

The University of Scranton

Research Misconduct Policy

Executive Sponsor: Provost and Senior Vice
President of Academic Affairs

Responsible Office: Associate Provost for
Academic Affairs & Chief Research Officer

Originally Issued: December 1992.

Most recent revision: December 2025

I. Policy Statement

This policy represents the University of Scranton's commitment to ensure all members of its community follow appropriate research standards and comply with institutional and federal policies. As a community of scholars, it is a fundamental responsibility of faculty, staff, students, and administration to maintain the highest standards of ethics and integrity in the respective fields, and in all aspects of research and scholarly activity. This policy defines research misconduct, and the procedures to be used in the inquiry and investigation of potential violations in the conduct and reporting of research, and related activities

II. Reason for Policy

This policy is formulated to comply with current federal regulations including but not limited to the U.S. Department of Health and Human Services Office of Human Research Integrity (OHRI), for PHS supported research¹; the National Science Foundation (NSF), National Institutes of Health (NIH), NASA, FDA, regarding scientific misconduct. However, this policy applies to all research conducted by members of the University community under any circumstances and is not restricted to externally funded research. All researchers should be aware that no actions taken by the University in response to allegations of misconduct preclude inquiry, investigation, or disciplinary action by a federal agency.

This policy is based upon and guided by general principles enunciated in the Framework for Institutional Policies and Procedures to Deal with Fraud in Research (November 4, 1988) developed by the Association of American Universities (AAU), the National Association of State Universities and Land-Grant Colleges (NASULGC), and the Council of Graduate Schools (CGS). In some instances, wording has been taken directly from these guidelines in formulating the University's policy statement.

III. Entities Affected by This Policy

This policy applies to all University of Scranton faculty, staff, students, administration and other personnel conducting sponsored and non-sponsored research on the University of Scranton campus.

IV. Website Address for this Policy

¹ Regulation updated January 2026 applies to allegations of research misconduct received by an institution on or after January 1, 2026.

This policy is available on the University's Academic Policy web site and the University's institutional policy web site (www.scranton.edu/governance).

V. Related Documents, Forms, and Tools

Office of Research and Sponsored Programs:

<https://www.scranton.edu/academics/provost/research/index.shtml>

University IRB Policy and Resources: <https://www.scranton.edu/academics/provost/research-compliance1/irb.shtml>

Institutional Animal Care and Use Committee Policies and Resources:

<https://www.scranton.edu/academics/provost/research/sub%20pages/IACUC.shtml>

U.S. Department of Health and Human Services Office of Human Research Integrity (OHRI) <https://ori.hhs.gov/>

VI. Contacts

For policy clarification and interpretation, contact the Office of the Associate Provost for Academic Affairs and Chief Research Officer: Dr. David Dzurec, David.dzurec@scranton.edu; 570-941-7428.

VII. Definitions

Chief Research Officer: The administrator designated by the Provost at The University of Scranton as Chief Research Officer and responsible for research and research compliance operations.

Institutional Animal Care and Use Committee (IACUC): the University committee responsible for the coordination and compliance of research activities involving animal subjects.

Institutional Biosafety Committee (IBC): the University committee responsible for coordination and compliance of all research involving possible exposure to infectious agents (i.e., biohazardous materials) and recombinant DNA molecules.

Institutional Review Board for the Protection of Human Subjects (IRB): the University office and committee responsible for coordination and compliance of all research activities involving human subjects.

Faculty Research Committee (FRC): chaired by the Associate Provost and comprised of faculty, the FRC serves as the body for peer review of internally supported faculty research proposals. The FRC also serves as the deliberating body in cases of scientific misconduct.

Misconduct

Research Misconduct: For purposes of this policy, misconduct is defined as follows:

- Fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the research community for proposing, conducting, reporting, or publication of research. It does not include honest errors or honest differences in interpretations or judgment of data.
- Misappropriation of others' ideas, i.e., the unauthorized use of privileged information (such as violation of confidentiality in peer review), however obtained.

- Failure to comply with University and/or federal policies regarding use and protections of human subjects in research; interference with the operations of the Institutional Review Board for the Protection of Human Subjects (IRB), including undue influence of IRB members; or failure to comply with decisions issued by the IRB.
- Failure to comply with University and/or federal policies regarding use and protections of animal subjects in research; interference with the operations of the IACUC, including undue influence of IACUC members; or failure to comply with decisions issued by the IACUC.
- Failure to comply with other University and/or federal policies that apply to the research activity.
- Failure to meet legal or regulatory requirements governing research.
- Retaliation of any kind against a person who has reported or provided information about suspected or alleged misconduct and who has not acted in bad faith.

VIII. Responsibilities

1. All members of the University community conducting research activities at the University of Scranton are responsible for complying with this policy and other University research policies, as well as federal and other regulations that may apply to their research activity.
2. Every reasonable attempt will be made in implementing this policy to maintain confidentiality and to protect researchers and persons making good-faith claims of research misconduct as defined below, unless otherwise required by University policy or external compliance requirements. Further, any inquiry or investigation should be conducted in as expeditious a manner as is compatible with the case being considered, and as appropriate to applicable University disciplinary and other policies and procedures.
2. The University will undertake diligent efforts, as appropriate, to restore the reputations of persons alleged to have engaged in misconduct when allegations are not confirmed, and will also undertake diligent efforts to protect the positions and reputations of those persons who, in good faith, make allegations of research misconduct.
3. The University will comply with requirements for annual or other research integrity reporting required by the OHRI and/or other federal agencies as applicable.

IX. Procedures

1. REPORTING MISCONDUCT

Reports of research misconduct may be made by any individual, including members of the University community or participants in research activities. A written allegation should be presented to the Chief Research Officer, who will serve as the University's misconduct officer. The Associate Provost for Academic Affairs serves as the University's Chief Research Officer.

2. REVIEW PROCEDURE

The review procedures below identify the steps to be followed, and the parties involved when an allegation of research misconduct is made. In addition to the steps outlined below, other investigative, reporting, or disciplinary requirements may be dictated by federal and other research compliance regulations.

Inquiry

An inquiry is initiated whenever a specific allegation is made in writing that misconduct occurred in the undertaking of research at the University. Allegations are submitted to the Chief Research Officer.

The Chief Research Officer will evaluate any federal or other regulatory reporting and or investigatory

requirements related to the research activity. If the research in question is funded by a federal agency, that agency will be notified of all actions and outcomes in accordance with its policies, guidelines, or rules regarding misconduct investigation and reporting. During an inquiry, the University will take interim administrative actions, as appropriate, to protect Federal funds and ensure that the purposes of the Federal financial assistance are carried out.

If the allegation of misconduct involves research involving human or animal subjects, the IRB and/or IACUC administrator will be likewise notified. IRB and IACUC policies outline steps that may be taken in certain instances of misconduct, including the termination of research. Any such actions are reported to the Chief Research Officer.

Additionally, the University will notify the appropriate federal agency, as required; the University's Office of the General Counsel; and other appropriate University personnel or authorities if it ascertains at any stage of the inquiry or investigation that any of the following conditions exists:

1. there is an immediate health hazard involved;
2. there is an immediate need to protect Federal funds or equipment;
3. there is an immediate need to protect the interest of the person(s) making the allegations or of the individual(s) who is the subject of the allegation as well as their co-investigators and associates, if any;
4. it is probable that the alleged incident is going to be reported publicly;
5. or there is a reasonable indication of possible criminal violation (in this instance, the federal agency will be informed within 24 hours).

An inquiry will be completed within 60 calendar days of its initiation unless circumstances clearly warrant a longer period. A written report shall be prepared that states what evidence was reviewed, summarizes relevant interviews, and includes the conclusion of the inquiry. The individual(s) against whom the allegation was made shall be given a copy of the report of the inquiry. If they comment on that report, their comments will be made part of the record. If the inquiry takes longer than 60 days to complete, the record of the inquiry shall include documentation of the reasons for exceeding the 60-day period.

The University will maintain sufficiently detailed documentation of inquiries to permit a later assessment of the reasons for determining that an investigation was not warranted, if necessary. Such records shall be maintained in a secure manner for a period of at least three years after the termination of the inquiry, unless a different period is otherwise defined by federal or other applicable regulations, and shall, upon request, be provided to authorized personnel.

In the event that the institution decides to terminate an inquiry for any reason without completing all relevant Federal requirements (e.g. the requirements of section 50.103 (d) of 42 CFR Part 50, Subpart A), a report of such planned termination, including a description of the reasons for such termination, shall be made to the appropriate Federal office, which will then decide whether further investigation should be undertaken.

The Chief Research Officer will determine whether a formal investigation as defined below is warranted. In doing so, the Chief Research Officer is expected to use normal prudence in determining whether the allegation is frivolous, can be handled through simple corrective action using ordinary University procedures, or warrants more detailed pursuit.

When the latter is the case, the Chief Research Officer shall (a) involve at a minimum one other member of

the Faculty Research Committee with appropriate experience and background, (b) notify in writing the Provost/Senior Vice President for Academic Affairs, the researcher, and the researcher's home Dean that an allegation has been made, and (c) notify in writing the Provost, the researcher, and the researcher's Dean about the disposition of the case, i.e., whether an investigation is warranted or the case has been otherwise resolved. Additional University personnel (including those named above) may also be notified as appropriate. Those involved in such investigations must disclose any real or perceived conflicts of interest that may impede their ability to act in an impartial manner.

Where simple corrective action is found adequate, the Chief Research Officer will confirm this disposition of the case in writing to the researcher and others notified above.

If an unsigned allegation is made, the University still bears responsibility for follow-up. In such a case, three members of the Faculty Research Committee will recommend, by majority action, whether or not an investigation is warranted; in this case, if an investigation is called for, these three members of the Faculty Research Committee shall not participate in the investigation stage.

Formal Investigation

A formal investigation is warranted if there is reasonable basis for believing that research misconduct, as defined herein, has occurred and could not be remedied by some simple corrective action with the researcher involved.

An investigation should ordinarily be completed within 120 days of its initiation. This includes conducting the investigation, preparing the report of findings, making that report available for comment by the subjects of the investigation, and submission of the report to federal agencies, as appropriate (see below). The investigation will be initiated upon notification of the researcher that a formal investigation is being conducted, as per (a) below.

If the University determines that it will not be able to complete the investigation in 120 days, it will submit to the appropriate Federal agency a written request for an extension and an explanation for the delay that includes an interim report on the progress to date, an outline of what remains to be done, and an estimated date of completion of the report. Any consideration for an extension must balance the need for a thorough and rigorous examination of the facts versus the interests of the subject(s) of the investigation and the Federal agency in a timely resolution of the matter. If the request is granted, the University will file periodic progress reports as requested by the Federal agency. If satisfactory progress is not made in the University's investigation, the Federal agency may undertake an investigation of its own.

If an investigation is warranted, the Faculty Research Committee will conduct the investigation, unless the case involves violation of policies regarding human or animal subjects, where the Institutional Review Board for the Protection of Human Subjects (IRB) or Institutional Animal Care and Use Committee (IACUC), respectively, shall be the investigative group, and shall follow the same rules for proceeding as specified for the Faculty Research Committee unless otherwise delineated in their operational policies or associated federal or other regulation or guidelines. Wherever possible, any member of the FRC involved in the initial inquiry should not be involved in any subsequent formal investigation.

If an investigation is warranted, and the allegation involves a faculty member represented by the Faculty Affairs Council, the chairs of the Faculty Affairs Council (FAC) and the Faculty Personnel Committee (FPC) shall be informed by the Chief Research Officer.

In order to draw upon additional expertise related to a particular discipline or subject matter area, the Faculty Research Committee may call upon other individuals (including persons outside the University) to assist in the investigation.

No determination that research misconduct has been committed shall be made until the researcher against whom the charge is made is:

1. notified via University of Scranton e-mail (return receipt requested) with a copy of the specific charges filed against them;
2. provided with an opportunity to respond to the charges in writing no later than twenty (20) days after receipt by him/her of the allegations of research misconduct, with such response to be made to the University's misconduct officer (the Chief Research Officer);
3. provided with an opportunity for a hearing before the misconduct officer or their designee. The hearing to be held shall be stenographically recorded. The misconduct officer shall preside at such hearing. Both the party bringing the allegation of research misconduct and the researcher who has been so charged shall be entitled to be heard, to bring witnesses, if necessary, and to submit whatever documentary, demonstrative or tangible evidence each wishes to submit for consideration on the issue of research misconduct. Legal counsel or attorneys for any party will not be permitted in the room during the hearing.

The misconduct officer shall have the authority to issue whatever orders governing such hearings as are necessary to preserve the confidentiality of the scientific and research information, documentation and other evidence which may be presented by the parties in the course of such hearing. This authority shall include, where necessary, the authority to sequester witnesses, close the hearing to other University personnel (other than those allowed by law) and the public at large and to seal written documents to prevent public disclosure, with the exception that, if the accused is a faculty member represented by the faculty bargaining unit, he or she may keep the Chair of FAC apprised of the progress of the investigation and hearing. The Chair of FAC will protect, to the maximum extent possible, the confidentiality of any information they receive regarding the investigation and hearing.

The misconduct officer shall also have the authority to designate a panel of three individuals having recognized expertise in the area or discipline wherein the allegation of research misconduct is alleged to have been committed to aid in the determination of the validity of the allegations raised against the researcher. Such experts need not be associated with the University, but their credentials must be made known to both the party bringing the charges of research misconduct and the party so charged.

The party raising the allegation of research misconduct shall have the burden of proof in any proceeding conducted pursuant to this policy. Any oral or documentary evidence may be received, but the University, by its misconduct officer, may provide for the exclusion of irrelevant, immaterial or unduly repetitious evidence. The transcript of testimony and exhibits, together with all documents filed in the hearing, shall constitute the exclusive record for a decision by the Chief Research Officer and thereafter by the Provost.

Findings

The Faculty Research Committee (or IRB or IACUC) completes its investigation by filing with the Chief Research Officer a report of findings which indicates whether or not research misconduct has occurred, the basis for the determination, and recommendations regarding corrective actions which should be taken if misconduct has occurred. A finding of research misconduct requires that:

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

A report of the findings shall be given to the researcher(s), the Provost, other relevant University officials, and the external agency funding the project (if any). The findings report should also contain recommendations regarding appropriate disciplinary action.

A determination of disciplinary action, if any, shall be made by the Provost. The researcher will be notified in writing within 14 days (two weeks) of the date the Provost receives the report of findings, if practicable. The report of findings shall be maintained and made available to authorized representatives of Federal agencies, if applicable, which may decide to proceed with their own investigation or act on the University's findings.

Disciplinary Action

Possible disciplinary actions can range from but are not limited to warnings against similar misconduct in the future, suspension or termination of research, or more advanced actions up to and including termination of employment. Other actions may be warranted or prescribed based upon the unique requirements of federal and other research policy and regulations, and/or funding agreements. If dismissal action is pursued it will proceed according to the processes found in the Student Handbook, Employee Handbook, or Faculty Handbook.

Appeal

An appeal of the findings report may be made by the researcher to the Provost. An appeal (if made) of the Provost's disposition of the case must be filed within 14 days (two weeks) of the date of the Provost's notification. The determination of the Provost regarding the appeal is final, including adoption of any disciplinary action, if warranted. The Provost shall sustain the findings of the Research Committee (or the IRB or IACUC) if there is substantial, competent evidence in the record to support such findings.

With respect to faculty members covered by the Collective Bargaining Agreement between the Faculty Affairs Council and the University of Scranton, it is understood that any disciplinary action, including termination, imposed by the University of Scranton pursuant to this research misconduct policy, if challenged by the researcher disciplined or terminated, shall be so challenged exclusively through the grievance-arbitration procedure of the Collective Bargaining Agreement. If either the chair of FAC or chair of FPC is directly involved in any aspect of an investigation of scientific misconduct, then the chair(s) involved shall be replaced by other members of FAC or FPC, respectively, for purposes of handling any grievances which may arise hereunder.

If the Chief Research Officer is directly involved in any aspect of an investigation of research misconduct, then the Officer shall be replaced by the Provost/Senior Vice President for Academic Affairs for purposes of handling any allegations or grievances which may arise.

3. Whistleblower Protection

It is a violation of University policy to retaliate against a complainant for reporting in good faith an allegation of research misconduct.

4. Policy Review

This policy will be reviewed by the Chief Research Officer, in consultation with the Faculty Research Committee, and other research compliance personnel, every three years or more frequently upon changes to related policy and/or regulation.

X. Appendix (optional)

None.