegation of Research Misconduct is directed or who is the subject of a Research Misconduct proceeding.

*Retaliation* means an adverse action against a Reporter, witness, or other individual who cooperates in good faith with an Inquiry or Investigation into possible Research Misconduct.



---

## **Research Misconduct Proceedings**

A Research Misconduct proceeding begins when the associate academic vice president – research (AAVP-R) receives a report of sufficiently credible information about possible Research Misconduct via any means, including email, the Compliance Hotline, telephone, in-person communication, or from the Office of Research Integrity (ORI) within the U.S. Department of Health and Human Services (HHS) or any of the offices or agencies comprising the Public Health Service (PHS). The AAVP-R coordinates an objective and fair procedure to address the concern, as detailed below.

### ***Standards for Conducting Research Misconduct Proceedings***

At all times, Research Misconduct proceedings are conducted in accordance with the following standards.

#### **Confidentiality**

Confidentiality is important to protect the professional reputations of those involved in an Inquiry or Investigation into possible Research Misconduct. Accordingly, the disclosure of the identity of Respondents and Reporters in Research Misconduct proceedings is limited, to the extent possible, to those who need to know. Except as otherwise required by law, confidentiality must also be maintained for any records or evidence from which research subjects might be identified.

#### **Cooperation with Inquiries and Investigations**

Respondents and other parties are expected to cooperate with Inquiries and Investigations into possible Research Misconduct by providing information, research records, and relevant evidence when requested.

#### **Objectivity**

Inquiries and Investigations into allegations of Research Misconduct are conducted fairly and objectively. Investigating Officers must not have any unresolved personal, professional, or financial conflicts of interest with the Reporter, Respondent, or witnesses.

#### **Cooperation with Federal Agencies**

If an allegation of Research Misconduct involves research funded by a federal agency, the funding agency requires written notice at various points in the Inquiry and/or Investigation process. The AVP, in consultation with the AAVP-R, provides required notices to federal agencies. The Office of General Counsel provides guidance on reporting requirements for allegations of Research Misconduct involving federal funds. The university cooperates with any federal agency having oversight authority into allegations of Research Misconduct and modifies



the administrative processes of this policy at the direction of a federal agency with jurisdiction over the allegation of Research Misconduct.

After receiving a credible report, the AAVP-R reviews the situation to determine if there is any threat of harm to public health, federal funds and equipment, or the integrity of the PHS-supported research process. In the event of such a threat, the AVP, in consultation with the AAVP-R and ORI, takes appropriate interim action to protect against the threat. Interim action might include additional monitoring of the research process and the handling of federal funds and equipment, reassignment of personnel or of the responsibility for the handling of federal funds and equipment, additional review of research data and results, or delaying publication.

At any time during a Research Misconduct proceeding, the AVP must notify ORI immediately if the AVP has 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
- HHS 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 Research Misconduct proceeding
- The Research Misconduct proceeding may be made public prematurely and HHS action may be necessary to safeguard evidence and protect the rights of those involved
- The research community or public should be informed
- Notice of any facts that may be relevant to protect public health, federal funds and equipment, and the integrity of the PHS-supported research process

The AVP must notify ORI in advance if there are plans to close a case at the Inquiry, Investigation, or appeal stage (see [Faculty Grievance Policy](#)) on the basis that the Respondent has admitted guilt, a settlement with the Respondent has been reached, or for any other reason, except (1) closing of a case at the Inquiry stage on the basis that an Investigation is not warranted; or (2) a finding of no misconduct is reached at the Investigation stage, which must be reported to ORI.

#### Prohibition on Retaliation

Retaliation against a Reporter is prohibited. Retaliation is also prohibited against individuals participating in an Inquiry or an Investigation into allegations of Research Misconduct. Those responsible for responding to allegations of Research Misconduct must take reasonable steps to protect the positions and reputations of good faith Reporters, witnesses, and other individuals from retaliatory actions.



---

### Standard of Proof

A finding of Research Misconduct requires establishing a significant intentional, knowing, or reckless departure from the accepted practices of the relevant research community by a preponderance of the evidence. The destruction, absence of, or failure to provide research records adequately documenting the questioned research may be evidence of Research Misconduct.

### Time Limitation

BYU investigates all allegations of Research Misconduct for alleged misconduct that occurred within six years of the date of the allegation. BYU may also investigate allegations of Research Misconduct that occurred more than six years before the date of the allegation if the research is continued, renewed, or republished or if the failure to investigate the allegation may have a substantial adverse effect on the health or safety of the public.

### **Inquiry into Research Misconduct Allegations**

An Inquiry is warranted if an allegation falls within the definition of Research Misconduct and is sufficiently credible and specific that possible evidence of Research Misconduct may be identified. The purpose of an Inquiry is to conduct an initial review of the evidence to determine whether an Investigation is necessary. As a result, an Inquiry does not require a full review of all the evidence related to the allegation. The AAVP-R determines if an Inquiry is warranted.

### ***Notice of Inquiry***

At the time of or before beginning an Inquiry, the Investigating Officer makes a good faith effort to notify the presumed Respondent in writing of the allegations and the initiation of the Inquiry. The Investigating Officer also notifies any additional Respondents identified during the Inquiry.

### ***Research Records and Evidence***

At the time of or before beginning an Inquiry, the Investigating Officer takes reasonable and practical steps to obtain custody of the research records and evidence needed to conduct the Inquiry. The Investigating Officer inventories the records and evidence and stores them securely. The Investigating Officer makes reasonable and practical efforts to take custody of additional relevant research records or evidence discovered during the Inquiry. The Investigating Officer also identifies any records that have been destroyed pursuant to applicable university retention schedules and are unavailable for purposes of the Inquiry.

When research records or evidence encompass data or materials shared by multiple users, the Investigating Officer may take copies of the data or evidence, so long as those copies have the



equivalent evidentiary value as the originals. Where appropriate, the Investigating Officer gives the Respondent copies of—or reasonable, supervised access to—the research records.

Whenever possible, the Investigating Officer must take custody of the records before or at the time the Respondent is notified of the Inquiry or whenever additional records become known or relevant to the Inquiry.

### ***Inquiry Report***

At the conclusion of the Inquiry, the Investigating Officer prepares a written report. The report must include the following information:

- Respondent's name and position
- description of the Research Misconduct allegations
- information regarding federal funding, if any, including grant numbers, grant applications, contracts, and publications listing funding agency support
- results of the Inquiry, including a review of the evidence that provides the basis for recommending or not recommending that the alleged actions warrant an Investigation
- any comments on the report by the Respondent or the Reporter

The Investigating Officer provides the Respondent with an opportunity to review and comment on the Inquiry report after it has been completed and attaches any comments received from the Respondent to the report. The Investigating Officer may also provide the Reporter with an opportunity to review and comment on the Inquiry report and attach any comments received from the Reporter to the report. Comments from the Respondent and Reporter, if applicable, must be submitted within 10 calendar days of the date on which each received a copy of the Inquiry report.

### ***Timeline for Completing an Inquiry***

An Inquiry into a Research Misconduct allegation must be completed within 60 calendar days of its start. This period includes conducting the Inquiry, preparing the Inquiry report, and providing the Inquiry report for comment. If the Investigating Officer is unable to complete the Inquiry in 60 days and circumstances clearly warrant a longer period, the AAVP-R may approve an extension of time in writing after receiving a written request from the Investigating Officer. The Investigating Officer must document the reason for exceeding the 60-day period in the Inquiry record.

### ***Notifications to Respondent and Reporter***

After submitting the Inquiry report to the AVP and AAVP-R, the Investigating Officer notifies the Respondent in writing of the results of the Inquiry. The notice must include a copy of the



---

Inquiry report and a copy of or reference to this policy. The Investigating Officer may also notify the Reporter of the results of the Inquiry.

### **Investigation into Research Misconduct Allegations**

An Investigation is warranted if there is a reasonable basis to conclude that the allegation falls within the definition of Research Misconduct and preliminary information-gathering and fact-finding from the Inquiry indicate that the allegation may have substance. The AVP, in consultation with the AAVP-R, determines if an Investigation is warranted.

#### ***Timeline for Initiating an Investigation***

An Investigating Officer begins the Investigation within 30 calendar days after a determination is made that an Investigation is warranted.

#### ***Notice of Investigation***

The Investigating Officer notifies the Respondent in writing of the allegations of Research Misconduct within a reasonable amount of time after determining that an Investigation is warranted but before the Investigation begins. The Investigating Officer gives the Respondent written notice of any new allegations of Research Misconduct within a reasonable amount of time after deciding to pursue allegations not addressed during the Inquiry or in the initial notice of Investigation.

#### ***Interim Actions***

The Investigating Officer takes appropriate interim actions to protect public health, federal funds and equipment, and the integrity of the research process.

#### ***Research Records and Evidence***

To the extent it has not been done at the Inquiry stage, the Investigating Officer takes reasonable and practical steps to obtain custody of the research records and evidence needed to conduct the Investigation. The Investigating Officer inventories the records and evidence and stores them securely. The Investigating Officer also makes reasonable and practical efforts to take custody of additional relevant research records or evidence discovered during the Investigation.

When research records or evidence encompass data or materials shared by multiple users, the Investigating Officer may take copies of the data or evidence, so long as those copies have the equivalent evidentiary value as the originals. When appropriate, the Investigating Officer gives the Respondent copies of—or reasonable, supervised access to—the research records.



Whenever possible, the Investigating Officer must take custody of the records before or at the time the Respondent is notified of the Investigation or whenever additional records become known or relevant to the Investigation.

### ***Investigation Process***

The Investigating Officer makes diligent efforts to ensure that the Investigation into possible Research Misconduct is thorough, is sufficiently documented, and includes an examination of all research records and evidence relevant to reaching a decision on the merits of the allegations. The Investigating Officer identifies any records that have been destroyed pursuant to applicable university retention schedules and are unavailable for purposes of the Investigation. The Investigating Officer takes reasonable steps to ensure an impartial and unbiased Investigation to the maximum extent practicable, including the participation of persons with appropriate scientific expertise who do not have unresolved personal, professional, or financial conflicts of interest with those involved in the Investigation.

The Investigating Officer, or his or her designee, interviews each Respondent, Reporter, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the Investigation, including witnesses identified by the Respondent. The Investigating Officer records or transcribes each interview, provides the recording or transcript to the interviewee for correction, and includes the recording or transcript in the Investigation record.

The Investigating Officer, or his or her designee, diligently pursues all significant issues and information discovered that are relevant to the Investigation, including any evidence of additional instances of possible Research Misconduct, and continues the Investigation to completion.

### ***Draft Investigation Report***

The Investigating Officer must give the Respondent a copy of the draft Investigation report and, concurrently, a copy of, or supervised access to, the evidence on which the report is based. The Respondent's comments on the draft report, if any, must be submitted to the Investigating Officer within 30 calendar days of the date on which the Respondent received the draft Investigation report. The Investigating Officer may also provide the Reporter a copy of the draft Investigation report or relevant portions of that report.

### ***Final Investigation Report***

The final Investigation report must be written and include the following:

- a description of the nature of the Research Misconduct allegations



- information on federal funding, if any, including any grant numbers, grant applications, contracts, and publications listing federal support
- curriculum vitae for each individual assisting with the Investigation
- policies and procedures under which the Investigation was conducted
- identification and a summary of the evidence and records reviewed
- identification and a summary of any evidence taken into custody but not reviewed
- identification of any evidence that was unavailable for review because it was destroyed pursuant to applicable university retention schedules
- a finding as to whether Research Misconduct did or did not occur for each separate allegation of Research Misconduct identified during the Investigation – and if findings of Research Misconduct are made, additional information that
  - identifies whether the Research Misconduct constituted Falsification, Fabrication, or Plagiarism, and if it was intentional, knowing, or in reckless disregard
  - summarizes the facts and the analysis which support the conclusion and considers the merits of any reasonable explanation by the Respondent
  - identifies the specific federal funding
  - identifies whether any publications need correction or retraction
  - identifies all persons responsible for the misconduct
  - identifies any current support or known applications or proposals for support that the Respondent has pending with federal agencies
- any comments made by the Respondent and Reporter on the draft Investigation report and the consideration of those comments
- a description of any recommended corrective actions and sanctions

### ***Timeline for Completing Investigation***

An Investigation into possible Research Misconduct must be completed within 120 calendar days from its start. This period includes conducting the Investigation, preparing the report of findings, and providing the draft report for comment. If the Investigating Officer is unable to complete the Investigation in 120 days, the AAVP-R may approve an extension of time in writing after receiving a written request from the Investigating Officer. The Investigating Officer must document the reason for exceeding the 120-day period in the Investigation record.

### ***Resolution***

Except for research funded by the U.S. Department of Energy (DOE), the AVP, in consultation with the AAVP-R, reviews the final Investigation report and investigative record (including recommended actions) and determines, in writing, the appropriate corrective actions and sanctions, if any.





For research funded by DOE, the AVP, in consultation with the associate academic vice president for faculty development, reviews the final Investigation report and investigative record (including recommended actions) and determines the appropriate corrective actions and sanctions, if any.

Following the conclusion of the Investigation, the AVP and AAVP-R make reasonable and practical efforts, if requested and as appropriate, to protect or restore the reputation of persons alleged to have engaged in Research Misconduct but against whom no finding of Research Misconduct is made. The AVP and AAVP-R also make reasonable and practical efforts to protect or restore the position and reputation of any Reporter, witness, or other individual participating in the Investigation and to counter potential or actual Retaliation against them.

### **Record Keeping**

The Investigating Officer sends the following to University Records and Information Management at the conclusion of an Inquiry or Investigation:

- records secured for the proceeding except to the extent the Investigating Officer determines and documents that those records are not relevant to the proceeding or that the records duplicate other records that are being retained
- documentation regarding the determination that certain records were irrelevant or duplicate
- Inquiry report and final documents (not drafts) produced in the course of preparing the Inquiry report, including the documentation of any decision not to conduct an Investigation
- Investigation report and all records (other than drafts of the report) in support of the Investigation report, including the recordings or transcriptions of each interview conducted

University Records and Information Management maintains documents sent by an Investigating Officer for seven years.

**APPROVED:** 29 Dec 2023 [Revised 3 Jan 2025]

**PRIOR VERSION:** 21 Sep 2020

**APPLICABILITY:** This policy applies to faculty and students involved in scholarly or scientific research.

**POLICY OWNER:** Academic Vice President



**RESPONSIBLE OFFICE:** Office of the Associate Academic Vice President for Research and Graduate Studies

**RELATED POLICIES:**

- [Export Control and Fundamental Research Policy](#)
- [Export Control and Fundamental Research Procedures](#)
- [Faculty Grievance Policy](#)
- [Financial Conflict of Interest in Sponsored Research Policy](#)
- [Fraud Policy](#)
- [Human Research Protection Policy](#)
- [Use of Vertebrate Animals as Subjects in Teaching, Testing, or Research Policy](#)