



UTAH VALLEY UNIVERSITY

Policies and Procedures

POLICY TITLE	Research Ethics and Compliance	Policy Number	660
Section	Academics	Approval Date	October 24, 2019
Subsection	Faculty	Effective Date	October 24, 2019
Responsible Office	Office of the Senior Vice President of Academic Affairs		

1.0 PURPOSE

1.1 Utah Valley University is committed to upholding the highest ethical standards in its research activities. This policy sets forth the ethical responsibilities of university community members—faculty, staff, students, and volunteers regarding research activities; the University’s commitment to compliance with federal regulations governing research ethics; and the rights of complainants and respondents when research misconduct has been alleged. This policy provides procedures for preliminary assessment of allegations of research misconduct and remedies for research misconduct. This policy also outlines the procedures for alleging, inquiring into, reporting, investigating, making formal findings of, and resolving research misconduct. This policy applies to all persons employed by or affiliated with the University in any way.

2.0 REFERENCES

- 2.1 *Research Misconduct*, 14 C.F.R. Part 1275
- 2.2 *Public Health Service Policies on Research Misconduct*, 42 C.F.R. Part 93
- 2.3 *Research Misconduct*, 45 C.F.R. Part 689
- 2.4 *Department of Defense Instruction No. 3210.7* (2004)
- 2.5 *Policy on Research Misconduct*, 70 Fed. Reg. 37, 010 (June 28, 2005)
- 2.6 *Research Misconduct; Statement of Policy*, 68 Fed. Reg. 53,862 (Sept. 12, 2003)
- 2.7 *Environmental Protection Agency Order No. 3120.5* (2003)
- 2.8 *Research Misconduct Policy*, National Endowment for the Humanities



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2.9 Implementation Guidance for Executive Office of the President Office of Science and Technology Policy “Federal Policy on Research Misconduct” (2002), 2.9 U.S. Department of Transportation,

2.10 Veterans Health Administration Handbook 1058.02 (2014)h

2.11 Research Integrity, National Institutes of Health

2.12 Utah Code § 63G-2 Government Records Access and Management Act

2.13 UVU Policy 114 Conflict of Interest

2.14 UVU Policy 135 Use of Copyrighted Materials

2.15 UVU Policy 136 Intellectual Property

2.16 UVU Policy 137 Sponsored Programs (Grants, Contracts, Cooperative Agreements)

2.17 UVU Policy 138 Institutional Review Board

2.18 UVU Policy 142 Export Control

2.19 UVU Policy 371 Corrective Actions and Termination for Staff Employees

2.20 UVU Policy 541 Student Rights and Responsibilities Code

2.21 UVU Policy 635 Faculty Rights and Professional Responsibilities

2.22 UVU Policy 648 Faculty Personnel Reductions (Interim Policy)

2.23 Policy 652 Care and Use of Vertebrate Animals in Research and Instruction

3.0 DEFINITIONS

3.1 Allegation: Any written or oral statement or other indication of possible research misconduct made to the appropriate department chair, dean, manager, director, vice president, or other university officials, as designated in this policy.

3.2 Conflict of interest: A conflict of interest exists when a university employee owes a professional obligation to the University, which is or can be compromised by the pursuit of outside interests.

3.3 Complainant: An individual who reports allegations of research misconduct to the Research Officer, a chair, a dean, a vice president, or other university officials, as designated in this policy.



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3.4 Fund: To provide monetary support for grants, cooperative agreements, fellowships, or contracts.

3.5 Good faith allegation: An allegation made with the honest belief that research 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.

3.6 Hearing: A formal process for reviewing the formal finding(s) of fact, conclusions, and recommendations of research misconduct proceedings.

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

3.8 Institutional Animal Care and Use Committee (IACUC): A diverse body of university faculty researchers, veterinarians, staff, and unaffiliated community members appointed by the President or the President's delegee. This committee reviews animal care and use protocols, evaluates the animal care and use program at regular intervals, and monitors university animal facilities and research activities to ensure compliance with protocols, standards, and regulatory requirements.

3.9 Institutional Review Board (IRB): A body of university faculty researchers and other appointed members of the university community, including appointed members of the public, whose function is to review proposed research involving human subjects to ensure that the rights of human subjects are protected and that risk of harm is minimized.

3.10 Investigation: For the purposes of this policy, a formal examination and evaluation of all relevant facts to determine if an instance of research misconduct has taken place.

3.11 Office of Sponsored Programs (OSP): An office within the University that administers externally funded research and other programs, and that is charged with assisting faculty and other university personnel to obtain external funding for research and other scholarly activities. It also provides oversight on issues of university compliance with federal, state, and local laws and regulations.

3.12 Preponderance of the evidence: Sufficient evidence that, compared with the evidence opposing it, supports a finding that an allegation of misconduct is more probably true than not, or more than 50 percent in favor that the misconduct occurred as alleged.

3.13 Program director/principal investigator (PD/PI): The faculty or staff member who directs a research program/project. The PD/PI is the individual with primary responsibility for the proper conduct and management of a project.

3.14 Research: Systematic study directed toward enhanced scientific or scholarly knowledge or toward understanding of the subject matter, or the use of such knowledge or understanding



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directed toward the production of useful materials, devices, systems, or methods. Academic tasks undertaken for the sole purpose of furthering personal knowledge or understanding of the subject matter, such as assignments in undergraduate courses, are not considered “research” under this policy.

3.15 Research activities: Proposing, conducting, reviewing, or reporting research or the results of research.

3.16 Research Officer: The institutional official appointed by the Senior Vice President of Academic Affairs, in consultation with the President of Faculty Senate and General Counsel, is responsible for research integrity, including but not limited to assessing allegations of research misconduct and determining when such allegations warrant inquiries and for overseeing inquiries and investigations.

3.17 Research misconduct: Fabrication, falsification, plagiarism, willful disregard of policies related to research, or other practices that seriously deviate from practices that are commonly accepted within the academic research community for proposing, conducting, or reporting research. This does not include honest errors or honest differences in interpretations or judgments of data.

3.17.1 Fabrication: Falsely inventing results and recording or reporting the fabricated results.

3.17.2 Falsification: Manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is deliberately misrepresented in the research record.

3.17.3 Plagiarism: The appropriation of another person's ideas, processes, results, or words without giving appropriate credit and without specific approval, including those obtained through confidential review of others' research proposals and manuscripts.

3.17.4 Deliberate interference: Intentionally causing material harm to the research or scholarly work of others, including damaging or destroying the property of others such as research equipment or supplies, disrupting active experiments, or altering or deleting products of research, including data.

3.17.5 Dishonesty in publication: Knowingly publishing material that will mislead readers, for example, misrepresenting data, particularly its originality; misrepresenting research progress; adding the names of other authors without permission; or engaging in duplicate publication when such practice is prohibited by the publisher or when permission to re-publish has not been granted.

3.17.6 Violation of regulations: Failure to adhere to or to receive the approval required for work under research regulations of federal, state, local, or university committees such as the University's IRB, IACUC, or Biosafety Committee.



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3.18 Research record: Any data, document, computer file, data-storage device, 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 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 programs, files and printouts; manuscripts; publications; equipment use logs; laboratory procurement records; animal facility records; human and animal subject protocols; consent forms; medical charts; and patient research files.

3.19 Respondent: An individual who is alleged to have engaged in research misconduct associated with the University.

3.20 Retaliation: Any action taken by the University or an individual that adversely affects the employment or other institutional status of an individual because the individual has, in good faith, made an allegation of misconduct or of inadequate institutional response, or cooperated in good faith with an investigation of such allegations, or participated in a research misconduct investigation or proceeding.

3.21 Whistleblower: A complainant or other individual who does one or more of the following: documents or makes a good faith report of suspected research misconduct; participates or gives information in a research misconduct investigation, hearing, court proceeding, legislative or other inquiry, or administrative review; and/or objects to or refuses to carry out a directive that the person reasonably believes would constitute research misconduct or would violate a state or federal law, rule, or regulation governing research misconduct.

4.0 POLICY

4.1 Scope of this Policy

4.1.1 This policy applies to all persons employed by or affiliated with Utah Valley University in any way, including but not limited to trustees, administrators, faculty, staff, students, or independent contractors, volunteers, or researchers from other organizations or institutions who are using UVU facilities, resources, personnel, or students for research purposes. This policy exclusively governs the University's procedures for addressing research misconduct, including without limitation the investigation and discipline process.

4.2 Responsibilities of University Members

4.2.1 General Responsibility. Each member of the university community has a responsibility to promote an environment of intellectual honesty and integrity and to comply with applicable laws, regulations, signed contracts or other agreements, and policies of the University and its research



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sponsors. This responsibility includes but is not limited to complying with laws, regulations, and policies concerning the following:

- Intellectual property, including copyrighted materials;
- Disclosure and management of conflicts of interest;
- Protection of human subjects, including seeking and maintaining the approval of the University's IRB;
- Protection of animal subjects, including seeking and maintaining the approval of the University's IACUC;
- Use of recombinant DNA;
- Use of radioactive material;
- Use of hazardous chemicals or biologicals;
- Compliance with contracts or other agreements associated with research;
- Conduct of classified research; and/or
- Export/import control.

Misconduct in any aspect of research or scholarly endeavor may lead to appropriate disciplinary action, up to and including termination or expulsion.

4.2.2 Employee Responsibility. University employees shall cooperate with the Research Officer and other university officials or personnel officially engaged in an inquiry or investigation of research misconduct allegations, and have an obligation to provide all evidence of research conduct and potential misconduct upon the request of these individuals.

4.2.3 Supervisory Responsibility. Supervisors at all levels, and Rank, Tenure, and Promotion (RTP) committees, must ensure the highest standards for conducting research and creating and maintaining records of the research. The risk of misconduct occurring increases in an environment where there is a lack of appropriate oversight. Specifically, department chairs, RTP committees, other supervisors, and program directors/principal investigators should clearly articulate standards and protocols for research, scholarship, and creative work, through discussion and review of research, and, when possible, with written guidelines that adhere to best practices.

4.2.4 Individual Reporting Responsibility. Any member of the university community who knows, suspects, or is informed that an act of research misconduct has occurred or is occurring shall report such misconduct by following the procedures in this policy. Reporting such concerns in good faith is a service to the University and to the larger academic community, and will not jeopardize the reporter's employment or status within the University. The University prohibits



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retaliation of any kind against a person who, acting in good faith, reports or provides information about suspected or alleged misconduct.

4.2.5 Funding Agency Requirements. The University shall comply with funding agency requirements, including but not limited to formal regulations regarding the investigation of allegations of misconduct involving research activities. The Research Officer, in consultation with the Office of General Counsel and the Senior Director of Office of Sponsored Programs (OSP), will determine the applicability of external regulations in each particular case.

4.2.6 Rights of Complainant or Whistleblower. Institutions are required to undertake diligent efforts to protect the positions and reputations of those persons who, in good faith, make research misconduct allegations or who are whistleblowers under this policy. The Research Officer will make reasonable and practical efforts to prevent retaliation and to counter potential and/or actual retaliation against these persons in the terms and conditions of their employment or other status at the institution and will review instances of alleged retaliation for appropriate action. Employees, staff, and students should immediately report any alleged or apparent retaliation to the Research Officer. The institution will also undertake to protect the privacy, to the maximum extent possible under applicable policy and law, of research misconduct complainants or whistleblowers. The complainant will be advised that, depending on the circumstances of the case, complete anonymity may not be fully protected, but will be protected to the extent possible if the matter is referred to an investigation committee and the complainant's or whistleblower's testimony is required.

4.2.7 Retaliation Prohibited. Retaliation against an individual who alleges research misconduct in good faith is prohibited. Retaliation against whistleblowers who act in good faith or against others who honestly participate in a research misconduct investigation or proceeding is also prohibited.

4.2.8 Rights of Respondent. Because of the potential jeopardy to the reputation and rights of an accused, great care must be taken to handle both inquiries and investigations in a way that preserves confidentiality, providing information only to those with a need to know. Inquiries and investigations will be conducted in a manner that ensures fair treatment to the respondent(s) in thoroughly carrying out the inquiry or investigation, and confidentiality to the extent possible without compromising public health and safety. Respondents accused of research misconduct may consult with legal counsel, or a non-lawyer personal advisor (who is not a principal or witness in the case) to seek advice and may bring the counsel or personal advisor to interviews or meetings on the case with approval of the inquiry/investigation committee. During investigative or informal meetings or interviews, the counsel or personal advisor may only advise the complainant or respondent and may not actively participate in the investigation or informal process.

4.2.9 Remedies. The appropriate institutional response to research misconduct will vary with the facts and circumstances of each case. In addition to requiring correction of the research record,



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the University has recourse to a variety of disciplinary actions against individuals whose conduct violates this policy, up to and including in severe cases and following applicable university procedures, expulsion of a student, termination of an employee, or revocation of tenure.

5.0 PROCEDURE

5.1 Training

5.1.1 Administrative staff, faculty members, and students shall complete any training related to this policy that the University requires and are strongly encouraged to complete other recommended trainings.

5.2 Reporting and Receiving Allegations

5.2.1 Allegations of research misconduct and the basis for them shall be communicated confidentially, in a timely manner, and preferably, though not necessarily, in writing to the appropriate vice president, dean, director, department chair (hereafter collectively called “administrator”), Research Officer or the Office of General Counsel.

5.2.2 Upon receipt of such an allegation or other indication of misconduct, the administrator shall promptly inform the Research Officer and the Office of General Counsel.

5.2.3 Upon receiving an allegation of research misconduct, the Research Officer will immediately assess the allegation to determine whether it is sufficiently credible and specific so that potential evidence of research misconduct may be identified, whether external sponsors are involved, and whether the allegation falls under the definitions of research misconduct contained in this policy.

5.2.4 If the Research Officer determines that an allegation or indication of research misconduct is sufficiently credible and specific, then the Research Officer, in consultation with the Office of General Counsel, shall designate an individual or individuals without conflicts of interest to conduct an inquiry.

5.2.5 If the Research Officer or any other individual who participates in a research misconduct case has a conflict of interest or is unavailable, they shall notify the Senior Vice President of Academic Affairs (SVPAA), who will review the conflict and appoint a designee to participate in their stead if necessary.

5.2.6 Respondents accused of research misconduct may consult with legal counsel or a non-lawyer personal advisor (who is not a principal or witness in the case) to seek advice and may bring the counsel or personal advisor to interviews or meetings on the case with approval of the inquiry/investigation committee. During investigative or informal meetings or interviews, the



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counsel or personal advisor may only advise the complainant or respondent and may not actively participate in the investigation or informal process.

5.3 Inquiry

5.3.1 An inquiry is not a formal hearing or investigation. It is intended to distinguish serious allegations deserving further investigation through this process from trivial, frivolous, unjustified, or clearly mistaken allegations, or from situations that clearly do not involve serious research misconduct and which may be appropriately pursued through other administrative channels or through informal resolution.

5.3.2 The Research Officer will oversee the inquiry process.

5.3.3 Upon initiation of an inquiry, the Research Officer shall provide written notice to the respondent(s) of the allegation(s) or other indication(s) of misconduct.

5.3.4 The Research Officer shall secure the necessary and appropriate assistance to ensure a thorough and authoritative evaluation of the allegation(s). Such assistance will typically include an individual with training and/or experience in investigations and/or the conduct of inquiries. With the additional assistance, if needed, of an expert in the academic discipline involved (either from within the University or elsewhere), the Research Officer shall determine promptly whether the allegation or other indication of misconduct appears sufficiently well founded to warrant a formal investigation.

5.3.5 During the inquiry, every reasonable effort shall be made to keep confidential the identity of respondent(s) and complainant(s), and the contents, substance, and proceedings of the inquiry. Work product that includes suspect content or data may be placed on hold and sequestered if deemed necessary by the Research Officer. Sufficiently detailed documentation shall be kept, in a secure manner, to permit later assessment of the adequacy of the inquiry.

5.4 Reporting on the Inquiry

5.4.1 The individual(s) appointed to conduct the inquiry shall prepare a written report. The report shall include a statement of the allegation, a description of the evidence reviewed, summaries of the relevant interviews, and the conclusions of the inquiry. The report shall contain an assessment of whether there is reasonable cause to believe that a formal investigation is warranted.

5.4.2 If the inquiry concludes that a formal investigation is warranted, the respondent(s) shall be given the opportunity to comment on the report; these comments will become part of the record. The individual who made the allegation may review and comment on the portion of the report directly related to the individual's testimony or other evidence



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5.4.3 The report of the inquiry, along with any formal comments on the report, shall be forwarded to the SVPAA. The SVPAA shall notify the Office of General Counsel and any other appropriate university official.

5.4.4 If the inquiry produces reasonable cause to warrant a formal investigation, the Research Officer will initiate a formal investigation.

5.4.5 The Research Officer, in consultation with the Office of General Counsel and OSP, shall decide if and when external funding agencies, if any, are to be notified, what any such notification shall include, and to whom it should be directed. Any such notice shall be provided by the Research Officer and OSP Director with the assistance of appropriate university officials.

5.4.6 The Research Officer, in consultation with the Office of General Counsel and OSP, will determine what additional notification is necessary. Every reasonable effort will continue to be made to protect the identity of the respondent(s) and the complainant(s) from all except those who have a legitimate need to know.

5.4.7 If the inquiry does not produce sufficient evidence to warrant a formal investigation, the Research Officer, after consultation with the Office of General Counsel, shall inform any persons involved in the informal inquiry to whom the identity of the respondent(s) was disclosed.

5.4.8 Allegations of academic misconduct determined to be unsupported and not made in good faith may lead to disciplinary action against the complainant or whistleblower.

5.5 Investigation

5.5.1 Upon determining that a formal investigation is warranted, the investigation must be commenced within 30 days of the completion of the inquiry unless the Research Officer determines that commencement should be delayed for good cause.

5.5.2 The Research Officer, in consultation with the Faculty Senate President and the Office of General Counsel, shall appoint an ad hoc investigating committee and determine its composition and size. The committee should include at least one faculty member who is an expert in the general academic field of the research in question and may also include one or more such experts from outside the University if deemed appropriate by the Research Officer, Faculty Senate President, and General Counsel. The Research Officer shall ensure that none of the investigation committee members has a conflict of interest in serving on the committee.

5.5.3 The Research Officer shall inform the respondent(s) of the initiation of the investigation, the composition of the ad hoc investigating committee, and the charge to that committee.

5.5.4 In cases that present potential danger to third parties (for example, animals or research subjects) or that require interim measures pending final resolution, and in accordance with applicable university policies regarding suspension, the appropriate university official, in



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consultation with the Research Officer, Human Resources, and the Office of General Counsel, may meet with the respondent for the purposes of imposing a temporary suspension of research-related duties, pending conclusion of the formal investigation. At such a meeting, the respondent shall be informed of the reasons for consideration of a temporary suspension and afforded the opportunity to oppose such action. The respondent's counsel may accompany the respondent at such a meeting, but may only advise the respondent and may not actively participate.

5.5.5 An attorney assigned by the Office of General Counsel shall advise the ad hoc investigating committee on procedural matters.

5.5.6 In the absence of extraordinary circumstances, the ad hoc investigating committee shall gather evidence and reach a finding within 120 days of appointment.

5.5.7 The ad hoc investigating committee shall secure the necessary and appropriate expertise to carry out a thorough investigation and authoritative evaluation of the relevant evidence.

5.5.8 The investigation will normally include examination of all documentation, including but not necessarily limited to relevant research data and proposals, publications, correspondence, and memoranda of meetings and telephone calls.

5.5.9 Whenever possible, interviews should be conducted with all individuals involved either in making the allegation or against whom the allegation is made, as well as other individuals who might have information regarding key aspects of the allegations. Complete summaries of these interviews should be prepared, provided to the interviewed party for comment or revision, and included as part of the investigation file. Audio recording shall not be permitted in any part of the proceedings unless all present parties explicitly consent.

5.5.10 During the formal investigation, every reasonable effort shall be made to protect the identity of those respondent(s) and the complainant(s) from third parties. However, at this stage the respondent(s) shall normally be entitled to know the identity of all witnesses called before the committee. Cases that depend specifically upon the observations or statements of the complainant cannot proceed without the involvement of that individual; other cases that can rely on documentary evidence may permit the complainant to remain anonymous.

5.5.11 Research misconduct does not include honest error or honest differences in interpretations or judgments of data. A finding of misconduct requires that:

5.5.11.1 There is a significant departure from accepted practices of the relevant academic community.

5.5.11.2 The misconduct be committed intentionally, knowingly, or in reckless disregard of this policy and/or accepted practices; and

5.5.11.3 The allegation is proven by a preponderance of evidence.



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5.5.12 The investigation committee shall make preliminary written findings as to whether the alleged misconduct by a preponderance of the evidence is unfounded, inconclusive, or substantiated:

5.5.12.1 A decision of “unfounded” indicates either that there is insufficient evidence for the investigators to conclude that the event(s) occurred as alleged, or even if the event(s) occurred, it/they did not constitute research misconduct.

5.5.12.2 A decision of “inconclusive” means that the evidence provided by both parties did not reach a preponderance of evidence in favor of either party.

5.5.12.3 A decision of “substantiated” means that the events occurred as alleged by a preponderance of evidence in favor of the complainant.

5.5.13 To make a finding of research misconduct, the University has the burden of proof by a preponderance of the evidence. The respondent has the burden of proving by a preponderance of the evidence any affirmative defenses, including honest error or differences of opinion, and of providing any mitigating factors that the respondent wants the ad hoc committee to consider.

5.5.14 At fact-finding meetings of the committee, but not during its deliberations, the respondent(s) shall be permitted to be present with a support person who may be an attorney, but whose role shall be limited to advising the respondent(s).

5.5.15 The ad hoc committee shall keep the respondent(s) and the Research Officer apprised of any additional allegations, other material developments during the investigation, and any need for delay in the investigation.

5.6 Formal Findings of the Investigation

5.6.1 At the conclusion of the investigation, the ad hoc committee shall prepare a summary of its preliminary findings of fact as to whether research misconduct occurred and recommendations regarding outcome. If the misconduct is substantiated, the report should also include a preliminary determination of the severity and impact of the misconduct. The respondent(s) shall be provided the opportunity to comment on the report within a timeline approved by the Research Officer, and this comment will become part of the record. The complainant(s) shall be provided with the portions of the report that describe their role and opinions in the investigation; the complainant(s) shall have an opportunity to respond within the timeline approved by the Research Officer.

5.6.2 External funding agencies must be notified during an investigation of facts that may affect current or potential funding of the individual(s) under investigation, or that may need to be disclosed in order to ensure proper use of federal or other funds or protection of the public interest. The Research Officer and OSP Director shall make such notifications after consulting with the Office of General Counsel on regulatory and agency requirements.



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5.6.3 The ad hoc committee shall submit its written report, along with the complete investigatory file, to the Research Officer. The Research Officer shall make formal findings of fact as to whether research misconduct occurred and recommend what actions to take in light of the report, in consultation with the Office of General Counsel, the OSP Director, and the Associate Vice President of Academic Administration (in the case of faculty respondents), Human Resources (in the case of faculty or staff respondents), or the Director of Student Conduct (in the case of student respondents). The Research Officer shall notify the respondent(s) and the appropriate university officials of the Research Officer's findings, conclusions, and recommendations in writing along with supporting documentation including the report of the ad hoc committee. In consultation with the OSP Director, the Office of General Counsel, and other appropriate university official(s), the Research Officer shall then decide if and when external funding agencies, if any, are to be notified, what any such notification shall include, and to whom it should be directed. The Research Officer and the OSP Director shall provide this notice.

5.6.4 Investigatory files will be maintained in a secure manner during and upon completion of the investigations. All documents, records, recordings, and other information associated with the research misconduct process are designated as protected in accordance with the Utah *Government Records and Management Act (GRAMA)*.

5.7 Request for Review Hearing

5.7.1 The respondent(s) may request a formal review hearing within 10 working days of receipt of the Research Officer's written notice by filing a written request for a review hearing with the SVPAA.

5.7.2 The written request for a review hearing must include the reasons for seeking the review. The respondent must identify in the written request at least one or more of the following grounds as the reason for seeking the review:

5.7.2.1 New evidence unavailable to the Respondent during the investigation has been discovered that could materially impact the investigation findings and/or resolution;

5.7.2.2 Procedural errors raising substantial concerns that the procedures outlined in this policy were not followed, or that the investigation was not thorough, fair, and/or impartial, which substantially impacted the outcome of the investigation. Lengths of the investigation or recommendation processes are not considered procedural errors.

5.7.2.3 The recommended sanction is substantially disproportionate to the severity of the violation.

5.7.3 If the respondent does not request a formal review hearing as set forth above, the Research Officer shall forward the written report of the ad hoc committee and the recommendation of the Research Officer to the SVPAA for approval and final decision.



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5.7.4 When a timely request for a review hearing is filed, the SVPAA shall refer matters where the recommended sanction of the respondent includes final written warning, demotion, suspension, termination, or expulsion to the appropriate university official usually charged with overseeing formal review hearings or grievances for that respondent under the applicable university appeal, review, or grievance policy and procedures.

5.7.4.1 For faculty respondents, the SVPAA or designee will institute a review hearing under UVU Policy 648 *Faculty Personnel Reduction (Interim Policy)*.

5.7.4.2 For student respondents, the SVPAA or designee will refer the review hearing to the Student Conduct Office under UVU Policy 541 *Student Rights and Responsibilities Code*.

5.7.4.3 For staff respondents, the SVPAA or designee will refer the review hearing to the Associate Vice President for Human Resources applicable staff grievance procedures in place at the time.

5.7.5 The final executive decision maker for all student respondents in research misconduct cases shall be the Dean of Students and for all employee respondents shall be the SVPAA (or their designees). The review panels in the above-described processes shall make written recommendations to these final executive decision makers. The executive decision maker will then consult with other university officials and the Office of General Counsel as needed, make the final decision, and deliver the written decision to the Research Officer and the respondent(s).

5.7.6 For all recommended sanctions that involve sanctions lesser than final written warning, demotion, suspension, termination, or expulsion, the appropriate university official, as identified above, shall decide on the appropriate outcome after reviewing the ad hoc committee's written report, the Research Officer's written notice, and, if questions remain, the full investigative file.

5.7.7 The University will undertake efforts, as appropriate and feasible, to protect, and if necessary to restore, the reputations of persons alleged to have engaged in misconduct when allegations are not confirmed, and will also undertake efforts to protect the positions and reputations of those persons who, in good faith, made allegations.

5.7.8 In consultation with the Research Officer and the Office of General Counsel, OSP shall notify external funding agencies of the final outcome of an investigation involving their funded project(s), and provide them with any final reports or documentation that are required by agency guidelines.

5.7.9 Federal funding agencies have retained the right to impose additional sanctions, beyond those applied by the institution, upon investigators or institutions if they deem such action appropriate in situations involving funding from their respective agencies; such agencies may also have standards of proof that differ from those used in the University's disciplinary proceedings. The University will make all necessary efforts to comply fully with agency requirements and guidelines.



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5.7.10 Questions regarding these procedures may be directed to the Research Officer.

POLICY HISTORY		
November 29, 2018	Temporary Emergency policy approved.	UVU Board of Trustees
October 24, 2019	Regular policy approved	UVU Board of Trustees
September 30, 2021	Nonsubstantive change: Renumbered to 660.	President's Council and General Counsel.