



RESEARCH MISCONDUCT POLICY

Policy # RE.009.1

Responsible

Executive:

Vice President for Research and
Innovation

Responsible

Office of Research

Office:

Integrity

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I. Policy Statement

The University of Louisiana at Lafayette (“University”) seeks excellence in the discovery and dissemination of knowledge. Excellence in scholarship requires all members of the University community to adhere strictly to the highest standards of integrity with regard to Research, instruction and evaluation.

As scholars and citizens of the University community, all parties must be cognizant of their responsibilities to colleagues, students, the University as a whole, the community, and society at large. In addition, Federal regulations impose policies and procedures on the University for dealing with possible Research Misconduct in science.

Should the conduct of Research or the collection or reporting of Research data and information by a member of the University community be challenged on the grounds of Research Misconduct, whether by a faculty member, student, staff member, Research associate, fellow or a person outside the University, the framework for resolution of the grievance shall involve a process of peer and administrative review. Responsible and honest discourse, the protection of academic freedom, and protection of the individual against public dissemination of unwarranted Allegations are the essential ingredients in the process.

The primary responsibility for detecting, investigating, reporting and resolving Allegations of alleged Research Misconduct rests with the University, and it must promptly initiate an Inquiry into any suspected or alleged Research Misconduct brought to its attention.

The University will commit resources and personnel to ensure a fair and timely resolution to any matter to which this Policy pertains. All members of the University community who play a part under the guidelines of this Policy must do so realizing the gravity of these matters and work diligently and promptly to resolve them.

II. Purpose of Policy

This Policy provides the framework for the fair, unbiased review of Research Misconduct Allegations and the resolution of such Allegations according to the requirements of 42 C.F.R. 93 and 45 C.F.R. 689.

The principles of basic fairness and confidentiality shall be observed in these peer review procedures. Disclosure of the identity of participants during proceedings shall be limited to those who “need to know,” including institutional review boards, journals, editors, publishers, co-authors, and collaborating institutions. Any Allegations of Research Misconduct must be treated on an individual-case basis.

A. Rights and Responsibilities

1. Research Integrity Officer (“RIO”)

The President or his/her designee will appoint the RIO who will have primary responsibility for adherence to the procedures set forth in this document. The RIO will be a tenured Research faculty member who is well qualified to handle the procedural requirements involved. The RIO must be sensitive to the varied demands made on those who conduct Research, those who are accused of Research Misconduct, and those who report apparent Research Misconduct in Good Faith.

The RIO shall work closely with involved parties, including the Vice President for Research and Innovation (“VPRI”), academic administrators, faculty committees and any departments necessary to sequester Research records and evidence before the Respondent is notified or before the Inquiry begins, whichever is earlier. The University may also sequester additional records and evidence whenever the items become known or relevant to the Inquiry or investigation. When original Research records cannot be obtained, copies of records that are substantially equivalent in evidentiary value will suffice. The RIO will perform Assessments and inquiries as needed; notify Respondents; assist Inquiry and investigation committees, and all institutional personnel to comply with these procedures and with applicable standards imposed by government or external funding sources; and provide all notifications at the end of each proceeding.

2. Complainant

The Complainant is responsible for making Allegations in Good Faith having reasonable belief in the truth of his or her Allegation or testimony. The Complainant is also responsible for maintaining confidentiality during the proceedings while he or she consults with others on and off campus in the preparation of his or her complaint and supporting materials, while cooperating with an Inquiry or Investigation.

The Complainant may have an opportunity to be interviewed by the Inquiry Committee and must be interviewed by the Investigation Committee (42 C.F.R. 93.310(g)), to review the transcripts of his or her testimony and to be protected from Retaliation. If the Investigation Committee chooses to provide a draft of all or a portion of the Investigation report for comment and the Respondent desires to have comments included in the final report, the comments must be received within thirty (30) Days of receipt of the draft Investigation report (42 C.F.R. 93.312) to be included in the final report (42 C.F.R. 93.313(j)). The University is not required to notify the Complainant whether an Inquiry found that an Investigation was warranted (42 C.F.R. 93.308(b)).

3. Respondent

The Respondent shall receive written notification of the Allegations, and the final determinations and resulting actions of the Inquiry and Investigation, as appropriate. The Respondent has the right to the advice of counsel and consultation with others on or off campus in the preparation of his or her defense,

while cooperating with the conduct of an Inquiry or Investigation. The Respondent is responsible for maintaining confidentiality during the proceedings.

The Respondent may have the opportunity to be interviewed by and present evidence to the Inquiry Committee (42 C.F.R. 93.307(e)(3)) and must be interviewed by the Investigation Committee (42 C.F.R. 93.310(g)), as needed. He or she will be allowed to review the transcripts of their testimony, as well as witness testimony 93.310(g)(5)),

Respondents will be provided with access to any sequestered records (42 C.F.R. 93.305(b) and 93.312(a)) but may not destroy any records documenting the questioned Research. Intentionally or Knowingly destroying records after being notified of Research Misconduct Allegations is considered Research Misconduct (42 C.F.R. 93.105).

The Respondent(s) will be provided a copy of the draft Inquiry and Investigation reports to review and make written comment on (42 C.F.R. 93.307(g)(3) and 42 C.F.R. 93.312(a)). Any comments on the draft Inquiry or Investigation report must be submitted to the University within thirty (30) Days of receiving the draft reports (42 C.F.R. 93.312(a)). The University is required to notify the Respondent whether an Inquiry found that an Investigation was warranted (42 C.F.R. 93.308(a)).

4. Inquiry Committee/Institutional Designee

Individual(s) tasked with performing the Inquiry (42 C.F.R. 93.307(e)(2)) shall receive written notice of the Allegations to be assessed, access to any sequestered records and the right to interview witnesses or Respondent(s) as needed (42 C.F.R. 93.307) to perform an initial review of evidence and determine if an Investigation is warranted. Persons performing the Inquiry proceedings are required to maintain confidentiality according to 42 C.F.R. 93.106. No findings of Research Misconduct can be made during the Inquiry (42 C.F.R. 93.307(e)(2)). An Inquiry Report must be written, and the Respondent must be allowed thirty (30) Days to provide comments on the Inquiry Report. The Respondent's comments must be included in the final Inquiry report, which will be presented to the President. The Inquiry must be completed ninety (90) Days after its initiation (42 C.F.R. 93.307(h) and 45 C.F.R. 689.4(b)).

The Inquiry Committee and/or RIO shall act on behalf of the University and take all reasonable measures to obtain custody of, secure, and catalog all Research records and evidence needed to conduct a Research Misconduct proceeding, with exception to multiuser equipment, in which case custody may be copies of pertinent information (42 C.F.R. 93.305). Access to the sequestered information will be provided to the Respondent in the form of copies or supervised access.

5. University

The University has the responsibility to protect Public Health Service ("PHS") and National Science Foundation ("NSF") funds from misuse by adhering to the requirements of 42 C.F.R. 93 and 45 C.F.R. 689 to establish policy and procedures that discourage Research Misconduct and provide for the Assessment and Investigation of Research Misconduct Allegations (42 C.F.R. 93.300 and 45 C.F.R. 689.4(a) and (d)).

The University must respond to each Research Misconduct Allegation where the University has oversight over the Research or the personnel involved. The response to an Allegation must be thorough, competent, objective, and fair, such that personal, professional, or financial conflicts of interest with the Complainant, Respondent or witnesses do not interfere with the proceedings (42 C.F.R. 93.300(b) and 45 C.F.R. 689.4(a)(4)).

During Research Misconduct proceedings, the University is responsible for determining who needs to know about the Research Misconduct proceedings and maintaining confidentiality until the final determination is made (42 C.F.R. 93.106 and 45 C.F.R. 689.4(a)(4)).

When multiple institutions are involved, one institution must be designated as a lead institution in the joint Research Misconduct proceedings (42 C.F.R. 93.305(e)).

All communications to Department of Health and Human Services (“HHS”) Office of Research Integrity (“ORI”) or NSF must come from the University. The University must notify ORI or NSF immediately if the following conditions exist:

- a. Health or safety of the public is at risk, including an immediate need to protect human or animal subjects;
- b. HHS or NSF resources or interests are threatened;
- c. Research activities should be suspended;
- d. There is reasonable indication of possible violations of civil or criminal law;
- e. Federal action is required to protect the interests of those involved in the Research Misconduct proceeding; and/or
- f. HHS may need to take appropriate steps to safeguard evidence and protect the rights of those involved (42 C.F.R. 93.305(g) and 45 C.F.R. 689.4(c)).

For PHS funded Research, the University must provide a copy of the Inquiry report to HHS ORI within thirty (30) Days of determining that an Investigation is warranted (42 C.F.R. 93.309). See 42 C.F.R. 93.309 for the contents of the report to ORI.

For NSF funded Research, the University must notify the Office of Inspector General (“OIG”) immediately if an Inquiry supports a formal Investigation (45 C.F.R. 689.4(b)(2)).

When an Investigation is warranted, the University must ensure the Investigation begins within thirty (30) Days of making the determination. During this time, the Investigation Committee must be chosen if different than the Inquiry Committee, newly discovered evidence must be sequestered, and Respondent(s) must be notified of the Investigation and any new Allegation(s).

The University must ensure the Investigation is completed within one hundred eighty (180) Days of initiation (42 C.F.R. 93.311 and 45 C.F.R. 689.4(b)(4)). When unable to complete the Investigation of NIH supported Research within one hundred eighty (180) Days, the University must ask ORI in writing for an extension detailing the circumstances or issues warranting additional time (42 C.F.R. 93.311(b)). NSF expects the OIG to be informed of any delay and may require periodic status reports (45 C.F.R. 689.4(b)(4)).

The University must maintain the records and evidence for seven (7) years after the completion of the proceedings (42 C.F.R. 93.318).

6. Investigation Committee

The Investigation Committee must begin work on the Investigation within thirty (30) Days of the Inquiry final report determining that an Investigation is warranted (42 C.F.R. 93.310). The committee shall receive written notice of the Allegations to be assessed, all Research materials and evidence secured by the Inquiry

Committee, copies or summaries of relevant government policies and guidelines and additional clarifications, and advice from the RIO.

The Investigation Committee shall act on behalf of the University and take all reasonable measures to obtain custody of, secure, and catalog all Research records and evidence needed to conduct a Research Misconduct proceeding, with exception to multiuser equipment, in which case custody may be copies of pertinent information (42 C.F.R. 93.305). During the Investigation, the Investigation Committee shall maintain confidentiality of all persons and information involved and limit disclosure to those who need to know (42 C.F.R. 93.300(e)). The Investigation Committee will interview everyone involved (42 C.F.R. 93.310(g)), review all documents, prepare a draft report, provide the draft to the Respondent and allow the Respondent thirty (30) Days to submit comments (42 C.F.R. 93.312(a)) which are incorporated in the final draft (42 C.F.R. 93.313(j)). The Investigation Committee may also allow the Complainant thirty (30) Days to provide comment on the draft report or relevant portions (42 C.F.R. 93.312(b)) which will then be incorporated in the final draft (42 C.F.R. 93.313(j)).

The Investigation Committee shall complete all aspects of the Investigation within one hundred eighty (180) Days of beginning the Investigation (42 C.F.R. 93.311(a) and 45 C.F.R. 689.4(b)(4)).

B. Protection of Rights

From the onset to the extent allowable by law, the University will protect the rights and reputations of all parties, including the individual(s) who report the perceived misconduct in Good Faith, the individual(s) about whom the Allegations are made, and the members of the Inquiry and Investigation Committees.

The VPRI, along with the RIO, will afford the affected individual(s) confidential treatment to the extent allowable by law, a prompt and thorough Inquiry and/or Investigation, an opportunity to provide evidence and/or documentation relative to the Allegations, and an opportunity to comment on the Allegations, the Inquiry Draft report, and as applicable, the Investigation Draft report.

The Respondent has the right to appeal the Institutional Deciding Official (“IDO”) decision at the conclusion of the Research Misconduct proceedings by submitting a request for appeal to the President within ten (10) Days of receiving the final report. Appeal requests must include a rationale, which can be procedural errors, failure to consider evidence or appropriately follow the law, or significant new evidence provided by the Respondent. The President will decide whether to return the case to the Investigation Committee, RIO, and/or the Director of Research Integrity for reconsideration or to deny further review. The results of appeal will be submitted by the RIO as part of the complete record to ORI or OIG as appropriate.

If a Respondent appeals the University’s finding(s) of Research Misconduct or institutional actions, the University must promptly notify ORI. If the University has not transmitted its institutional record to ORI in accordance with 42 C.F.R. 93.316 prior to the appeal, the University must wait until the appeal is concluded to transmit its institutional record. The University must ensure that the complete record of the appeal is included in the institutional record consistent with 42 C.F.R. 93.220(a)(5). If the University has transmitted its institutional record to ORI in accordance with 42 C.F.R. 93.316 prior to the appeal, the University must provide ORI a complete record of the appeal once the appeal is concluded.

The decision of the IDO after an appeal and re-review is final and cannot be further appealed.

The University, in consultation with the Office of General Counsel and the Office of Communications and Marketing, will consider release of information about the incident to the public press after the conclusion of the Investigation and any appeal (42 C.F.R. 93.106(a)).

If the alleged misconduct is not substantiated by a thorough Investigation, formal efforts will be undertaken to restore fully the reputation of the Researcher(s) under Investigation (42 C.F.R. 93.304(c)). In addition, appropriate action will be taken against any parties whose involvements in leveling unfounded charges were demonstrated to have been malicious or Intentionally dishonest.

Subsequent to the completion of an Investigation, faculty practices and institutional policies and procedures for promoting the ethical conduct of Research and investigating Allegations of misconduct will be scrutinized and modified in the light of experience gained.

C. Time Considerations

1. Any Allegation of Research Misconduct must be forwarded to the VPRI and the RIO promptly.
2. The Allegation will be promptly assessed to determine if it falls within the definition of Research Misconduct.
3. If an Allegation falls within the definition of Research Misconduct, the VPRI and RIO will form an Inquiry Committee or charge the RIO or another designated official to conduct an Inquiry.
4. The evidence will be sequestered, and Respondent(s) will be notified of the Allegation(s) prior to beginning the Inquiry.
5. The Inquiry must be completed within ninety (90) Days of initiation.
6. The Respondent(s) must be allowed thirty (30) Days to comment on the draft Inquiry report.
7. If an Investigation is not warranted, the RIO shall promptly notify the Respondent(s). The Complainant is not required to be notified of the result (42 C.F.R. 93.308).
8. If an Investigation is warranted, newly discovered evidence must be sequestered, the Respondent(s) must be notified, and the Investigation must begin within thirty (30) Days of the Inquiry determination.
9. The Respondent(s) must be allowed thirty (30) Days to review the draft Investigation report and provide comments.
10. Prior to the one hundred eighty (180) Day deadline, the IDO shall issue his or her written disposition of the matter and notify in writing Respondent(s) and ORI or OIG of the decision.
11. In the event that the Investigation cannot be completed within one hundred eighty (180) Days, the VPRI will notify in writing the sponsoring agency and ORI or OIG immediately to request an extension, provide the reasons for the delay and indicate when the Investigation would be completed. If ORI or OIG grants an extension, a report will be submitted to the sponsoring agency and ORI or OIG as required until such time that the Investigation and all attendant actions are completed. The Investigation report must include the reasons for exceeding the one hundred eighty (180) Day period.
12. The Investigation shall be completed within one hundred eighty (180) Days of initiation, unless an extension is granted as described above.

D. Retaliation

This Policy prohibits Retaliatory conduct, or attempted Retaliatory conduct. The University will take severe responsive action against any attempt at such Retaliation. Retaliation will be grounds for a separate violation of this Policy.

By reference, violation of the University of Louisiana System Policy on Preventing and Addressing Retaliation (Policy Number: M-(12)) is a direct violation of this Policy and subjects the violator to penalties and sanctions outlined in this Code of Conduct and Ethical Behavior Policy.

III. Applicability

This Policy is applicable to and enforceable against all employees, students, visitors, and individuals affiliated with the University by contract or otherwise (including, but not limited to, non-Employees, such as vendors and independent contractors, volunteers, student organization advisors, and retirees) who conduct Research in furtherance of their capacity at the University or as University designees responsible for the oversight of Research.

IV. Definitions

1. **Accepted Practices of the Relevant Research Community:** are those practices established by 42 C.F.R. part 93 and by Public Health Service (“PHS”) funding components, as well as commonly accepted professional codes or norms within the overarching community of Researchers and institutions that apply for and receive PHS awards (42 C.F.R. 93.200).
2. **Allegation:** is a disclosure of possible Research Misconduct through any means of communication and brought directly to the attention of an institutional or Department of Health and Human Services (“HHS”) official (42 C.F.R. 93.203).
3. **Assessment:** is a consideration of whether an Allegation of Research Misconduct appears to fall within the definition of Research Misconduct; appears to involve PHS-supported biomedical or behavioral Research, biomedical or behavioral Research training, 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. The Assessment only involves the review of readily accessible information relevant to the Allegation (42 C.F.R. 93.204).
4. **Complainant:** is an individual who in Good Faith makes an Allegation of Research Misconduct. (42 C.F.R. 93.206).
5. **Conflict of Interest:** is the real or apparent interference of one person's interest with another, where potential bias may occur due to prior or existing personal or professional relationships.
6. **Day:** means calendar day unless otherwise specified. If a deadline falls on a Saturday, Sunday, or Federal holiday, the deadline will be extended to the next day that is not a Saturday, Sunday, or Federal holiday (42 C.F.R. 93.208).
7. **Good Faith:**
 - i. Good Faith as applied to a Complainant or witness means having a reasonable belief in the truth of one's Allegation or testimony, based on the information known to the Complainant or witness at the time. An Allegation or cooperation with a Research

Misconduct proceeding is not in Good Faith if made with knowledge of or reckless disregard for information that would negate the Allegation or testimony.

- ii. Good Faith as applied to an institutional or committee member means cooperating with the Research Misconduct proceeding by impartially carrying out the duties assigned for the purpose of helping an institution meet its responsibilities under this part. An institutional or committee member does not act in Good Faith if their acts or omissions during the Research Misconduct proceedings are dishonest or influenced by personal, professional, or financial Conflicts of Interest with those involved in the Research Misconduct proceeding (42 C.F.R. 93.214).
8. **Inquiry**: is preliminary information-gathering and initial fact-finding to determine whether an Allegation of Research Misconduct warrants an Investigation (42 C.F.R. 93.215 and 45 C.F.R. 689.2(b)).
9. **Inquiry Committee**: is a faculty committee of a chairman and at least four (4) members. Members shall include: at least three (3) senior tenured faculty members experienced in Research. These appointments will be made by the VPRI in consultation with RIO and/or Director of Research Integrity. Appointments should be made with consideration being given to seat faculty members having expertise in the areas of question with no unresolved personal, professional, or financial Conflicts of Interest with those involved with the Investigation (42 C.F.R. 93.305(f)). Chairman of the Inquiry Committee is the RIO.
10. **Institutional Deciding Official (“IDO”)**: is the institutional official who makes final determinations on Allegations of Research Misconduct and any institutional actions. The same individual cannot serve as the IDO and the RIO (42 C.F.R. 93.218). The IDO for the University is the President.
11. **Intentionally**: means to act with the aim of carrying out the act (42 C.F.R. 93.221).
12. **Investigation**: is the formal examination and in-depth evaluation of all relevant facts to determine if Research Misconduct has occurred (42 C.F.R. 93.222 and 45 C.F.R. 689.2 (b)).
13. **Investigation Committee**: is a committee of a chairman and at least four (4) members. Members shall include at least three (3) senior tenured faculty members experienced in Research. These appointments will be made by the VPRI in consultation with the RIO and/or Director of Research Integrity. Appointments should be made with consideration given to seat faculty members having expertise in the areas of question with no unresolved personal, professional, or financial Conflicts of Interest with those involved with the Investigation (42 C.F.R. 93.305(f)). As needed, external persons with appropriate scientific expertise who do not have unresolved personal, professional, or financial conflicts of interest relevant to the investigation may be included on the Investigation Committee. The Chairman of the Investigation Committee is the RIO. The Investigation Committee may consist of the same members as the Inquiry Committee (42 C.F.R. 93.310(f)).
14. **Knowingly**: is to act with awareness of the act (42 C.F.R. 93.223).
15. **Office of Research Integrity (“ORI”)**: is the office established by “PHS” Act section 493 (42 U.S.C. 289b) and to which the “HHS” Secretary has delegated responsibility for addressing Research integrity and Research Misconduct issues related to “PHS”-supported activities (42 C.F.R. 93.225).

16. **Research Misconduct:** is defined as (1) Fabrication, Falsification, Plagiarism in proposing, performing, or reviewing Research, or in reporting Research results. It does not include honest error or differences of opinion. (42 C.F.R. 93.234 and 45 C.F.R. 689.1).
- i. **Fabrication** is making up data or results and recording or reporting them (42 C.F.R. 93.211 and 45 C.F.R. 689.1(a)(1)).
 - ii. **Falsification** is manipulating Research materials, equipment, or processes, or changing or omitting data or results such that the Research is not accurately represented in the Research record (42 C.F.R. 93.212 and 45 C.F.R. 689.1(a)(2)).
 - iii. **Plagiarism** is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit (42 C.F.R. 93.227 and 45 C.F.R. 689.1(a)(3)).
- Plagiarism also 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. It does not include the limited use of identical or nearly identical phrases that describe a commonly used methodology (42 C.F.R. 93.227 (a)).
- Plagiarism does not include self-plagiarism or authorship or credit disputes, including disputes among former collaborators who participated jointly in the development or conduct of a Research project. Self-plagiarism and authorship disputes do not meet the definition of Research Misconduct (42 C.F.R. 93.227 (b)).
17. **Recklessly:** means to propose, perform, or review Research, or report Research results, with indifference to a known risk of Fabrication, Falsification, or Plagiarism (42 C.F.R. 93.231).
18. **Research:** is a systematic experiment, study, evaluation, demonstration, or survey designed to develop or contribute to general knowledge (basic Research) or specific knowledge (applied Research) by establishing, discovering, developing, elucidating, or confirming information or underlying mechanisms related to biological causes, functions, or effects; diseases; treatments; or related matters to be studied (42 C.F.R. 93.232). For the NSF, *Research* includes proposals submitted to NSF in all fields of science, engineering, mathematics, and education and results from such proposals (45 C.F.R. 689.1(a)(1)).
19. **Respondent:** is the person against whom an Allegation of Research Misconduct is directed, or the person who is the subject of the Inquiry or Investigation. There can be more than one Respondent in any Inquiry or Investigation, or additional Respondents identified and added in the course of an Inquiry (42 C.F.R. 93.237).
20. **Retaliation:** is an adverse action taken against a Complainant, witness, or committee member by an institution or one of its members in response to:
- i. A Good Faith Allegation of Research Misconduct; or
 - ii. Good Faith cooperation with a Research Misconduct proceeding (42 C.F.R. 93.238).

V. Policy Procedure

The procedures described below, which implement the foregoing policy statement are not intended or designed to represent rules of a judiciary. Principles of basic fairness and confidentiality shall be observed in these peer review procedures. Disclosure of the identity of participants during proceedings shall be

limited to those who “need to know,” including institutional review boards, journals, editors, publishers, co-authors, and collaborating institutions. Any Allegations of Research Misconduct must be treated on an individual-case basis.

A. Mechanisms for Assessment

Initial reports, written or oral, of alleged Research Misconduct are brought to the attention of the RIO or another designated institutional official, such as the VPRI (42 C.F.R. 93.306(b)). The alleged Research Misconduct must have occurred within six (6) years of the initial report date unless the subsequent use exception applies (42 CR 93.104).

An initial report made to the department head, Dean of a college, or the Vice President for Academic Affairs must be immediately referred to the VPRI or the RIO. The RIO or other designated official, such as the VPRI, will assess the Allegation to determine whether it meets the following criteria for an Inquiry:

- Falls within the definition of Research Misconduct;
- Is sufficiently credible and specific to allow evidence to be collected; and
- The University is receiving PHS funding (42 C.F.R. 93.306).

If the Allegation meets the criteria for an Inquiry, the RIO or VPRI will document the Assessment and sequester all Research records and other evidence (42 C.F.R. 93.306(c)(2)).

If the requirements for Inquiry are not met, the Assessment must be documented, including a copy of all sequestered records and explanation of why an Inquiry was not pursued, and must be kept by the Office of Research Integrity for seven (7) years to allow later review by the Federal ORI (42 C.F.R. 93.306(c)(3)).

B. Mechanisms for Inquiry into Alleged Research Misconduct

When an Inquiry is warranted, all reasonable and practical steps must be taken to obtain all Research records and other evidence prior to or at the time of notifying the Respondent(s) of the Allegation (42 C.F.R. 93.305). The records must be inventoried and stored in a secure manner. When appropriate, the Respondent can be given supervised access to the records.

The University must make a Good Faith effort to notify the Respondent prior to the initiation of the Inquiry (42 C.F.R. 93.307(c)). If additional Respondents are identified, they will also be notified of Allegations specific to them. When additional Respondents are identified during an Inquiry, each additional Respondent must be notified and provided an opportunity to respond to the Allegations. The University is not required to conduct a separate Inquiry for the additional Respondents. The existing Inquiry personnel may address the new findings (42 C.F.R. 93.305(d)).

If additional Allegations are raised, the Respondent(s) must be notified in writing.

An Inquiry Committee or an individual may be charged with conducting the Inquiry and gathering:

- Relevant information from the Complainant and the Respondent;
- Interview(s) of the Respondent and witnesses;
- Research records to be cataloged and reviewed;
- Consultation from experts in the field, as needed; and

- Additional items as appropriate to the Inquiry.

If the Respondent is interviewed, they may be accompanied by an adviser, but the adviser may not present the case or otherwise participate except to provide advice to the Respondent.

When multiple institutions are involved, a lead institution must be designated, and proceedings be conducted according to 42 C.F.R. 93.305.

The purpose of the Inquiry is to conduct an initial review of the evidence to determine if an Investigation is warranted. To make this determination, there must be a reasonable basis for concluding that the Allegation falls within the definition of Research Misconduct and preliminary information-gathering and fact-finding from the Inquiry indicates that the Allegation may have substance (42 C.F.R. 93.307(f)(1)). The Inquiry does not determine if Research Misconduct occurred (42 C.F.R. 93.307(b) and .307(f)(2)).

At the conclusion of the Inquiry, a draft Inquiry Report will be written. The report must note if there is potential evidence of honest error or difference of opinion (42 C.F.R. 93.307 (g)(2)). Per 42 C.F.R. 93.307(g), the report must contain:

- (1) The names, professional aliases, and positions of the Respondent and Complainant;
- (2) A description of the Allegation(s) of Research Misconduct;
- (3) The PHS or NSF support, including, for example, grant numbers, grant applications, contracts, and publications listing PHS or NSF support;
- (4) The composition of the Inquiry Committee, if used, including name(s), position(s), and subject matter expertise;
- (5) Inventory of sequestered Research records and other evidence and description of how sequestration was conducted;
- (6) Transcripts of interviews;
- (7) Timeline and procedural history;
- (8) Any scientific or forensic analyses conducted;
- (9) The basis for recommending that the Allegation(s) warrant an Investigation;
- (10) The basis on which any Allegation(s) do not merit an Investigation;
- (11) Any comments on the Inquiry report by the Respondent or the Complainant; and
- (12) Any institutional actions implemented, including communications with journals or funding agencies.

The draft report will be provided to the Respondent(s) for comment, and the comments will be attached to the final report (42 C.F.R. 93.307(g)(3)). Comments must be returned within thirty (30) Days to be included in the final report.

The Inquiry, including the final report, must be completed ninety (90) Days after initiation, unless more time is needed. If more time is needed, the reason must be documented in the report (42 C.F.R. 93.307(h) and 45 C.F.R. 689.4(b)(1)).

The RIO will provide the final Inquiry report, a copy of this Policy, and reference to the pertinent regulations to the Respondent and the VPRI (42 C.F.R. 93.308).

Based on the findings of the Inquiry Report, the VPRI will either recommend that the matter be considered closed or recommend the initiation of an Investigation.

The findings and recommendations from the Inquiry, as well as the VPRI's recommendations, will be documented in a written report to the President. The Office of Research Integrity will be responsible for maintaining an appropriately constituted file for each Inquiry.

Within thirty (30) Days of determining that an Investigation is warranted for PHS funded Research, the VPRI will notify the Respondent and ORI by providing a copy of the Inquiry report (42 C.F.R. 93.309 and .310(b)). The Institution is not required to notify the Complainant of the results of the Inquiry (42 C.F.R. 93.308(b)).

C. Mechanism for Investigation of Alleged Research Misconduct

When an Investigation is warranted, the Respondent(s) must be notified in writing prior to beginning the Investigation, including a notice of any additional Allegations not previously noted (42 C.F.R. 93.310(c)).

An Investigation Committee will be chosen by the VPRI in consultation with the RIO and/or Director of Research Integrity. The Investigation will be initiated within thirty (30) Days of the Inquiry determination (42 C.F.R. 93.310). The Investigation Committee, which may contain the same members from the Inquiry Committee (42 C.F.R. 93.310(f)), will be provided the Inquiry report and all materials gathered by the Inquiry.

The Investigation Committee will act promptly and ensure fairness to all by ensuring committee members have no unresolved personal, professional or financial conflicts of interest relevant to the Investigation (42 C.F.R. 93.310(f)). Investigation activities include:

- Sequestration of records (42 C.F.R. 93.310(d)).
- Documentation – thorough Investigation and examination of Research records and evidence documenting the decision on the merits of the Allegation (42 C.F.R. 93.310(e)).
- Interviews – The Respondent, Complainant and other witnesses must be interviewed following these criteria and steps (42 C.F.R. 93.310(g)):
 - Interviews must be recorded and transcribed.
 - Exhibits shown to the interviewee must be numbered and referred to by that number in the interview.
 - The transcript of the interview must be made available to the relevant interviewee for correction.
 - The transcript(s) with any corrections and numbered exhibits must be included in the institutional record of the Investigation.
 - The Respondent must not be present during the witnesses' interviews but must be provided with a transcript of the interview.

- Multiple Respondents – Consider whether additional Researchers might also be responsible for the alleged Research Misconduct ((42 C.F.R. 93.310(h)).
- Multiple Institutions – consult 42 C.F.R. 93.305 when multiple institutions are involved.
- Pursue leads – All significant issues and leads discovered to be relevant to the Investigation must be pursued. If additional Allegations are raised, the Respondent(s) must be notified in writing.

When additional Respondents are identified during an Investigation, each additional Respondent must be notified and provided an opportunity to respond to the Allegations. The University is not required to conduct a separate Investigation for the additional Respondents. The existing Investigation personnel may address the new findings (42 C.F.R. 93.305(d)).

The Investigation Committee must write a draft report addressing all Allegations and provide a separate draft report to each Respondent for comment (42 C.F.R. 93.310(c)(3)). The Respondent(s) must provide any comments within thirty (30) Days of receiving the draft report (42 C.F.R. 93.312(a)). While sharing the draft report, the Respondent shall be notified of their right to appeal the University’s findings or actions once a final determination is made. The burden of proof rests with the Respondent.

The Investigation Committee may provide a draft report or relevant portions of that report to the Complainant for comment. The Complainant must provide any comments within thirty (30) Days of receiving the draft report (42 C.F.R. 93.312(b)).

The final written Investigation report must include (42 C.F.R. 93.313):

1. Description of the nature of the Allegation(s) of Research Misconduct, including any additional Allegation(s) addressed during the Research Misconduct proceeding.
2. Description and documentation of the PHS support, including, for example, any grant numbers, grant applications, contracts, and publications listing PHS support.
3. Description of the specific Allegation(s) of Research Misconduct for consideration in the Investigation of the Respondent.
4. Composition of Investigation Committee, including name(s), position(s), and subject matter expertise.
5. Inventory of sequestered Research records and other evidence, except records the institution did not consider or rely on; and a description of how any sequestration was conducted during the Investigation. This inventory must include manuscripts and funding proposals that were considered or relied on during the Investigation.
6. Transcripts of all interviews conducted, as described in 42. C.F.R. 93.310(g).
7. Identification of the specific published papers, manuscripts submitted but not accepted for publication (including online publication), PHS funding applications, progress reports, presentations, posters, or other Research records that allegedly contained the falsified, fabricated, or plagiarized material.
8. Any scientific or forensic analyses conducted.
9. If not already provided to ORI, the institutional policies and procedures under which the Investigation was conducted.

10. Any comments made by the Respondent and Complainant on the draft Investigation report and the Investigation Committee's consideration of those comments.
11. A statement for each separate Allegation of whether the Investigation Committee recommends a finding of Research Misconduct.
 - a. If the Investigation Committee recommends a finding of Research Misconduct for an Allegation, the Investigation report must, for that Allegation:
 - i. Identify the individual(s) who committed the Research Misconduct.
 - ii. Indicate whether the Research Misconduct was Falsification, Fabrication, and/or Plagiarism.
 - iii. Indicate whether the Research Misconduct was committed Intentionally, Knowingly, or Recklessly.
 - iv. State whether the other requirements for the finding of Research Misconduct, as described in 42 C.F.R. 93.103, have been met.
 - v. Summarize the facts and the analysis which support the conclusion and consider the merits of any explanation by the Respondent.
 - vi. Identify the specific PHS support.
 - vii. Identify whether any publications need correction or retraction.
 - b. If the Investigation Committee does not recommend a finding of Research Misconduct for an Allegation, the Investigation report must provide a detailed rationale.
 - c. List of any current support or known applications or proposals for support that the Respondent has pending with PHS and non-PHS Federal agencies.

The report will be provided to the IDO. The IDO will review the report and make the final determination of Research Misconduct findings. The IDO will provide a written decision that includes (42 C.F.R. 93.314):

1. Whether the University found Research Misconduct and, if so, who committed the misconduct; and
2. A description of relevant institutional actions taken or to be taken.

A finding of Research Misconduct requires that: (a) there be a significant departure from Accepted Practices of the Relevant Research Community; and (b) the misconduct be committed Intentionally, Knowingly, or Recklessly; and (c) the Allegation be proven by a preponderance of the evidence (42 C.F.R. 93.103). The destruction, absence of, or Respondent's failure to provide Research records adequately documenting the questioned Research is evidence of Research Misconduct if the Respondent destroyed or refused to provide the records (42 C.F.R. 93.105(b)(1)).

The IDO's decision becomes part of the institutional record of the Research Misconduct Investigation. The full record is transmitted to ORI for PHS funded Research (42 C.F.R. 93. 316) or OIG for NSF funds (45 C.F.R. 689.4(b)(5) and __.6(a)).

All aspects of the Investigation must be completed within one hundred eighty (180) Days of initiation, including preparing a draft report for each Respondent, allowing each Respondent thirty (30) Days to provide comments, including those comments in the final report, sharing the report with the IDO, and transmitting the final documentation to ORI. An extension beyond the one hundred eighty (180) Days for PHS funded Research must be requested from ORI. If granted, periodic progress reports must be submitted (42 C.F.R. 93.311).

The University will disclose facts that: (1) may affect current or potential support for the individual(s) under Investigation; (2) the sponsoring agency needs to know to ensure appropriate use of its funds; (3) protect the public interest; or (4) indicate actions of criminal violations. The limitation on disclosure of the identity of Respondents, Complainants, and witnesses explicitly no longer applies once an institution has made a final determination of Research Misconduct findings.

D. Action to be Followed Subsequent to an Investigation

The final report will be provided to ORI for PHS funded Research (42 C.F.R. 93.316) and OIG for NSF funded Research (45 C.F.R. 689.4(b)(4)). The University must file the entire institutional record with ORI upon the conclusion of the Investigation (including documentation of the Assessment; the Inquiry report and all records considered or relied on during the Inquiry; the Investigation report and all records considered or relied on during the Investigation; all transcripts; decisions by the Institutional Deciding Official; records of any appeals; an index listing all the Research records and evidence that the institution compiled during the Research Misconduct proceeding; and a general description of the records that were sequestered but not considered or relied on (42 C.F.R. 93.316)).

The following actions, if appropriate, will be completed in a timely manner: (1) appropriate sponsoring agencies will be notified of the findings of the Investigation; (2) all pending abstracts and papers emanating from fraudulent Research will be withdrawn or corrected; (3) editors of journals in which previous abstracts and papers appeared will be notified; (4) other institutions and sponsoring agencies with which the individual has been affiliated will be notified if there is reason to believe that the validity of previous Research might be questionable; and (5) action upon any other recommendations made by the Investigation Committee.

VI. Enforcement

The VPRI is responsible for enforcement of this Policy.

A. Employee Sanctions

Failure to comply with this Policy may include, but not be limited to, disciplinary action up to termination of employment, as may be determined by the Vice President that an individual reports to upon the recommendation of the IDO in consultation with the Office of Human Resources.

B. Student Sanctions

Failure to comply with this Policy may result in sanctions which may include, but not be limited to, disciplinary action up to expulsion, as may be determined by Student Rights and Responsibilities upon the recommendation of the IDO.

VII. Policy Management

Upon adoption, the VPRI shall be the Responsible Executive for this Policy in charge of the management of this Policy. The Director of ORI is the Responsible Officer for this Policy and will assist the RIO with any revisions determined to be necessary. ORI is the Responsible Office for this Policy.

VIII. Exclusions

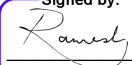
Alleged Research Misconduct occurring beyond six (6) years of the initial report date unless the subsequent use exception applies or occurring beyond the oversight of UL Lafayette.

IX. Effective Date

This Policy is effective on the date of the University President's approval signature.

X. Adoption

This Policy is hereby adopted on this 4/29/2026.

Signed by:


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Dr. Ramesh Kolluru
President

XI. Appendices, References and Related Materials

- ✦ [42 CFR Part 93](#)
- ✦ [45 CFR Part 689](#)
- ✦ [42 U.S.C. 289b](#)
- ✦ University of Louisiana System Policy on Preventing and Addressing Retaliation (Policy Number: M-(12))
- ✦ Code of Conduct and Ethical Behavior Policy

XII. Revision History

- ✦ This Research Misconduct Policy replaces the Research Integrity Policy made effective on November 12, 2009.
- ✦ Adoption of Research Misconduct Policy: 4/29/2026 (RE.009.1).