

EPUS Committee Report
May 2017

- EPUS has endorsed the revisions made to the following policies and is recommending the endorsement of these revised policies by the Faculty Assembly:
 - 200-006 Academic Program Review
 - 200-016 Post-Tenure Review
 - 200-019 Academic Ethics Code
 - 900-001 Roles and Responsibilities for Sponsored Programs AdministrationCopies of the policies (clean revision and red-line versions designating changes made) are attached for faculty to review prior to the Faculty Assembly meeting on Friday.
- Personnel and Benefits shared a memo with EPUS expressing concerns about the capacity of colleges/departments to provide the administration support mentioned in UCCS Policy 900-001 Roles and Responsibilities for Sponsored Programs Administration. The memo has also been shared with Kelli Klebe, Associate Vice Chancellor for Research and Faculty Development.
- The campus committee working with Kelli Klebe, Associate Vice Chancellor for Research and Faculty Development, on the Guidelines and Procedures for Research Misconduct Allegations made revisions to the document based on faculty and EPUS feedback. EPUS has reviewed the revised document and endorsed the current draft (attached). EPUS is recommending the endorsement of the Guidelines and Procedures for Research Misconduct Allegations by the Faculty Assembly.

Submitted

Andrea Hutchins
EPUS Chair 2016-2017



UCCS CAMPUS POLICY

Policy Title: Academic Program Review

Policy Number: 200-006

Policy Functional Area: ACADEMIC

Effective:

Pending

Approved by:

Venkat Reddy, Interim Chancellor

Responsible Vice Chancellor:

Executive Vice Chancellor of Academic Affairs (EVCAA)

Office of Primary Responsibility:

EVCAA

Policy Primary Contact:

EVCAA, 719-255-3121

Supersedes:

N/A

Last Reviewed/Updated:

December 1, 2004

Applies to:

Faculty

Reason for Policy: It is the policy of the University of Colorado Colorado Springs to review its academic programs for quality and effectiveness.

I. INTRODUCTION

It is the policy of the University of Colorado Colorado Springs ("University" or "UCCS") to review its academic programs for quality and effectiveness.

II. POLICY STATEMENT

A. Purpose.

1. Every academic degree program shall be subject to Academic Program Review (APR). External accreditation reviews may be coordinated with or substitute for an academic program review. The goal of academic program review is to promote and maintain efficiently administered, high quality academic programs resulting in the establishment of recommended alternatives for program development. The review should:
 - a. identify strengths and weaknesses of academic programs;
 - b. provide constructive options for program development and modification;
 - c. address the program's criteria for reappointment, tenure, promotion, and post-tenure review;
 - d. examine the program's academic rigor and curriculum; and
 - e. review the program's student learning assessment process.
2. APR shall be considered a basic planning document for the program under review, and may include major, minor, and supportive recommendations.

3. UCCS views program review as a mechanism for allowing the faculty in academic programs to hold each other accountable for quality, performance and for responsible use of scarce resources.
4. Where possible, appropriate and requested by both the center or program director and the unit chair, academic programs and centers affiliated with a particular unit may be reviewed at the same time as the unit. The unit and campus are expected to use the APR as a guide in making decisions regarding resource allocation, faculty staffing, program focus, admission standards, curriculum content, and other appropriate academic matters, subject to availability of resources, consistency with campus plans, and other factors.

B. Review Procedures.

1. Schedule. An annual schedule of academic programs to be reviewed as well as the program review budget shall be maintained by the Office of the Executive Vice Chancellor of Academic Affairs ("EVCAA"). Academic programs shall be evaluated at least once every seven years. The APR Panel chair will contact programs scheduled for review at the start of the semester prior to the review.
2. Support. The EVCAA, or designee, will maintain a schedule of reviews to be conducted and the budget for these, provide administrative assistance, participate in the reviews as appropriate, receive the reports, and convey the outcomes to the CU system office.
3. Program Review Panel.
 - a. The standing Program Review Panel ("Panel") shall be composed of regular, full-time faculty and have the responsibility of conducting APRs.
 - b. The Panel shall have a chair, appointed annually by the EVCAA. The chair will schedule reviews, communicate with prospective team members, appoint review teams, chair meetings of the Panel, and serve as liaison for the reviews.
 - c. Panel members shall include one faculty member each from Beth-El College, College of Business, College of Education, College of Engineering and Applied Science, Library, and School of Public Affairs, and three from College of Letters, Arts and Sciences, all appointed by the EVCAA upon the recommendation of their respective deans.
 - d. Panel members shall serve three-year terms, staggered so that there will be 2-3 new appointees each year.
 - e. Panel members will attend all meetings of the Panel, serve as a member of up to one review team per academic year, and contribute to Panel's discussion of all review reports.
4. Review Team.
 - a. The Review Team shall consist of three or more members:
 - i. One member of the Panel from a unit, school or college different from that of the unit being reviewed.
 - ii. Two or more external members, at least one from a Colorado institution.
 - b. The unit under review shall work with the chair of the Panel to develop a list of potential external reviewers.
5. Process. Each APR shall have the following components:
 - a. The unit under review shall prepare a self-study document, according to guidelines and timeline set by University policy and the Panel. This document shall be reviewed and accepted by the Panel, subject to the Panel's request for revisions.
 - b. The Review Team appointed by the Panel shall receive relevant materials (including the self-study) prior to a 2-day onsite visit.
 - c. The Review Team shall submit a written report to the Panel.
 - d. The unit under review and Dean will have the opportunity to comment on the Review Team's report.
 - e. The Panel shall compile the report of the Review Team, as well as the unit under review's and Dean's responses, and present all materials to the EVCAA.

6. Follow-up to APRs.
 - a. Once a year for three years following an APR, the academic unit will file a report with the Panel summarizing the changes made within the unit, the requests made for support, any results from those requests, and any outcomes resulting from changes.
 - b. The Panel will compile and summarize these changes, and submit them to the EVCAA.

III. KEY WORDS

Academic program: an organized curriculum delivered to an identifiable set of students under the authority of a recognized academic unit. All degree programs are automatically held to fit this description.

Academic unit: a school or college, or a group of faculty recognized within a school or college and organized to assume responsibility for one or more academic programs.

IV. RELATED POLICIES, PROCEDURES, FORMS, GUIDELINES, AND OTHER RESOURCES

- A. Administrative Policy Statements (“APS”) and Other Policies
 1. Board of Regent Policy 4C: Academic Program Review, <http://www.cu.edu/regents/4c-academic-program-review>
 2. APS 1019: Implementation of Regent Policy on Program Review, <http://www.cu.edu/sites/default/files/1019.pdf>
- B. Procedures
- C. Forms
- D. Guidelines
- E. Other Resources (i.e. training, secondary contact information)
- F. Frequently Asked Questions (FAQs)

V. HISTORY

Initial policy approval December 1, 2004



UCCS CAMPUS POLICY

Policy Title: Academic Program Review

Policy Number: 200-006

Policy Functional Area: ACADEMIC

Effective: [Pending December 1, 2004](#)

Approved by: [Venkat Reddy, Interim](#) Chancellor

Responsible Vice Chancellor: Executive Vice Chancellor of Academic Affairs (EVCAA)

Office of Primary Responsibility: EVCAA

Policy Primary Contact: EVCAA, 719-255-3121

Supersedes: N/A

Last Reviewed/Updated: [December 1, 2004](#)

Applies to: Faculty

Reason for Policy: It is the policy of the University of Colorado ~~at~~ Colorado Springs to review its academic programs for quality and effectiveness.

I. INTRODUCTION

It is the policy of the University of Colorado ~~at~~ Colorado Springs (["University" or "UCCS"](#)) to review its academic programs for quality and effectiveness.

~~II. POLICY STATEMENT~~

~~III. Authority for the conduct of campus reviews of academic programs is found in The Laws of the Regents, 2003 2004, Article 4, Section C. This policy also conforms to the University of Colorado Administrative Policy Statement 1019, "Implementation of Regent Policy on Program Review and Newly Approved Program Review," effective September 1, 1996 January 1, 2014.~~

~~IV. II.~~

~~A. Purpose.~~

~~A.~~

1. Every academic degree program shall be subject to Academic Program Review (APR). External accreditation reviews may be coordinated with or substitute for an academic program review. The goal of academic program review is to promote and maintain efficiently administered, high quality academic programs ~~by identifying strengths and weaknesses of academic programs and~~ resulting in the establishment of recommended alternatives for program development. The review should:
 - a. ~~identify strengths and [weaknesses] challenges~~ weaknesses of academic programs;
 - b. provide constructive options for program development and modification;
 - c. address the program's criteria for reappointment, tenure, promotion, and post-tenure review;
 - d. examine the program's academic rigor and curriculum; and ,including undergraduate, graduate, and where appropriate, certificates; where appropriate, examine the undergraduate curriculum with the goal of providing students with broader exposure to a wide range of subject matter; and
 - e. review the program's student learning assessment process.
2. ~~Where appropriate, the review should examine the undergraduate curriculum, with the goal of providing students with broader exposure to a wide range of subject matter. Program review should provide~~ APR shall be considered a basic planning document for the program under review, and may include major, minor, and supportive recommendations.
3. ~~In addition, the campus~~ UCCS ~~views program review as a mechanism for allowing the faculty in academic programs to hold each other accountable for quality, and performance and for responsible use of scarce resources.~~ Where appropriate, Administrative Policy Statement 1019 directs that APR should examine the undergraduate curriculum with the goal of providing students with broader exposure to a wide range of subject matter.
4. ~~Where possible and, appropriate, and requested by both the center or program director and the department unit chair, academic programs and centers affiliated with a particular department unit may be reviewed at the same time as the department unit. The department unit and campus are expected to use the program review~~ APR ~~as a guide in making decisions regarding resource allocation, faculty staffing, program focus, admission standards, curriculum content, and other appropriate academic matters, subject to availability of resources, consistency with campus plans, and other factors.~~ In addition, the campus views program review as a mechanism for allowing the faculty in academic programs to hold each other accountable for quality and performance and for responsible use of scarce resources. Where appropriate, Administrative Policy Statement 1019 directs that APR examine the undergraduate curriculum with the goal of providing students with broader exposure to a wide range of subject matter.

B. Review Procedures.

1. Schedule.

1. An annual schedule of departments, major and minor academic programs, and centers to be reviewed as well as the program review budget shall be maintained by the EVCAA office ~~Office of the Executive Vice Chancellor of Academic Affairs ("EVCAA").~~ Academic units/programs shall be evaluated once every five years where feasible, and at least once every seven years. The APR Panel chair will contact programs scheduled for review at the start of the semester prior to the review.

- 2.—Support. The EVCAA, or designee, will maintain a schedule of reviews to be conducted and the budget for these, provide administrative assistance, participate in the reviews as appropriate, receive the reports, and convey the outcomes to the CU system office.
- 2.—
3. Program Review Panel.
 - a. ~~The standing Program Review Panel (“Panel”)~~ shall be composed of regular, full-time faculty, and have the responsibility of conducting APRs.
 - b. The Panel shall have a chair, appointed annually by the EVCAA. The chair will schedule reviews, communicate with prospective team members, appoint review teams, chair meetings of the Panel, and serve as liaison for the reviews.
 - c. Panel members shall include one faculty member each from Beth-El College, College of Business, College of Education, College of Engineering and Applied Science, Library, and School of Public Affairs, and three from College of Letters, Arts and Sciences, all appointed by the EVCAA upon the recommendation of their respective deans.
 - d. ~~Panel members shall serve three-year terms, staggered so that there will be 2-3 new appointees each year.~~
 - e. Panel members will attend all meetings of the Panel, serve as a member of up to one review team per academic year, and contribute to Panel’s discussion of all review reports.
4. Review Team.
 - a. The Review Team shall consist of three or more members:
 - i. One member of the Panel from a unit, school or college different from that of the unit being reviewed.
 - ii. Two or more external members, at least one from a Colorado institution.
 - ~~a-b. The unit under review shall work with the chair of the Panel to develop a list of potential external reviewers. External accreditation reviews may be coordinated with or substitute for an internal academic program review. Where possible and appropriate, and requested by both the center or program director and the department chair, academic programs and centers affiliated with a particular department may be reviewed at the same time as the department. Center reviews are conducted by the Campus Faculty Research Council.~~
- 3.—Conduct of a Review Process.
- 4.5. Each ~~review of an academic unit~~ ~~program~~ ~~APR~~ shall have the following components:
 - a.—The ~~responsible unit~~ ~~unit under review~~ shall prepare a self-study document, according to guidelines and timeline set by University policy and the Panel.
 - ~~b-a.~~ This document shall be reviewed and accepted by the Pppanel, subject to the Panel’s request for revisions.
 - ~~e-b.~~ ~~A 3-person review team~~ The Review Team appointed by the Panel shall receive relevant materials (including the self-study) prior to a 2-~~3~~-day onsite visit.
 - ~~d-c.~~ The ~~review~~ Review team ~~Team~~ shall submit a written report to the Panel.
 - ~~e-d.~~ The department ~~unit~~ under review and ~~dean~~ Dean will have the opportunity to comment on the review ~~Review team’s~~ Team’s report.
 - ~~f.—~~ The panel ~~Panel~~ shall summarize and comment on ~~compile~~ the report of the review ~~Review team~~ Team, and as well as the ~~department~~ unit under review’s and ~~dean~~ Dean’s responses, and present all materials to the EVCAA.
 - ~~g.—~~

h. ~~The Review Team.~~

~~The Review Team shall consist of three or more members:~~

~~One member of the Panel from a department unit, school or college different from that of the unit being reviewed.~~

~~Two or more external members, at least one from a Colorado institution.~~

~~The unit under review shall work with the chair of the Panel to develop a list of potential external reviewers.~~

~~Panel Membership.~~

~~The Panel shall be composed of regular faculty.~~

~~The Panel shall have a chair and associate chair (at the discretion of the VCAA), appointed annually by the EVCAA.~~

~~There shall be a total of eight panel members (including the chair and associate chair). Panel members shall include one faculty member each from Beth El College, College of Business, College of Education, College of Engineering and Applied Science, Library, and School of Public Affairs, and three from College of Letters, Arts and Sciences, all appointed by the EVCAA upon the recommendation of their respective deans.~~

~~i.e. Panel members shall serve three-year terms, staggered so that there will be 2-3 new appointees each year.~~

~~5.6. Follow-up to Program Reviews/APRs.~~

a. ~~For~~ Once a year for three years following a program review an APR, the academic unit will file a report with the Panel summarizing the changes made within the unit, the requests made for support, any results from those requests, and any outcomes resulting from changes.

b. ~~The~~ Panel will compile and summarize these changes, and submit them to the EVCAA.

~~Responsibilities.~~

~~c.~~

d. ~~The APRP Panel shall have the responsibility to conduct program reviews.~~

e. ~~The chair will schedule reviews, communicate with prospective team members, appoint review teams, chair meetings of the Panel, and serve as liaison for 1-2 the reviews (including writing summaries for those reviews).~~

f. ~~The associate chair will serve as liaison for 2-3 reviews (including writing summaries for those reviews) and write a summary of changes in academic programs that have resulted from reviews.~~

g. ~~Panel members will attend all meetings of the Panel, serve as a member of up to one review team per academic year, meet with all review teams, and contribute to Panel's discussion of all review~~

~~reports for inclusion in the summaries.~~

~~h. The dean of the college in which the program is housed shall participate in the review and respond to the review report on behalf of the college.~~

~~i. The academic unit in which the program is housed will prepare a self study, participate fully in the review team's visit, respond in writing to the review report and submit information regarding follow-up actions resulting from the review for three years following the review.~~

~~j.b. The Executive Vice Chancellor for Academic Affairs (and/or his or her designee) will maintain a schedule of reviews to be conducted and the budget for these, provide administrative assistance, participate in the reviews as appropriate, receive the reports, and convey the outcomes to the CU system office.~~

~~V.~~III. DEFINITIONSKEY WORDS

~~Academic Program Review Panel (APRP): a campus wide standing committee designed to assist the Executive Vice Chancellor for Academic Affairs (EVCAA) in the review of existing programs and to make recommendations for program improvement.~~

Academic program: an organized curriculum delivered to an identifiable set of students under the authority of a recognized academic unit. All degree programs are automatically held to fit this description.

Academic unit: a school or college, or a group of faculty recognized within a school or college and organized to assume responsibility for one or more academic programs.

~~VI.~~IV. RELATED POLICIES, PROCEDURES, FORMS, GUIDELINES, AND OTHER RESOURCES

~~A.~~ A. Administrative Policy Statements ("APS") and Other Policies

- ~~1.~~ 1. Board of Regent Policy 4C: Academic Program Review, <http://www.cu.edu/regents/4c-academic-program-review>
- ~~2.~~ 2. APS 1019: Implementation of Regent Policy on Program Review, <http://www.cu.edu/sites/default/files/1019.pdf>

~~A.B.~~ A.B. Procedures

~~B.C.~~ B.C. Forms

~~C.D.~~ C.D. Guidelines

~~D.E.~~ D.E. Other Resources (i.e. training, secondary contact information)

~~E.F.~~ E.F. Frequently Asked Questions (FAQs)

~~VII.~~V. HISTORY

Initial policy approval [December 1, 2004](#)~~N/A~~



**UCCS CAMPUS POLICY—Committee revisions,
2017**

Post tenure policy review committee: Kee Warner, Chair (Academic Affairs), Amanda Elder (Beth-El), Janice Gould (LAS), Andrea Hutchins (EPUS), Morgan Shepherd (COB), Heather Song (EAS), Rhonda Williams (COE), Anja Wynne (HR)

Policy Title: Post-tenure Review

Policy Number: 200-016

Policy Functional Area: i.e. ACADEMIC

Effective:

Pending

Approved by:

Pending, Venkat Reddy, Interim Chancellor

Responsible Vice Chancellor:

Executive Vice Chancellor of Academic Affairs (EVCAA)

Office of Primary Responsibility:

EVCAA

Policy Primary Contact:

EVCAA, 719-255-3700

Supersedes:

N/A

Last Reviewed/Updated:

March 3, 2008

Applies to:

Tenured faculty members

Reason for Policy: The purpose of this policy is to develop procedures for appropriate peer evaluation during PTR, for appeals of the PTR evaluation, and for granting PTR development awards.

I. INTRODUCTION

At the University of Colorado Colorado Springs (“University”), tenure is granted with the expectation of continued professional growth and ongoing productivity in teaching, research/creative work, professional practice (if applicable) and leadership/service. Thus, every tenured faculty member has a duty to maintain professional competence. The purposes of post-tenure review (PTR) are: (1) to facilitate continued faculty development, consistent with the academic needs and goals of the University and the most effective use of institutional resources; and (2) to ensure professional accountability by a regular, comprehensive evaluation of every tenured faculty member's performance.

Any PTR procedures developed at the college or department level must conform to this policy and any other system or campus policies on PTR.

II. POLICY STATEMENT

A. Procedures

1. General.

- a. Timelines. The post-tenure review process begins at tenure with the first PTR occurring five years after the faculty member is continuously tenured (in the sixth year after receiving tenure) and recurs at five year intervals (year 11, year 16, etc.) except when interrupted by promotion review or pursuant to a Performance Improvement Agreement. Promotion serves to re-start the PTR clock.
- b. PTR Committee. PTR will be conducted by appropriate faculty peers within the campus, either the primary unit faculty or the faculty of the appropriate college personnel review committee. Each college will develop a written policy detailing how the committee will be constituted. This committee will be referred to below as “the PTR committee.” A faculty member may not serve on a PTR committee in the same year for any member of that faculty member’s PTR committee.

2. Professional Plans.

- a. Development. Faculty members must develop the initial professional plan within twelve months of the award of tenure, in accordance with APS 1022 – Standards, Processes and Procedures for Comprehensive Review, Tenure, Post-Tenure Review and Promotion Appendix B, and must develop a new professional plan as a part of each post-tenure review. The professional plan should be reviewed and, if needed, updated each year during the annual merit review process. The professional plan may be updated at any time to accommodate a variety of situations such as the receipt of grant awards, acceptance of fellowships, or changes in the focus of research, creative work, or teaching.
- b. Defined Faculty Responsibilities. Defined Faculty Responsibilities are allocated to the areas of research/creative work, teaching, professional practice and leadership/service as established within the primary unit, either as a standard distribution of responsibilities or through an approved faculty responsibility statement (FRS) in the case of a differentiated workload.
- c. Purpose. The primary purpose of the professional plan is to promote faculty development. The professional plan should give faculty members an opportunity to contemplate and communicate their plans for continuing or enhancing their professional contributions to their Defined Faculty Responsibilities. The initial plan should describe projections for professional productivity over a five-year period.
- d. Components. The following components should be considered in developing the professional plan:
 - i. The professional plan should generally not exceed two pages in length. The professional plan should provide a general description of planned activities in the faculty member’s Defined Faculty Responsibilities. A model template for the professional plan is attached as a Form.
 - ii. The professional plan should be qualitative rather than quantitative in nature. The professional plan should provide an overview of the likely areas of professional accomplishments that the faculty member intends to accomplish over the next five

years. The document should not be used to set, for example, a specific number of publications projected for that period.

- iii. The professional plan should be written based on a "good faith" effort on the part of the faculty member to contribute professionally and for the University to adequately support that professional contribution. The professional plan shall not require a faculty member to exceed the expectations applied at the time tenure was granted.
- c. Evaluation. Based on the policy of the primary unit, either the head of the primary unit or a faculty committee will review professional plans annually. Teaching and advising loads must be approved by the reviewer(s) to assure that the teaching needs of the unit are met. In the areas of research/creative work and professional practice the reviewer(s) may only comment on the adequacy, feasibility, or wisdom of the plan, but do not formally approve or disapprove it. In the area of leadership/service, the reviewer(s) will generally comment only on the adequacy, feasibility, or wisdom of the plan unless, in rare cases, the primary unit determines that a particular kind of service is vital to the mission of the primary unit.
- i. Yearly or post-tenure evaluations of the plan should be based on a review of the quality of the work and a determination of whether appropriate efforts were made in targeted areas. Projections made in the professional plan, when compared to the faculty member's progress and achievements, should be considered as one of many possible bases for evaluating professional performance. The professional plan should not be viewed as the literal fulfillment of a set of nonnegotiable demands or rigid expectations, quantitative or otherwise.

3. Regular Five-Year Review.

- a. When Applicable. Faculty who have achieved an annual performance review evaluation of "meeting expectations" or better since either receiving tenure or the last PTR, whichever is more recent, will undergo Regular Review.
- b. Materials to be Evaluated. In a Regular Five-Year Review, the PTR committee examines the five previous annual performance evaluation reports, including FCQs, peer reviews, other types of teaching evaluation, the curriculum vitae, the faculty member's professional plan(s) from that PTR cycle and an updated professional plan for the next five-year cycle.
- c. PTR Committee Evaluation. The PTR committee shall provide an overall evaluation of the faculty member's performance as either outstanding, exceeding expectations, meeting expectations or below expectations based on an overall consideration of teaching, research/creative work, professional practice (if applicable) and leadership/service, and shall provide a narrative explanation of that evaluation.
- d. PTR Committee Report. The PTR committee will write a brief report stating whether the candidate is meeting expectations or not. The report is an opportunity to evaluate the faculty member's contributions over the past 5 years to the unit, the University, the community (where relevant) and the profession. The PTR committee's report will summarize the PTR Committee's findings regarding the faculty member's adherence to the previous professional plan(s), meeting the department or primary unit's standards,

and conclusions about the faculty member's productivity and contributions to the University in teaching, research/creative work, professional practice, and leadership/service. A copy of the PTR Committee's report will be given to the faculty member by the department chair or dean, depending on whether the PTR is undertaken by the primary unit or school/college. A copy of the PTR report will be placed in the faculty member's personnel file. The reports will be forwarded to the dean, who will provide a summary report and copies of the individual reports to the Executive Vice Chancellor for Academic Affairs on the results of all the post-tenure reviews in the college/school.

4. Triggered Review.

- a. Faculty who receive an overall annual performance review evaluation of "below expectations" at any time during the five-year PTR cycle are required to meet with members of their primary unit and/or the unit head, as determined by the primary unit's procedures, to identify the causes of the unsatisfactory evaluation and to plan and implement a written Performance Improvement Agreement (PIA) to remedy their problems in accordance with this policy and APS 5008 – Performance Ratings for Faculty.

5. The Performance Improvement Agreement (PIA).

- a. Faculty who receive a "below expectations" summary rating as the result of their annual performance evaluation must participate in developing and implementing a Performance Improvement Agreement (PIA) in accordance with APS 5008 – Performance Ratings for Faculty.

6. Extensive Review.

- a. Faculty who have either received two overall annual performance evaluations that are rated "below expectations" ratings within the previous five years, or whose PIA did not result in an evaluation of "meeting expectations" or better, must undergo an Extensive Review by the primary unit in accordance with APS 5008 – Performance Ratings for Faculty.

7. The Development Plan.

- a. Upon completion of the evaluative report, the faculty member, working with the appropriate primary unit committee, shall write a Development Plan in accordance with APS 5008 – Performance Ratings for Faculty.

8. Sanctions.

- a. Faculty members who fail to participate in any aspect of the PTR process, as required, may be subject to sanctions for insubordination and dereliction of duty.
- b. In cases where the Development Plan has not produced the desired results, the faculty member will be subject to sanctions in accordance with APS 5008 – Performance Ratings

for Faculty. The Vice Chancellor's Review Committee shall recommend sanctions in these circumstances.

III. KEY WORDS

- A. Post-tenure Review (PTR)
- B. Triggered Review
- C. Extensive Review
- D. Summary Evaluation
- E. Development Awards

IV. RELATED POLICIES, PROCEDURES, FORMS, GUIDELINES, AND OTHER RESOURCES

- A. Administrative Policy Statements (APS) and Other Policies
 - 1. [Regent Law Article 5 Faculty Part B: Appointment and Evaluation](#)
 - 2. [APS 1022 – Standards, Processes and Procedures for Comprehensive Review, Tenure, Post-Tenure Review and Promotion](#)
 - 3. [APS 5008 – Performance Ratings for Faculty](#)
- B. Procedures
- C. Forms
 - 1. Professional Plan Template (see below)
- D. Guidelines
- E. Other Resources (i.e. training, secondary contact information)
- F. Frequently Asked Questions (FAQs)

V. HISTORY

| | |
|-------------------------|---------------|
| Initial policy approval | March 3, 2008 |
| Revised | N/A |

University of Colorado Colorado Springs

Faculty Professional Plan

(A public document under the Open Records Act)

For the period _____ to _____.

Faculty Name: _____ Department: _____

Rank: _____ Percent appointment: _____

The primary purposes of the Professional Plan are to encourage faculty development and assure accountability. The Professional Plan is designed to communicate the defined faculty responsibilities in the areas of teaching, research/creative work, professional practice (if applicable) and leadership/service goals and to relate those goals to the needs of the primary unit. The director or chair of the primary unit (or appropriate primary unit committee) must approve any specific workload assignments defined by the plan (in accordance with school or college procedures for approving differentiated workloads), and may comment on the adequacy or wisdom of the plan, but may not approve or disapprove it.

Workload Weighting

Teaching

Research/Creative Work

Leadership/Service

Professional Practice

Percent: _____

Teaching. Describe in general terms your plan for contributing to your unit's teaching and advising mission over the next five years. Address the areas of classroom teaching, individualized instruction, graduate training, etc. Do not list specific course assignments.

Research/Creative Work. Describe your plan for contributing to your unit's research/creative work mission over the next five years. Describe work you intend to conduct, and how it will contribute to your overall body of work. Address the issues of proposed funding, publications, performances, and presentations, as appropriate.

Professional Practice (if applicable) Describe your plans in the areas of professional practice and how they contribute to your unit’s, college or school’s, and campus’ professional practice mission over the next five years.

Leadership/Service. Describe in general your plan for contributing to your unit’s, college or school’s, and campus’ service mission over the next five years. Please address the nature of your service activities at various levels within the University, as well as your service external to the University.

I submit the above information as my Professional Plan. I understand that the contents of my Professional Plan do not necessarily constitute the standards and criteria against which I will be evaluated for the purposes of annual merit and/or promotion and/or tenure.

Faculty Signature

Date

I have reviewed the above Professional Plan and discussed its content with the author.

Authorized Primary Unit signature (chair, director, or dean)

Date

I acknowledge receipt of the above Professional Plan and agree that the stated workload weighting above has been approved.

School or College Official

Date



University of Colorado
Colorado Springs

UCCS CAMPUS POLICY—[Committee revisions, 2017](#)

[Post tenure policy review committee: Kee Warner, Chair \(Academic Affairs\), Amanda Elder \(Beth-El\), Janice Gould \(LAS\), Andrea Hutchins \(EPUS\), Morgan Shepherd \(COB\), Heather Song \(EAS\), Rhonda Williams \(COE\), Anja Wynne \(HR\)](#)

Policy Title: Post-tenure Review

Policy Number: 200-016

Policy Functional Area: i.e. ACADEMIC

Effective: [Pending March 3, 2008](#)

Approved by: [Pam Shockley Zalabak](#) [Pending, Venkat Reddy, Interim](#) Chancellor

Responsible Vice Chancellor: Executive Vice Chancellor of Academic Affairs (EVCAA)

Office of Primary Responsibility: EVCAA

Policy Primary Contact: EVCAA, 719-255-3700

Supersedes: N/A

Last Reviewed/Updated: March 3, 2008

Applies to: Tenured faculty members

Reason for Policy: The purpose of this policy is to develop procedures for appropriate peer evaluation during PTR, for appeals of the PTR evaluation, and for granting PTR development awards.

I. INTRODUCTION

[At the University of Colorado Colorado Springs \("University"\)](#), ~~Tenure-tenure~~ is granted with the expectation of continued professional growth and ongoing productivity ~~in teaching~~ [in teaching](#), research/creative work, ~~clinical activity~~, [professional practice \(if applicable\)](#) and [leadership](#)/service. Thus, every tenured faculty member has a duty to maintain professional competence. The purposes of post-tenure review (PTR) are: (1) to facilitate continued faculty development, consistent with the academic needs and goals of the University and the most effective use of institutional resources; and (2) to ensure professional accountability by a regular, comprehensive evaluation of every tenured faculty member's performance.

Any PTR procedures developed at the college or department level must conform to this policy and ~~the CU system APC on PTR~~ [any other system or campus policies on PTR](#).

II. POLICY STATEMENT

A. At its meeting on October 16, 1997, the Board of Regents adopted amendments to the Laws of the Regents (Section 5B.4[B]) regarding the evaluation of faculty. These revisions changed existing policy regarding post-tenure review and added to annual merit evaluations the possibility of a performance improvement agreement and a development plan for faculty performing inadequately. This policy was further revised to incorporate the recommendations of the Advisory Committee on Tenure-related Processes of 2006. The CU system Administrative Policy Statement implementing these changes was approved on November 1, 2006. The campus policy also reflects principles regarding post-tenure review and professional plans contained in a resolution of the Faculty Representative Assembly passed in 1998.

B.A. Procedures:

1. General.

a. Timelines. The post-tenure review process begins at tenure with the first PTR occurring five years after the faculty member is continuously tenured (in the sixth year after receiving tenure) and recurs at five year intervals (year 11, year 16, etc.) unless except when interrupted by promotion review or pursuant to a Performance Improvement Agreement. Promotion serves to re-start the PTR clock. ~~The~~

b. PTR Committee. PTR will be conducted by appropriate faculty peers within the campus, either the primary unit faculty or the faculty of the appropriate college personnel review committee. Each college will develop a written policy detailing how the committee will be constituted. This committee will be referred to below as "the PTR committee." A faculty member may not serve on a PTR committee in the same year for any member of that faculty member's PTR committee.

~~PTR evaluation will be conducted by appropriate faculty peers within the campus, either the primary unit faculty or the faculty of the appropriate college personnel review committee. Each college will develop a written policy detailing how the committee will be constituted. This committee will be referred to below as "the PTR committee." Faculty undergoing PTR should not, in that year, serve on the PTR evaluation committee. for any faculty member that is on their own PTR committee. Each faculty member shall be informed in writing of the results of the evaluation by the dean. The PTR committee shall review the professional plan (see below) developed by the faculty member at the time of tenure or at the last PTR to see whether the faculty member has been meeting the self-set goals and performance objectives of the plan, as well as whether the faculty member's performance meets or exceeds the primary unit's criteria for acceptable performance professional practice. The PTR committee will provide an overall evaluation of rate the faculty member's performance as either outstanding, exceeding expectations, meeting expectations, or below expectations bin ased on an overall consideration of teaching, research/creative work, clinical activity professional practice (when applicable), and leadership/ and service, and shall provide a narrative explanation of that evaluation. The PTR committee will also review the faculty member's new plan for the next five years. The primary unit's written standards for reappointment, tenure, and promotion describe the nature and measures of achievement in teaching, research/creative work, clinical activity professional practice, and leadership/service within the discipline for tenured faculty(as required by the administrative policy~~

Commented [TL1]: This is not in the right place, and should go in a section on results.

statement, "Procedures for Written Standards and Criteria for Pre-Tenure Faculty," 7/1/89) that should be employed in PTR evaluations. Primary units shall revise their written standards to include guidelines/descriptions of "meeting expectations," the standard of acceptable professional performance no later than fall 2009. These revisions will be reviewed and approved by the dean of the college and the vice-chancellor for academic affairs no later than fall 2010.

Faculty members who fail to participate in any aspect of the post-tenure review process, as required, may be subject to sanctions for insubordination and dereliction of duty. These sanctions will be decided upon by the dean of the college, subject to VCAA review and approval, and existing college grievance procedures.

The level of review to be undertaken—Regular Five-Year or Triggered—will be determined by the record of annual "Performance Ratings for Faculty," the non-confidential summaries of annual merit evaluations (mandated by the administrative policy statement, "Performance Ratings for Faculty, Unclassified Staff/Administrators, and Officers," 7/1/89). The annual merit performance review evaluation, which normally is based on peer review, remains the basic annual instrument of faculty evaluation. Because the annual Performance Rating summary is the document that may trigger an Extensive Review, faculty who do not agree with their annual Performance Ratings performance review ratings may request reconsideration of the rating through established procedures in the department or college.

Commented [TL2]: This all covered in the section "PTR Committee Evaluation" below.

Commented [TL3]: I think this should be moved to "Sanctions" section below.

Commented [TL4]: I do not think this is necessary, because you cover this information in the more in-depth sections below.

2. Professional Plans.

a. Development. Faculty members ~~will~~must develop their initial professional plan within twelve months of the award of tenure, in accordance with APS 1022 – Standards, Processes and Procedures for Comprehensive Review, Tenure, Post-Tenure Review and Promotion Appendix B, and ~~will~~must develop a new professional plan as a part of each post-tenure review. The professional plan should be reviewed and, if needed, updated each year during the annual merit review process. ~~Plans~~The professional plan may be updated at any time. ~~This may be necessary~~ to accommodate a variety of situations such as the receipt of grant awards, acceptance of fellowships, or changes in the focus of scholarly research, creative work, or inquiry/teaching interest.

a.b. Defined Faculty Responsibilities— ~~Defined Faculty Responsibilities are allocated to the areas of research/creative work, teaching, professional practice and leadership/service as established within the primary unit, either as a standard distribution of responsibilities or through an approved faculty responsibility statement (FRS) in the case of a differentiated workload. (see Policy, 200–001, C-2 —).~~

c. Purpose. The primary purpose of the professional plan is to promote faculty development. The professional plan should give faculty members an opportunity to contemplate and communicate their plans for continuing or enhancing their professional contributions ~~to their~~ Defined Faculty Responsibilities in the areas of scholarship research/creative work (research, writing, or creative work), teaching, professional practice, and leadership/ and service. The initial plan should describe projections for professional productivity over a five-year period.

b.d. Components. The following components should be considered in developing the professional plan:

- i. The professional plan should generally not exceed two pages in length. The professional plan should provide a general description of planned activities ~~in the~~

areas of scholarship/research/creative work, teaching, professional practice, and leadership and /service in the faculty member's Defined Faculty Responsibilities. A model template for the professional plan is attached as a Form.

- ii. ~~The Professional professional~~ plans should be qualitative rather than quantitative in nature. The ~~purpose of the professional~~ plan should ~~be to~~ provide an overview of the likely areas of professional accomplishments ~~that the faculty member intends to accomplish~~ over the next five years. The document should not be used to set, for example, a specific number of publications projected for that period. ~~Yearly or post-tenure evaluations of the plan should be based on a review of the quality of the work and a determination of whether appropriate efforts were made in targeted areas.~~

- iii. ~~Professional The professional~~ plans should be written and ~~evaluated~~ based on a "good faith" effort on the part of the faculty member to contribute professionally and for the ~~university University~~ to adequately support that professional contribution. ~~The professional plan should not be viewed as the literal fulfillment of a set of nonnegotiable demands or rigid expectations, quantitative or otherwise.~~ The ~~Professional professional Plan plan~~ shall not require a faculty member to exceed the expectations applied at the time tenure was granted.

- iv. ~~Projections made in the professional plan, when compared to the faculty member's progress and achievements, should be considered as one of many possible bases for evaluating professional performance.~~

v.iii.

- c. Evaluation. Based on the policy of the primary unit, either ~~The the~~ head of the primary unit or a faculty committee ~~(based on the policy of the primary unit)~~ will review professional plans annually. Teaching and advising loads must be approved by the reviewer(s) to assure that the teaching needs of the unit are met. In the areas of ~~scholarly productivity research/creative work and professional practice~~, the reviewer(s) may only comment on the adequacy, feasibility, or wisdom of the plan, but do not formally approve or disapprove it. In the area of ~~leadership and /service~~, the reviewer(s) will generally comment only on the adequacy, feasibility, or wisdom of the plan unless, in rare cases, the primary unit determines that a particular kind of service is vital to the mission of the primary unit.

- i. Yearly or post-tenure evaluations of the plan should be based on a review of the quality of the work and a determination of whether appropriate efforts were made in targeted areas. Projections made in the professional plan, when compared to the faculty member's progress and achievements, should be considered as one of many possible bases for evaluating professional performance. The professional plan should not be viewed as the literal fulfillment of a set of nonnegotiable demands or rigid expectations, quantitative or otherwise.

Commented [TL5]: This is not a component of the plan but rather how it is to be evaluated. This should be moved to a different section.

Commented [TL6]: More of an evaluation statement.

Commented [TL7]: Again, not a component of the plan but how it is to be evaluated. Should be moved.

Commented [TL8]: This formatting should be subsection "e" but I can't fix that.

Commented [KW9]: The committee agreed that this funding program has never been operationalized, so it should be deleted from the policy.

- i. At the time of post tenure review, a faculty member may choose to submit a one page funding proposal for an amount no greater than \$1,000 to assist in the implementation of the new professional plan prepared in conjunction with the review. This proposal, if the review is

successful, and if the proposal is approved by the primary unit and, if different, the dean, will be forwarded to the campus for consideration (see Section C below).

II. _____

2-3. Regular Five-Year Review.

a. ~~When Applicable.~~ Faculty who have achieved an annual performance review evaluation summary evaluations of "meeting expectations" or better since either receiving tenure or the last PTR (or since receiving tenure if this is their first PTR), whichever is more recent, will undergo Regular Review. ~~Departments or colleges/schools may wish to develop coaching programs for faculty with one or more years of "below expectation" in a single area. A differentiated workload might also be considered.~~

b.a. _____

c. ~~Materials to be Evaluated.~~ In a Regular Five-Year Review, the ~~Post-Tenure Review~~ PTR committee examines the five previous annual performance evaluation reports, including FCQs, peer reviews, ~~and~~ other types of teaching evaluation, the curriculum vitae, ~~and~~ the faculty member's ~~Professional-professional Plan~~ plan(s) from that PTR cycle ~~and an updated Pprofessional Pplan for the next 5five-year cycle.~~ In addition, the faculty member ~~will provide the PTR committee with an updated Professional Plan for the next five years.~~

d.b. _____

c. PTR Committee Evaluation. The PTR committee shall provide an overall evaluation of the faculty member's performance as either outstanding, exceeding expectations, meeting expectations or below expectations based on an overall consideration of teaching, research/creative work, professional practice (if applicable) and leadership/service, and shall provide a narrative explanation of that evaluation.

e. PTR Committee Report. The PTR committee will write a brief report ~~stating whether the candidate is~~ providing an overall evaluation of the faculty member's performance as ~~either outstanding, exceeding expectations, meeting expectations, or below expectations in the areas included in the defined faculty responsibilities meeting expectations or not.~~ ~~stating whether the candidate is meeting expectations or not.~~ The report is an opportunity to evaluate the faculty member's contributions over the past 5 years to the unit, the University, the community (where relevant) and the profession. The PTR committee's report will summarize the unit's PTR Committee's findings regarding the faculty member's adherence to the previous ~~Professional-professional Plan~~ plan(s) ~~(taking into account the differentiated workload, where present), meeting, meeting the department's/ or primary unit's standards, and conclusions about his/her/his/the faculty member's~~ productivity and contributions to the University in teaching, research/creative work, professional practice, and leadership-and/service. A copy of ~~this report~~ the PTR Committee's report will be given to the faculty member by the department chair or dean, depending on whether the PTR is undertaken by the primary unit or school/college. A copy of the PTR report will be placed in the faculty member's personnel file. The report is an opportunity to evaluate the faculty member's contributions over the past 5 years to the unit, the university, the community (where relevant) and the profession. The reports will be forwarded to the dean, who will provide a summary report and copies of the individual reports to the ~~academic vice chancellor~~ Executive Vice Chancellor for Academic Affairs on the results of all the post-tenure reviews in the college/school. ~~A copy of the PTR report will be placed in the faculty member's personnel~~

Commented [TL10]: This language comes from the APS with minor modifications. While I recognize that it is confusing (comparing an overall evaluation with a brief report), my concern with attempting to clarify is that we may be creating a contradictory document that will ultimately be trumped by the APS if ever challenged. My advice is to remain as consistent with the APS as possible.

file. In the case that the PTR committee determines that the faculty member is not "meeting expectations," the faculty member must undertake a Performance Improvement Agreement. (See Section II.E.B.5.)

Commented [TL11]: This is redundant.

f.d.

g. To contribute to the developmental purpose of PTR, the campus will have a PTR development fund to which faculty who have successfully completed PTR may apply. The dean may choose to endorse and forward to the VCAA any proposals received as part of the post tenure review process for funding (up to \$1,000) to support the professional plan submitted as part of the review. The faculty assembly awards committee shall make recommendations to the VCAA, who shall make the final determination. In evaluating these applications, the committee should consider the return on investment to the university that might be anticipated. These modest awards are designed to assist faculty by providing training, travel, and other resources needed to move forward, as outlined in their Professional Plans. The campus will begin distributing funds by 2010.

4. Triggered Review.

h.

i.

j.a. Faculty who receive an overall summary annual performance review evaluation of "below expectations" at any time during the five-five-year PTR cycle are required to meet with members of their primary unit and/or the unit head, as determined in the by-laws of the primary unit's procedures, to identify the causes of the unsatisfactory evaluation and to plan and implement a written Performance Improvement Agreement (PIA) to remedy their problems in accordance with this policy and APS 5008 – Performance Ratings for Faculty. (See Section II. E.B.5 below)

5. The Performance Improvement Agreement (PIA).

k.

l.

a. Faculty who receive a "below expectations" summary rating as the result of their annual performance evaluation must participate in developing and implementing a Performance Improvement Agreement (PIA) in accordance with APS 5008 – Performance Ratings for Faculty designed to improve their performance. Faculty members who do not agree with the below expectations rating may request a peer review of their annual performance record using the established primary unit process or a specific written process developed by the unit for this purpose. Subsequently, faculty members who believe the primary unit's evaluation is mistaken may appeal the rating through established grievance procedures in the college/school. No action will be taken to begin a PIA until this appeal process, if invoked, is completed. This appeal process should be completed within six weeks or less from the date it is initiated by the faculty member.

Working with the primary unit head or an appropriate committee of the primary unit (as determined by primary unit policy), the faculty member develops a PIA that includes specific goals, timelines, and benchmarks that will be used to measure progress at

Commented [TL12]: Rather than just copy APS 5008, I recommend that we reference it. That way, you don't have update this is 5008 changes, and we're totally consistent. Further, there really is not legal reason to have a campus policy that just restates an APS.

periodic intervals. Usually, PIAs will be established for one year. But, if research deficiencies warrant longer, the PIA may be set up for two years. The Teaching and Learning Center, The Executive Vice Chancellor for Academic Affairs and the Deans will develop a library and other maintain resources that provide ideas and best practices for successful development plans, and assist departments and faculty in identifying useful strategies. The next annual merit evaluation following the term of the PIA shall address whether the goals of the PIA have been met.

If the goals of the PIA have been met, as evidenced in the next annual merit performance review evaluation, the faculty member continues in the current five-year post tenure review cycle.

If the goals of the PIA have not been met at the next annual merit performance review evaluation, an extensive review process shall be initiated.

4.6. Extensive Review.

- a. Faculty who have either received two overall annual performance evaluations that are rated "below expectations" summary ratings, as a result of in their annual performance evaluation, within the previous five years, or whose PIA did not result in an evaluation of "meeting expectations" or better, will must undergo an Extensive Review by the primary unit in accordance with APS 5008 – Performance Ratings for Faculty. Faculty members who do not agree with the below expectations rating may request a peer review of their annual performance record using the established primary unit process. In units without such a process for this purpose, the unit shall develop and formally adopt a process for this review. Subsequently, faculty members who believe the primary unit's evaluation is mistaken may appeal the rating through established grievance procedures in the college/school. No action will be taken to begin an Extensive Review until this appeal process, if invoked, is completed. This appeal process should be completed within six weeks or less from the date the second "below expectations" rating is received. Failure by the faculty member to participate in developing or implementing the Extensive Review is insubordination and dereliction of duty and will be subject to sanctions, which include the possibility of termination of employment.
- b. Because Extensive Review is designed to assist faculty who are falling below the level of satisfactory professional performance, it takes place whenever a faculty member establishes a pattern of unsatisfactory performance, i.e., two evaluations of annual performance ratings "below expectations" in a five-year period.
- c. For an Extensive Review, the primary unit will examine: (1) the five previous annual performance evaluation reports; (2) the FCQs from those years, peer evaluations, and other types of teaching evaluation; (3) evidence of research/creative work and clinical productivity professional practice; (4) the faculty member's previous Professional Plan (and any amendments to the plan, and differentiated workload agreements, where present); (5) the faculty member's self-evaluation of performance as it relates to the

Commented [TL13]: Already stated – redundant.

Commented [TL14]: This is already provided because to be subject to an Extensive Review, the faculty member has to get a "below expectations" rating. Because that rating is appealable in accordance with APS 5008, this language is not necessary.

Commented [TL15]: Already stated in the first sentence of (a).

Professional Plan(s); (6) record of leadership and/ service activities; and (7) any other material the faculty member would like the unit to consider.

- d. The primary unit will prepares an evaluative report of the faculty member's teaching, research/creative work, clinical activity, professional practice, and leadership and/ service based upon its review of the materials and information covering the period in question. If there is disagreement about the faculty member's performance in research/creative work, or if the faculty member under review or the primary unit so requests, the review will also include evaluations from qualified persons external to the University. In this case, the faculty member and the primary unit shall jointly develop a list of external reviewers who will be asked to evaluate the faculty member's performance in research/creative work.
- e. Primary units, colleges/schools, and campuses may require other materials for Extensive Reviews, if appropriate, but the aim should be to keep the process efficient and effective.

Commented [TL16]: See above comment in terms of restating an APS.

7. The Development Plan.

f. —

g. —

- a. Upon completion of the evaluative report, the faculty member, working with the appropriate primary unit committee, shall write a Development Plan in accordance with APS 5008 – Performance Ratings for Faculty.

for the next one or two years with specific goals and actions designed to address the areas of deficiency identified in the Extensive Review process. The Development Plan must address the defined faculty responsibilities in the areas of teaching, research/creative work, clinical activities, professional practice, and leadership and/ service assignments that are anticipated during the period of the plan. It must describe performance goals in light of identified deficiencies, strategies for improvement, and the time frame (up to two years) in which the problems are to be solved. Further, the Plan must contain definite means of measuring progress in achieving the goals and periodic monitoring of progress. Finally, the Development Plan must be approved by the primary unit head and the dean, following consultation with the appropriate primary unit committee.

While the individual faculty member is responsible ultimately for the successful outcome of the Development Plan, the primary unit has an obligation to assist the faculty member who seeks guidance in developing a realistic plan to remedy the identified areas of deficiency. The Teaching and Learning Center, The Executive Vice Chancellor for Academic Affairs and Deans will develop a library and other resources that provide ideas and best practices for successful development plans, and assist departments and faculty in identifying useful strategies.

Assessments of professional competence depend upon peer review. At the conclusion of the Development Plan period, either (1) the primary unit and primary unit head or faculty and head of the primary unit or (2) the faculty of the appropriate college personnel review committee assess the progress of the faculty member and forward their conclusions to the dean. After consultation with the dean's review committee, the dean

determines whether the faculty member has achieved the goals of the Development Plan and thus has returned his/her professional performance to meeting expectations. Those who are judged to be meeting expectations begin a new 5-year PTR cycle in the next academic year. Those who are judged not to have achieved professional competence will face sanctions, including the possibility of revocation of tenure and dismissal. Copies of the Extensive Review Development Plan and the primary unit's assessment of the progress achieved by the end of the development period will be added to the faculty member's personnel file.

Commented [TL17]: See above comment RE restating an APS.

5-8. Sanctions.

- a. Faculty members who fail to participate in any aspect of the PTR process, as required, may be subject to sanctions for insubordination and dereliction of duty.
- a. Ordinarily, in cases where the Development Plan has not produced the desired results, the faculty member will have his/her tenure revoked and be dismissed. Under certain circumstances, other sanctions may be imposed. Possible sanctions include: suspension of pay, salary reduction, and demotion in rank. will be subject to sanctions in accordance with APS 5008 – Performance Ratings for Faculty.

b.

c-b. The Vice Chancellor's Review Committee shall recommend sanctions in these circumstances. The chancellor makes the final determination of sanctions. If the chancellor's decision is to recommend revocation of tenure and dismissal of the faculty member to the Board of Regents, the Laws of the Regents provide the faculty member with an opportunity for a hearing and set other conditions for handling such cases. (See Laws of the Regents, Article 5.C.1 and 5.C.4; and 8/27/66 Regent Action adopting 1940 AAUP Statement on Academic Freedom and Tenure). Revocation of tenure and dismissal for the cause of demonstrable professional incompetence has long been recognized policy at the University of Colorado, and across higher education in the United States. Professional incompetence is defined to mean the failure to perform teaching, research/creative works, and service duties in a consistent and satisfactory professional manner. A judgment of professional incompetence is based upon peer review of the faculty member's performance. The PTR process provides such peer review. (See Law of the Regents, Article 5.C). Other causes for dismissal also exist and are outlined in Article 5.C.1 of the Laws of the Regents.

Commented [TL18]: For just development plan issues or for faculty members who fail to participate as well?

Commented [TL19]: See above comment RE restating an APS.

III. KEY WORDS

- A. Post-tenure Review (PTR)
- B. Triggered Review
- C. Extensive Review
- D. Summary Evaluation
- E. Development Awards

IV. RELATED POLICIES, PROCEDURES, FORMS, GUIDELINES, AND OTHER RESOURCES

A. Administrative Policy Statements (APS) and Other Policies

- [1. Regent Law Article 5 Faculty Part B: Appointment and Evaluation](#)
- [2. APS 1022 – Standards, Processes and Procedures for Comprehensive Review, Tenure, Post-Tenure Review and Promotion](#)
- [4.3. APS 5008 – Performance Ratings for Faculty](#)

B. Procedures

C. Forms

- 1. Professional Plan Template (see below)

D. Guidelines

E. Other Resources (i.e. training, secondary contact information)

F. Frequently Asked Questions (FAQs)

V. HISTORY

| | |
|-------------------------|---------------|
| Initial policy approval | March 3, 2008 |
| Revised | N/A |

University of Colorado Colorado Springs

Faculty Professional Plan

(A public document under the Open Records Act)

For the period _____ to _____.

Faculty Name: _____ Department: _____

Rank: _____ Percent appointment: _____

The primary purposes of the Professional Plan are to encourage faculty development and assure accountability. The Professional Plan is designed to communicate the defined faculty ~~member's responsibilities in the areas of~~ teaching, research/creative work, professional practice (if applicable) and leadership/service goals and to relate those goals to the needs of the primary unit. The director or chair of the primary unit (or appropriate primary unit committee) must approve any specific workload assignments defined by the plan (in accordance with school or college procedures for approving differentiated workloads), and may comment on the adequacy or wisdom of the plan, but may not approve or disapprove it.

Workload Weighting

Teaching Practice Research/~~Creative Work~~ Creative Work Leadership/Service Professional
if applicable

Percent: _____

Teaching. Describe in general terms your plan for contributing to your unit's teaching and advising mission over the next five years. Address the areas of classroom teaching, individualized instruction, graduate training, etc. Do not list specific course assignments.

Research/Creative Work. Describe your plan for contributing to your unit's research/creative work mission over the next five years. Describe work you intend to conduct, and how it will contribute to your overall body of work. Address the issues of proposed funding, publications, performances, and presentations, as appropriate.

Professional Practice (if applicable) Describe your plans in the areas of professional practice and how they contribute to your unit’s, college or school’s, and campus’ professional practice mission over the next five years.

Leadership and/Service. Describe in general your plan for contributing to your unit’s, college or school’s, and campus’ service mission over the next five years. Please address the nature of your service activities at various levels within the University, as well as your service external to the University.

I submit the above information as my Professional Plan. I understand that the contents of my Professional Plan do not necessarily constitute the standards and criteria against which I will be evaluated for the purposes of annual merit and/or promotion and/or tenure.

Faculty Signature

Date

I have reviewed the above Professional Plan and discussed its content with the author.

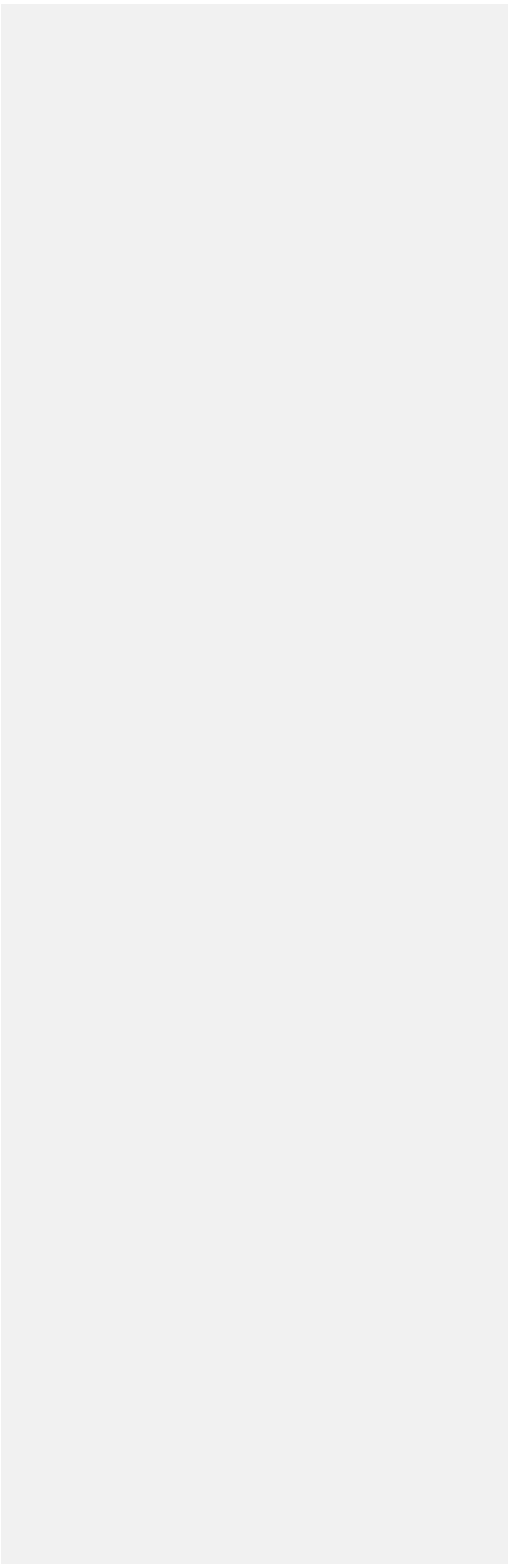
Authorized Primary Unit signature (chair, director, or dean)

Date

I acknowledge receipt of the above Professional Plan and agree that the stated workload weighting above has been approved.

School or College Official

Date





University of Colorado
Colorado Springs

UCCS CAMPUS POLICY

Policy Title: Student Academic Ethics Code Violations

Policy Number: 200-019

Policy Functional Area: Academic

Effective: Pending

Approved by: Venkat Reddy, Interim Chancellor

Responsible Vice Chancellor: Executive Vice Chancellor of Academic Affairs (EVCAA)

Office of Primary Responsibility: EVCAA

Policy Primary Contact: EVCAA, 719-255-3700

Supersedes: January 7, 2013

Last Reviewed/Updated: July 1, 2017

Applies to: Students, faculty, and staff

Reason for Policy: The Student Academic Ethics Code sets forth the academic standards of students enrolled at the University of Colorado Colorado Springs.

I. INTRODUCTION

Consistent with the *Laws of the Regents* and University of Colorado *Administrative Policy Statements*, the University of Colorado at Colorado Springs has adopted a Student Academic Ethics Code and a campus policy and procedures designed to provide appropriate implementation and due process for those accused of violating the Code.

II. POLICY STATEMENT

- A. Authority for the creation administrative policies is found in the *The Laws of Regents*, 2007 Article 3 Section B.5 (A) which states:

The chancellor of each campus shall be the chief academic and administrative officer responsible to the president for the conduct of affairs of their respective campus in accordance with the policies of the Board of Regents. The chancellor shall have such other responsibilities as may be required by these Laws, or regent policy, or as may be delegated by the president.

- B. Purpose

As members of the University community, students are obligated to maintain high standards of integrity and are expected to take an active role to encourage other students to respect high standards of integrity. The Student Academic Ethics Code (“Code”) is intended to help maintain the high academic standards of UCCS. This policy applies to all students enrolled in credit or non-credit courses at the University of Colorado Colorado Springs (“University” or “UCCS”).

C. Policy.

1. Code. All students are subject to the Academic Ethics Code, attached to this policy as Attachment A. All members of the University community have an obligation to report good faith allegations of violations of the Code. The Code shall be administered in accordance with the procedures outlined in Attachment B.
2. Academic Ethics Code Committee. The Academic Ethics Code Committee (“AECC”) has authority to administer the academic ethics system in accordance with its procedures, attached to this policy as Attachment C.
3. Reporting Violations. Any individual who has a good faith belief that a Code violation has taken place should immediately report the circumstances to the faculty member of the course involved or to the chair (unit head) of the department where the course is offered. It shall be a violation of this policy when a person knowingly or recklessly alleges a false Code violation, and violations may be subject to disciplinary action.
4. Confidentiality. All documentation relating to a Code violation is considered a student educational record and, to the extent required by law, is kept confidential. Documentation concerning Code violations will be kept in the Office of the Associate Vice Chancellor for Academic Affairs.
5. Additional Policies. Schools, colleges, and departments should publish their policies and processes concerning Code violations in public places so that students may easily find them.

III. DEFINITIONS

IV. KEY WORDS

- A. Academic Ethics Code Committee (“AEC Committee” or “AECC”)
- B. Academic Ethics Code Committee Chair (“AECC Chair”)
- C. Enrollment Management
- D. Faculty
- E. Review
- F. Student

V. RELATED POLICIES, PROCEDURES, FORMS, GUIDELINES, AND OTHER RESOURCES

- A. Administrative Policy Statements (APS) and Other Policies
 1. Academic Ethics Code, attachment A.
- B. Procedures

1. Academic Ethics Code Committee Appeal Process, Attachment B.
2. Process Flowcharts 1-4

C. Forms

D. Guidelines

E. Other Resources (i.e. training, secondary contact information)

F. Frequently Asked Questions (FAQs)

VI. HISTORY

| | |
|-------------------------|-----------------|
| Initial policy approval | July 19, 2011 |
| Revised | January 7, 2013 |
| | July 1, 2017 |

ATTACHMENT A
University of Colorado—Colorado Springs Student
Academic Ethics Code

- A. Students shall observe complete honesty in all academic matters to include course requirements, classroom activities, research, and scholarship.
- B. Violations of the Code include, but are not limited to, taking or attempting to take any of the following actions:
1. Committing the act of plagiarism: the use of distinctive ideas or words belonging to another person, without **adequately acknowledging** that person's contribution. Plagiarism does not require an intention to plagiarize. If there is sufficient evidence of copying, use without acknowledgment, or submission of another's work, plagiarism is committed, regardless of the student's knowledge or lack thereof. Plagiarism includes, but is not limited to, the following:
 - a. Copying phrases and/or sentences from a **source** without putting the material in quotation marks and/or **adequate acknowledgement** of the **source**.
 - b. **Mosaic** copying phrases and/or sentences from a **source** without putting the material in quotation marks and/or **adequate acknowledgement** of the **source**.
 - c. Using a **source's** ideas, opinions or theories without **adequate acknowledgement** of the source.
 - d. **Paraphrasing** a **source's** words, ideas, opinions, or theories without adequate acknowledgement of the **source**.
 - e. Using a **source's** facts, statistics, or illustrative material without adequate acknowledgement of the **source**.
 - f. Submitting as one's own work that is **written** or **published** by another **author**.
 - g. For the purposes of this violation:
 - i. A **source** is an individual, team, or unnamed author of some published or publicly presented or written piece of work. Sources can include other students.
 - ii. An **author** is the originator of some idea(s) or string of words, either a phrase or phrases or a sentence or sentences.
 - iii. A piece of work is **published** if it is (a) a book by some commercial or private press; (b) an article in a journal or magazine or newspaper (c) a working or professional paper of some recognized organization; (d) the content of a website; or (e) other technological forms of archiving not covered by (a) – (d).
 - iv. A piece of work is **presented** if it is: (a) a public oral presentation; (b) a radio/television/video/compact disc/digital video disc presentation; or (c) other technological forms of archiving not covered by (a) and (b).
 - v. A piece of work is **written** if it is available either as a hard copy or an electronic copy.
 - vi. **Acknowledgement** of a source is providing correct bibliographical information, in an accepted disciplinary format, for phrases, sentences, ideas, opinions, theories, statistics, or illustrative material used from a source.
 - vii. **Adequate** acknowledgment is **acknowledgment** for each phrase, sentence, idea, opinion, theory, statistic, or illustrative material used from a source (**Acknowledging** a source once in a paper (or paragraph) and subsequently

copying, **mosaic** copying, using or **paraphrasing** from that **source** without subsequent **acknowledgment** is plagiarism.)

viii. **Mosaic** copying is copying in which certain words of some phrase and/or sentence from a source are changed in some way (deleted, replaced).

ix. **Paraphrasing** a source is the act of replacing some or most words in a phrase and/or sentence from a source with synonyms for those words.

2. Using unauthorized materials or receiving unauthorized assistance during an examination or in connection with any work done for academic credit. Unauthorized materials include, but are not limited to, notes, textbooks, previous examinations, exhibits, experiments, papers or other supplementary items.
 3. Giving false or misleading information regarding an academic matter.
 4. Copying information from another student during an examination.
 5. Rendering unauthorized assistance to another student by knowingly permitting him or her to see or copy all or a portion of an examination or any work to be submitted for academic credit.
 6. Obtaining prior knowledge of examination materials (including using copies of previous given examinations obtained from files maintained by various groups and organizations) in an unauthorized manner.
 7. Selling or giving to another student unauthorized copies of any portion of an examination.
 8. Using a commercially prepared paper or research project or submitting for academic credit any work completed by someone else.
 9. Falsifying or attempting to falsify class attendance records for oneself, or for someone else, or having another falsify attendance records on your behalf.
 10. Falsifying material relating to course registration or grades, either for oneself or for someone else.
 11. Falsifying reasons why a student did not attend a required class or take a scheduled exam.
 12. Taking an examination in place of another student.
 13. Making unauthorized changes in any reported grade or on an official academic report form.
 14. Falsifying scientific or other data submitted for academic credit.
 15. Collaborating in an unauthorized manner with one or more other students on an examination or any work submitted for academic credit.
 16. Using computing facilities or library resources in an academically dishonest manner.
 17. Falsifying evidence in connection with an academic ethics violation investigation, hearing or appeal.
 18. Attempting to intimidate a student, staff, or faculty member for the purpose of receiving an unearned grade or in an effort to prevent the reporting of an Academic Ethics Code violation.
 19. Accessing or altering any academic record by any means without authorization.
 20. Turning in same or similar work for multiple courses without permission from faculty to do such.
- C. It is the responsibility of students to make sure they understand what types of conduct are authorized or unauthorized in each course.
- D. Any member of the University community who has reason to believe that a Code violation has taken place should immediately report the circumstances to the faculty member of the course involved or to the chair (unit head) of the department where the course is offered.

Helpful Links:

UCCS Writing Center

<http://web.uccs.edu/wrtgcntr/>

Kraemer Family Library Citation Information

<http://libguides.uccs.edu/cite>

Citing Online Sources

<http://www.bedfordstmartins.com/online/citex.html>

Citation Machine (you enter information and they provide citations)

<http://citationmachine.net/>

Copyright Information

<http://www.uccs.edu/copycenter/copyright.html>

ATTACHMENT B Procedures

1. Resolution by a Faculty Member.

- a. If a faculty member has a good faith belief that a Code violation has occurred, due either to the faculty member's own observation or due to a report by a third party, the faculty member shall: 1) discuss the matter with the student; 2) provide the student with the supporting documentation; and 3) ask the student for a response. If the student admits to the Code violation, the faculty member shall proceed as described below. If the student denies the violation, the faculty member shall then determine whether the matter is a violation of the code based on a preponderance of the evidence, meaning that it is more likely than not that the violation occurred.
- b. When a student has been accused of a Code violation, the student should contact the Office of the Vice Chancellor for Student Success concerning rights, processes, and procedures.
- c. If the faculty member determines that the evidence does not indicate that a Code violation occurred by a preponderance of the evidence, then the faculty member shall so advise the student, no further action shall be taken, and the matter shall be closed.
- d. If the faculty member finds that a Code violation has occurred by a preponderance of the evidence, the faculty member shall present the finding to the student and provide the student with an opportunity to respond.
- e. Either after a student admits to a Code violation or the faculty member determines that a Code violation has occurred, the faculty member shall work through the college or school process to determine whether there have been past violations of the Code. The faculty member may take this information into account in determining the appropriate sanction.
- f. Upon imposing the sanction, the faculty member shall report, in writing via the faculty portal form "Report Ethics Code Violation," the details of the Code violation, the student's responses, the sanction, and the student's acceptance of the sanction to the AECC Chair.

2. Sanctions.

- a. Course-Level. If the student admits to the Code violation or the faculty member finds that a Code violation has occurred, then the faculty member has discretion to impose a sanction at the course level. Such sanctions may include, but are not limited to, the following:
 - i. Downgrading the student on the assignment/exam/activity in which the Code violation occurred, with or without the opportunity to redo;
 - ii. Failing the student on the assignment/exam/activity in which the Code violation occurred, with or without the opportunity to redo;
 - iii. Lowering the student's grade for the course; or
 - iv. Failing the student for the course.
- b. Beyond Course-Level. If the faculty member believes that a sanction more severe than a course-level sanction should be levied, then the faculty member shall follow all department and college procedures for such sanctions. The Dean of the applicable

school or college, or designee, shall make a decision concerning such a sanction and shall inform, in writing via UCCS email, the faculty member, the student, and the AECC Chair of the decision. The Dean or Dean's designee may not expel or suspend a student who is not matriculated in the school or college in which the Code violation occurred. If a faculty member wants to recommend expulsion or suspension in this situation, they must make that recommendation to the Dean of the college or school where the student is matriculated.

- c. Restrictions on Graduation. A student who has been charged with a Code violation or has appealed a decision related to a Code violation may not graduate from the University until the case has been resolved. A student who is found responsible for, or admits to, a Code violation may not graduate from the University until the student completes any additional course work resulting from the penalty and any suspension period has expired.
- d. Expulsion. A student who has been expelled from UCCS due to a Code violation shall neither graduate from nor re-enroll in the University at any time. Notice of a UCCS expulsion for Code violation may be placed on the student's transcript by the Office of the Registrar.

Commented [TL1]: David to check if this means the system or the campus.

3. Student Appeals.

- a. Appealing a Faculty Member's Decision.
 - i. A student may appeal a faculty member's finding that the student violated the Code by following the applicable policies of the college or school in which the violation occurred.
 - ii. If the student exhausts the appeal options within the appropriate college or school, the student may appeal to the AECC, who will consider the appeal in accordance with its procedures.
- b. Appealing a Course-Level Sanction.
 - i. A student may not appeal a course-level sanction unless the applicable college or school policies provide for such an appeal.
 - ii. The resolution of that appeal at the college or school level is final and may not be appealed to the AECC.
- c. Appealing a Sanction More Severe than a Course-Level Sanction.
 - 1. A student may appeal a sanction that is more severe than a course-level sanction by following the applicable policies of the college or school in which the violation occurred.
 - i. If the student exhausts the appeal options within the appropriate college or school, the student may appeal to the AECC, who will consider the appeal in accordance with its procedures.
- d. Appealing the Process. The student may appeal any procedural error to the AECC if the student can prove, by a preponderance of the evidence, that the error substantially harmed the student. If the AECC determines that a procedural error has occurred and that the error substantially harmed the student, the AECC shall remand the matter to the appropriate person for correction. The AECC's decision shall be final.

Process Flowcharts 1-4

FIGURE 1.
Student Admits to Code
Violation and Faculty
Member Imposes a
Course-level Sanction

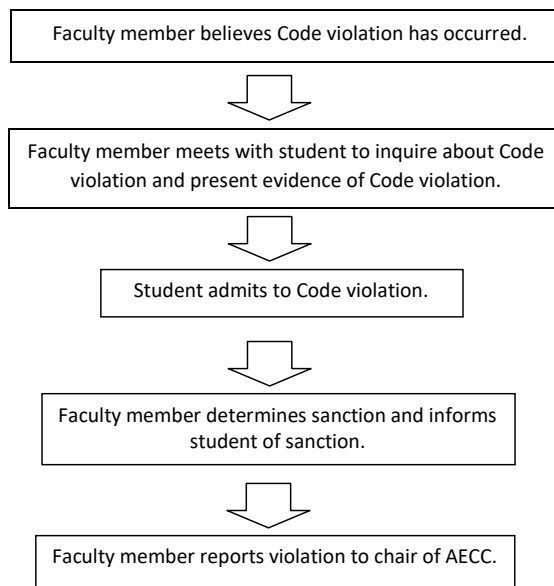


FIGURE 2.
Student Denies Code
Violation

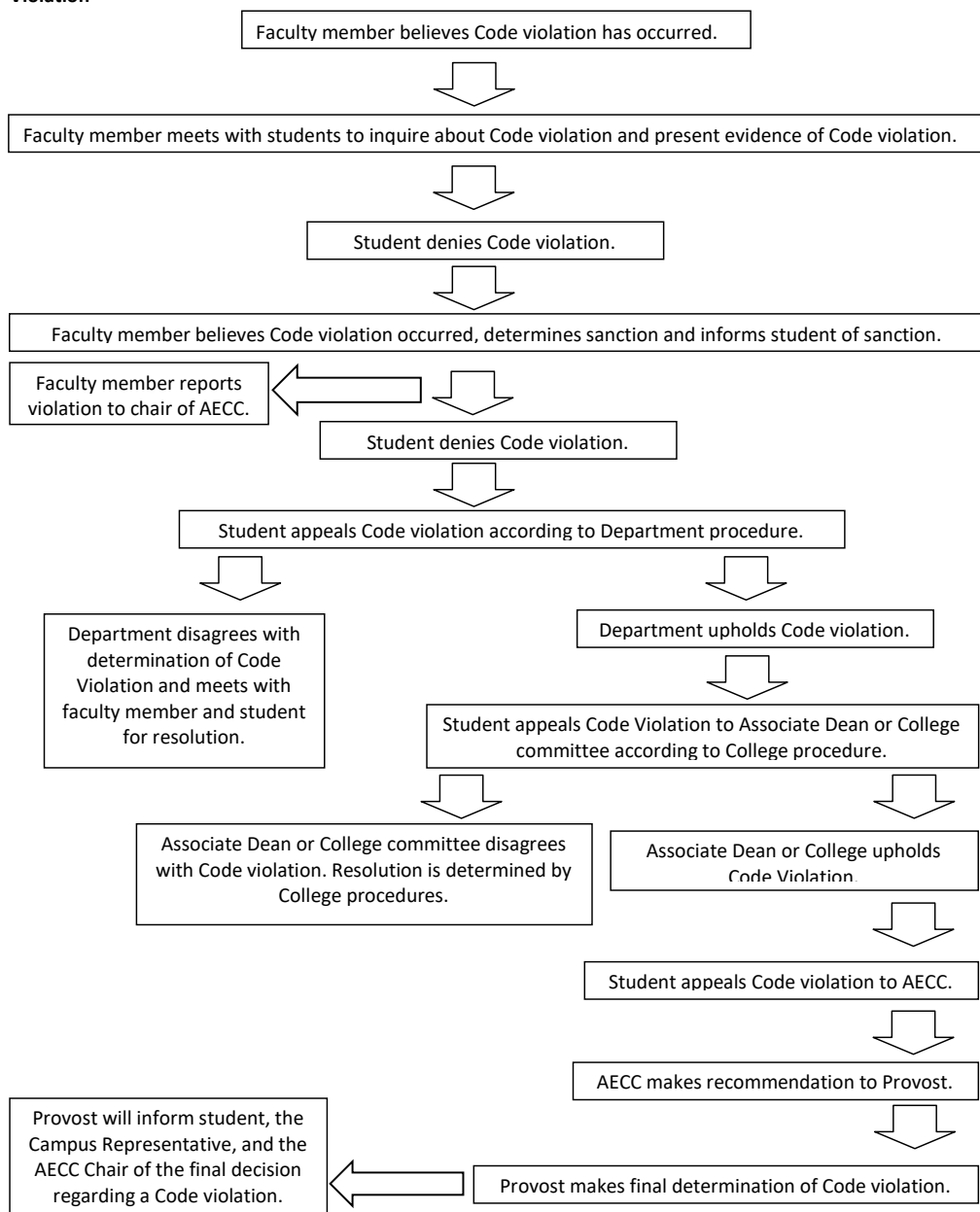


FIGURE 3.
Student Admits to Code
Violation,
Faculty Member
Recommends
A Sanction More
Severe than a Course-
Level Sanction and
Student Does Not
Appeal the Sanction

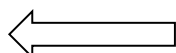
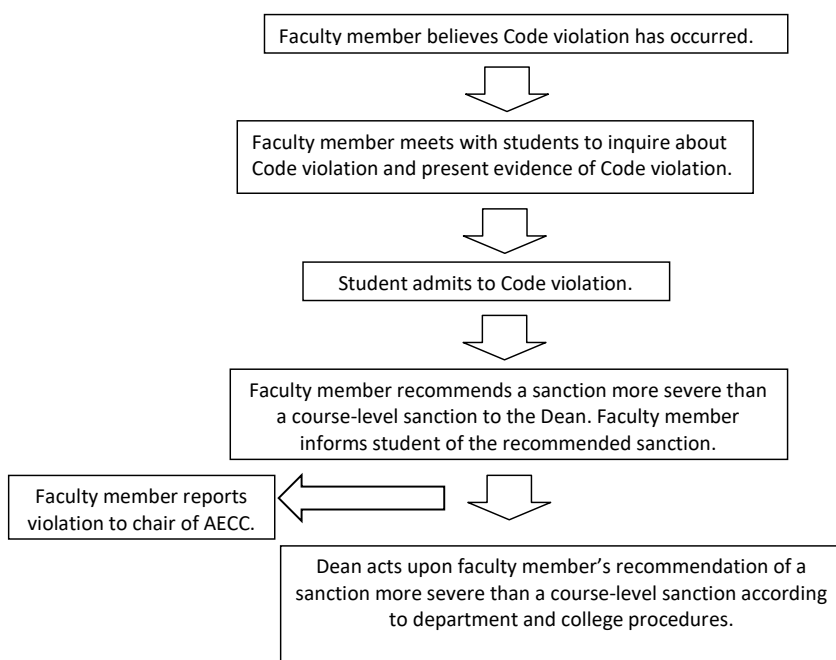
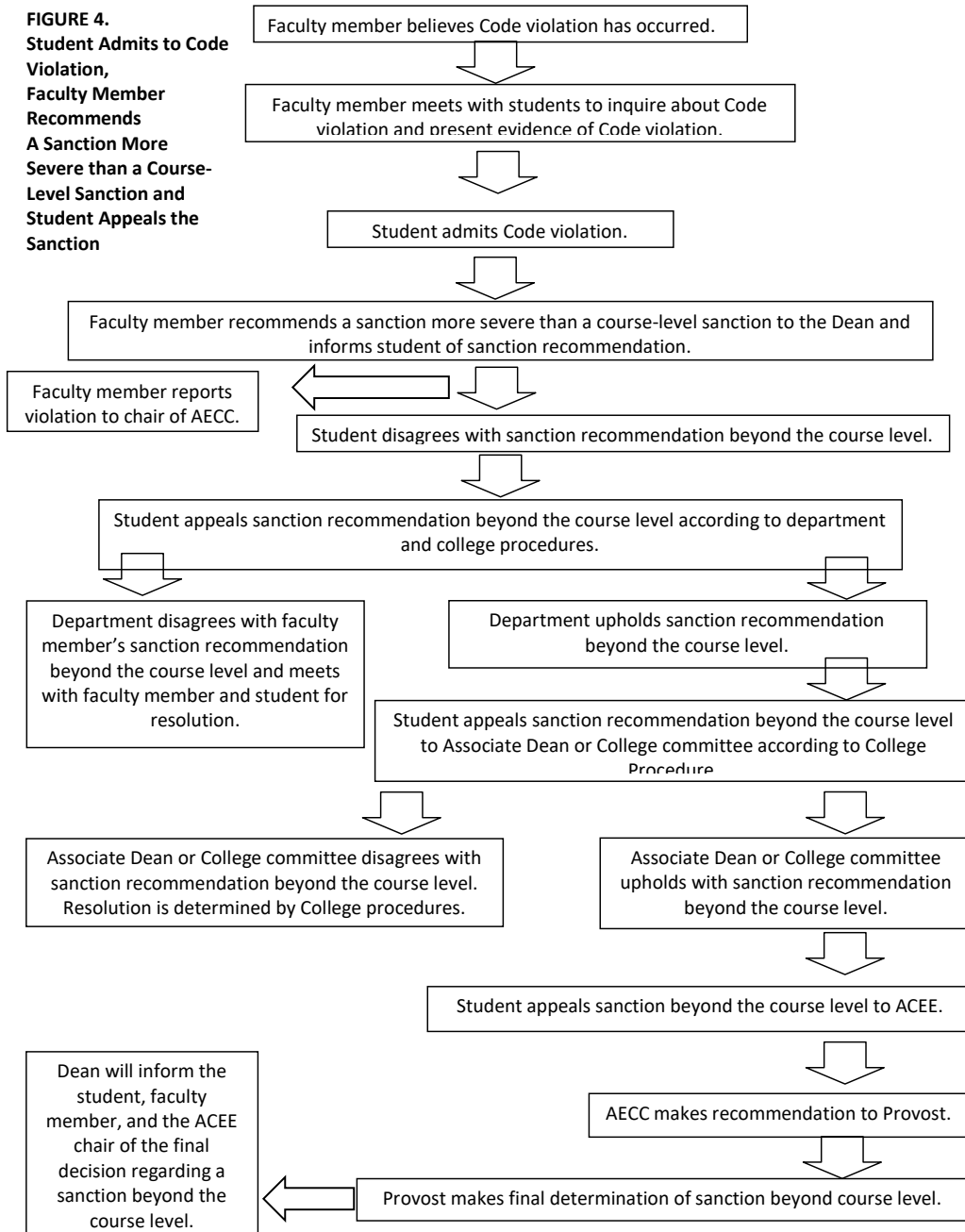


FIGURE 4.
Student Admits to Code
Violation,
Faculty Member
Recommends
A Sanction More
Severe than a Course-
Level Sanction and
Student Appeals the
Sanction



ATTACHMENT C
Academic Ethics Code Committee

- A. Charge. The Academic Ethics Code Committee (“AECC”) shall have authority to administer the academic ethics system, including the Student Academic Ethics Code (“Code”), in accordance with its procedures.
- B. Composition.
1. AECC Chair. The Associate Vice Chancellor for Academic Affairs shall act as the AECC Chair. In the event that the Associate Vice Chancellor for Academic Affairs is unable to fulfill the duties as AECC Chair, the Executive Vice Chancellor of Academic Affairs shall designate a replacement. The AECC Chair or replacement shall vote only in the event of a tie vote.
 2. Members.
 - a. The Dean of each school or college shall select and appoint the following number of voting representatives: Beth-El College of Nursing (1), College of Business (2), College of Education (1), College of Engineering (2), College of Letters, Arts, and Sciences (4), Library (1), School of Public Affairs (1).
 - b. The AECC shall include a member of the student body selected by the Student Government Association and approved by the Office of the Vice Chancellor for Student Success and Enrollment Management.
 - c. The AECC shall include a representative selected by the Faculty Assembly.
 - d. All member shall be voting members.
 3. Quorum. Seven members of the AECC shall constitute a quorum.
- C. Reviews.
1. Purpose. The AECC shall conduct Reviews, which are opportunities for the AECC to gather information and hear all aspects of alleged Code violations from faculty and accused students.
 2. Initiating a Review. Students may initiate a Review in accordance with UCCS Policy 200-019 Student Academic Ethics Code Violations. When a student initiates a Review, the student should contact the Office of the Vice Chancellor for Student Success concerning rights, processes, and procedures.
- D. Pre-Hearing.
1. Composition. For each Review, the AECC shall include: 1) a representative from the student’s college; a representative from the college where the alleged Code violation occurred; and 3) a Campus Representative.
 - a. For appeals that relate to a finding or procedural error, the Campus Representative shall be the Dean or the Dean’s designee of the college in which Code violation is alleged to have occurred.
 - b. For appeals that relate to sanctions more severe than course-level sanctions, the Campus Representative shall be the Dean or Dean’s designee of the college in which the student is matriculated.
 2. Setting and Documents. The AECC Chair shall select the date, time and place for the Review hearing. The AECC Chair shall notify the Campus Representative and the student by UCCS

email a minimum of ten business days prior to the Review hearing with this information, as well as the make-up of the AECC. To be considered, the student or faculty member must submit copies of any documents or other materials, as well as a list of witnesses, to the AECC Chair within five (5) business days prior to the Review hearing. The AECC Chair shall promptly provide copies to the other party within two (2) business days in advance of the Review hearing.

3. Expedited Review. The student may submit a request for an expedited Review contemporaneously with the student's appeal. The AECC Chair shall determine if an expedited Review will occur and shall inform all involved parties of that decision through UCCS email. If the AECC Chair determines that an expedited Review is warranted, then the AECC Chair shall notify the parties of the new timeline.
4. Impartiality. If any member of the AECC believes there are circumstances that may impair the member's ability to render a fair judgment or to fulfill the member's responsibility with respect to a Review in an unbiased manner, that member shall request to be excused from that member's responsibilities with respect to that Review. If an accused student challenges the impartiality of any such member, presents the challenge as soon as the accused student becomes aware of the relevant circumstances, and the Chair determines that there is reasonable justification for such a challenge, the member shall be excused from the member's responsibilities with respect to that Review. In the event of such recusal, a substitute for the excused member shall be appointed by the Dean of the college in which the excused member resided.

E. Hearing.

1. Recording. The Review hearing shall be audio recorded by the AECC. No other recording of the Review hearing is permitted. Audio recordings shall be kept for six years by the office of the Associate Vice Chancellor for Academic Affairs from the date the hearing occurred. The audio recording of the Review hearing shall be copied and provided upon written request from the student. AECC deliberations are a closed session and shall not be recorded.
2. Burden of Proof. The student bears the burden of demonstrating that the Code violation is either: 1) not supported by a preponderance of the evidence; 2) that the sanction issued is arbitrary and capricious; or 3) that a procedural error occurred and that it substantially harmed the student. In order to not be supported by a preponderance of the evidence the student must demonstrate that it was more likely than not that the violation did not occur. In order to be considered arbitrary and capricious, the student must demonstrate that the sanction is without reasonable grounds or is not based upon consideration of relevant facts.
3. Advisors. The student has the right to be accompanied by an advisor, who, with at least five (5) business days' written notice to the AECC Chair, may be an attorney. If the student brings an attorney, the University will also be represented by legal counsel. Advisors are not permitted to speak for, or on behalf of, the charged student. However, with permission from the AECC Chair, advisors may make a statement and/or ask questions of the student, present relevant information after the Committee has completed discussions with the student and faculty member(s).
4. Evidentiary Requirements. Legal rules of evidence and procedure do not apply to Review hearings. The AECC may accept any evidence it deems relevant to the matter before it.
5. Closed Hearings. Review hearings are closed to the public.

6. Absence of Student. If the accused student fails to appear for the hearing, the AECC may hear the case and make a decision based on the evidence presented.
7. Process. To accommodate the nature of the incident to be investigated, the character of the information to be examined, and the kind of appeal the student is making, the AECC Chair has discretion to determine the hearing process. The following steps are generally recommended:
 - a. The student and the Campus Representative should each have an opportunity to briefly summarize the matter, maximum ten (10) minutes, including any relevant information and arguments.
 - b. The Campus Representative may present witnesses having knowledge of the incident, and offer documents or other materials bearing on the case. The AECC Chair may allow witnesses to make narrative statements, and may also allow AECC members to ask questions of witnesses. The AECC Chair should allow the student an opportunity to ask relevant questions, directed through the AECC Chair.
 - c. The student may present witnesses having knowledge of the incident and offer documents or other materials bearing on the case. The AECC Chair may allow witnesses to make narrative statements, and may also allow AECC members to ask questions of witnesses. The AECC Chair should allow the Campus Representative an opportunity to ask relevant questions, directed through the AECC Chair.
 - d. The AECC should allow AECC members to request additional material or the appearance of other persons, as needed.
 - e. The Campus Representative and the student should each have an opportunity to make closing statements, maximum ten (10) minutes.
- F. Post-Hearing.
 1. Deliberations. Upon concluding the Review hearing, the AECC shall meet privately to deliberate about the matter(s).
 2. Voting. At the conclusion of the deliberations, the AECC shall determine whether: 1) based on a preponderance of the evidence, a Code violation has occurred; 2) whether the sanction imposed was arbitrary or capricious; or 3) whether a procedural error occurred and that procedural error substantially harmed the student. The determination by the AECC shall be made by a majority vote of the members present.
 3. Written Report of Decision(s). The AECC Chair shall provide a written report within three days of the AECC reaching its conclusion(s). This report shall be provided via UCCS email to the Dean or Provost, the Campus Representative, and the student. The written report shall contain an explanation of the AECC's process, the evidence shared during the Review, the AECC's findings, the basis for its decision(s), and its decision(s). If the student appeals a procedural error, the report shall include the identification of the error and the corrective action required.
- G. Final Decision. Based on the written report of the AECC, the Provost shall make a final determination regarding the appeal. The Provost's decision shall be final and not subject to further appeal.



University of Colorado
Colorado Springs

UCCS CAMPUS POLICY

Policy Title: Student Academic Ethics Code Violations

Policy Number: 200-019

Policy Functional Area: Academic

Effective: [Pending](#)

Approved by: [Pam Shockley Zalabak, Venkat Reddy, Interim](#) Chancellor

Responsible Vice Chancellor: Executive Vice Chancellor of Academic Affairs (EVCAA)

Office of Primary Responsibility: EVCAA

Policy Primary Contact: EVCAA, 719-255-3700

Supersedes: January 7, 2013

Last Reviewed/Updated: **July 1, 2017**

Applies to: Students, faculty, and staff

Reason for Policy: The Student Academic Ethics Code ~~campus policy and procedures are sets forth the academic standards of students enrolled at the University of Colorado Colorado Springs. designed to provide appropriate implementation and due process for those accused of violating the Code.~~

I. INTRODUCTION

Consistent with the *Laws of the Regents* and University of Colorado *Administrative Policy Statements*, the University of Colorado at Colorado Springs has adopted a Student Academic Ethics Code and a campus policy and procedures designed to provide appropriate implementation and due process for those accused of violating the Code.

II. POLICY STATEMENT

- A. Authority for the creation administrative policies is found in the *The Laws of Regents*, 2007 Article 3 Section B.5 (A) which states:

The chancellor of each campus shall be the chief academic and administrative officer responsible to the president for the conduct of affairs of their respective campus in accordance with the policies of the Board of Regents. The chancellor shall have such other responsibilities as may be required by these Laws, or regent policy, or as may be delegated by the president.

B. Purpose:-

As members of the University community, students are obligated to maintain high standards of integrity and are expected to take an active role to encourage other students to respect high standards of integrity. The Student Academic Ethics Code ("Code") is intended to help maintain the high academic standards of UCCS. This policy applies to all students enrolled in credit or non-credit courses at the University of Colorado—Colorado Springs ("University" or "UCCS"). ~~are bound by this Student Academic Ethics Code.~~

~~It was approved on May 13, 2011 by vote of the UCCS Faculty Representative Assembly.~~

Definitions

- ~~1. Student: Students shall include, but not be not limited to, individuals enrolled in UCCS classes, whether credit or non-credit, on the home UCCS campus, those employing distance learning technologies, those offered through continuing education, and those offered through study abroad programs.~~
- ~~2.1. Faculty: The faculty shall include, but not be limited to, full, associate, and assistant professors, senior instructors, instructors, lecturers, adjunct faculty, graduate teaching assistants, graduate part-time instructors, and undergraduate teaching assistants. Faculty shall be the faculty of record for the class.~~
- ~~3.1. Academic Ethics Code Committee (henceforth, "AEC Committee" or "AECC"): The AEC Committee, a committee of the office of the Provost and Executive Vice Chancellor for Academic Affairs, is composed of a faculty members selected by the deans of each college, a student representative selected by the Vice Chancellor for Student Success, and a representative chosen by the faculty assembly.~~
- ~~4.1. Academic Ethics Code Committee Chair (henceforth, "AECC Chair"): The Associate Vice Chancellor of Academic Affairs or another academic officer designated by the Executive Vice Chancellor for Academic Affairs.~~
- ~~5.1. Review: An opportunity for the Academic Ethics Code Committee to gather information and hear all aspects of alleged Student Academic Ethics Code violations from both faculty and accused students.~~

B.C. Policy:-

1. Code. All students are subject to the Academic Ethics Code, attached to this policy as Attachment A. All members of the University community have an obligation to report good faith allegations of violations of the Code. The Code shall be administered in accordance with the procedures outlined in Attachment B.
2. Academic Ethics Code Committee. The Academic Ethics Code Committee ("AECC") has authority to administer the academic ethics system in accordance with its procedures, attached to this policy as Attachment C.
3. Reporting Violations. Any individual who has a good faith belief that a Code violation has taken place should immediately report the circumstances to the faculty member of the

course involved or to the chair (unit head) of the department where the course is offered. It shall be a violation of this policy when a person knowingly or recklessly alleges a false Code violation, and violations may be subject to disciplinary action.

4. Confidentiality. All documentation relating to a Code violation is considered a student educational record and, to the extent required by law, is kept confidential. Documentation concerning Code violations will be kept in the Office of the Associate Vice Chancellor for Academic Affairs.

5. Additional Policies. Schools, colleges, and departments should publish their policies and processes concerning Code violations in public places so that students may easily find them.

1. Reporting-

2. Any individual who has a good faith belief that a Code violation has taken place should immediately report the circumstances to the faculty member of the course involved or to the chair (unit head) of the department where the course is offered.

3. Resolution by a Faculty Member-

4. If a faculty member has reason to believe that a Code violation has occurred (due either to the faculty member's own observation or due to a report by a third party), the faculty member shall discuss the matter with the student, provide the student with the supporting documentation and ask the student for a response. If the student admits to the Code violation, the faculty member shall proceed as described in paragraph numbered 1 below. If the student denies the violation, the faculty member shall then determine whether the matter is, based on a preponderance of the evidence (i.e. the evidence demonstrates that it is more likely than not that the violation occurred) a violation of the Code.

a. If, based on a preponderance of the evidence, the faculty member finds that a Code violation has not occurred, then the faculty member shall so advise the student, no further action shall be taken, and the matter shall be closed.

b. If, based on a preponderance of the evidence, a faculty member finds that a Code violation has occurred, the faculty member shall present his/her finding to the student and provide the student with an opportunity to respond to the finding.

c. If the student admits to the Code violation or the faculty member finds that a Code violation has occurred, then it is the faculty member's prerogative to impose a sanction at the course level. Such sanctions may include, but are not limited to, the following:

i. downgrading the student on the assignment/exam/activity in which the academic Code violation occurred, with or without the opportunity to redo;

ii. failing the student on the assignment/exam/activity in which the academic Code violation occurred, with or without the opportunity to redo

iii. ~~lowering the student's grade for the course;~~

iv. ~~failing the student for the course.~~

d. ~~After a student admits to a Code violation, or after the faculty member determines that a Code violation has occurred, the faculty member is strongly urged to contact the AECC Chair to determine whether there have been past violations of the Code. The faculty member may take this information into account in determining the appropriate sanction.~~

e. ~~Upon imposing the sanction, the faculty member shall is strongly urged to report, in writing, the details of the Code violation, the student's responses, the sanction, and the student's acceptance of the sanction to the AECC Chair.~~

f.

g. ~~If the faculty member believes that a sanction more severe than a course-level sanction should be levied, then the faculty member shall follow all department and college procedures for such sanctions. More severe sanctions include probation, suspension, expulsion, or withholding or revoking a degree. The Dean, or his/her designee, shall make a decision concerning such a sanction and shall inform, in writing via UCCS email (an official means for communication within the university), the faculty member, the student, and the AECC Chair of his/her decision.~~

The student may appeal the faculty member's finding of a Code violation, or may appeal a sanction more severe than a course-level sanction according to the procedures set forth herein ~~as detailed under the college or school policies~~. The student will not be allowed to appeal to the AECC more than once regarding the same incident. The faculty member shall inform the student in writing of his/her right to appeal.

5. ~~However, the Dean or Dean's designee may not expel or suspend a student who is not matriculated in that college. If a faculty member wants to recommend expulsion or suspension in this situation, they must make that recommendation to the Dean of the college where the student is matriculated.~~ Student Appeals.

a. ~~Students may dispute either the faculty member's finding that a Code violation has occurred (unless the student has admitted the violation), or the Dean's imposition of a sanction more severe than a course-level sanction. If a student desires to appeal both the faculty member's finding and the sanction, the student must do so concurrently. Students may not appeal course-level sanctions. Each college shall have an appeals procedure for such disputes. In the case of a dispute that cannot be resolved by appeal within the college, students may appeal to the AECC as described below.~~

a. Appealing a Finding

b.

i. ~~If the student disputes the faculty member's finding that a Code violation has occurred, the student may then appeal the faculty member's finding by~~

following departmental and college processes.

- ii. If, after department and college procedures have been followed, the student still disputes the faculty member's finding that a Code violation has occurred, the student has the right to appeal to the Academic Ethics Code Committee (AECC) for review.
- iii. The AECC, following the procedures outlined herein, shall make a recommendation to the Dean of the college in which the Code violation has been found by the faculty member to have occurred, if the sanction imposed is a course-level sanction, or to the Provost, if the sanction is more severe than a course-level sanction.
- iv. The Dean or Provost, considering the AECC's finding and all other relevant evidence, shall make a decision about the finding that a Code violation has occurred. The Dean or Provost shall inform, in writing via UCCS email, the student, the faculty member, and the AECC Chair of his/her decision concerning the finding. The decision of the Dean or Provost shall be final.
- v. If upon appeal, the student is found to have violated the Code, the course-level sanction imposed by the faculty member will be upheld and may not be modified. If upon appeal, the student is found to not have violated the Code, all sanctions, including course-level sanctions, will be rescinded.

Appealing a Course-Level Sanction

- If allowed under the college or school policy, the student, whether they have admitted the violation or not, may appeal the course-level sanction by following department and college processes.
- The resolution of that appeal at the college or school level is final and may not be appealed to the AECC.

b. Appealing a Sanction More Severe than a Course-level Sanction

c.

- i. If the faculty member recommends and the Dean or the Dean's designee imposes a sanction more severe than a course-level sanction, then the student may appeal that sanction by following departmental and college processes.
- ii. If, after department and college procedures have been followed, the student still disputes the faculty member's recommendation of a sanction more severe than a course-level sanction, then the student may appeal to the Academic Ethics Code Committee (AECC) for review.
- iii. The AECC, following the procedures outlined herein, shall make a recommendation to the Provost regarding whether the sanction should be

upheld, reduced, or dismissed.

- iv. The Provost, considering the AECC recommendation(s) and all other pertinent evidence, shall make a final decision regarding whether the sanction shall be upheld, reduced, or dismissed. The Provost shall inform, in writing via UCCS email, the student, the faculty member, the Dean and the AECC Chair of his/her decision concerning the sanction. The Provost's decision shall be final.

d. Appealing the Process

e.

- f. If, at any point in departmental or college processes, the student believes that the procedure for determining Code violations has not been followed by the faculty member or the college, or that the procedure for determining a course-level sanction or recommending a sanction more severe than a course-level sanction has not been followed by the faculty member or the college, and that the procedural error substantially harmed the student, then the student may appeal to the AECC for review. If the AECC determines that a procedural error has occurred and that the error substantially harmed the student, the AECC shall remand the matter to the appropriate person for correction. The AECC's decision shall be final.

6. Miscellaneous Provisions

- 7. Restrictions on Graduation—A student who is the subject of a Code Review or who has been charged with a Code violation may not graduate from the university until the case has been resolved (i.e., the case has been dismissed or dropped, a Review has occurred, an appeal has occurred, the sanction has been imposed, etc.). A student who is found responsible for (or admits to) a Code violation may not graduate from the university until the student completes any additional course work resulting from the penalty and any suspension period has expired.

Expulsion—A student who has been expelled from the university UCCS due to a Code violation shall neither graduate from nor re-enroll in the University of Colorado Colorado Springs at any time. Notice of a UCCS expulsion for Code violation shall be placed on the student's transcript.

Confidentiality—All documentation relating to a Code case is considered a student educational record and to the extent required by law is kept confidential. Documentation concerning academic ethic code cases will be kept in the Office of the Associate Vice Chancellor for Academic Affairs. Faculty working with academic dishonesty matters may inquire about students' past infractions.

- a. Impartiality—If any member of the AECC believes there are circumstances that may impair his/her ability to render a fair judgment or to fulfill his/her responsibility with respect to an academic ethics case in an unbiased manner, that member shall request to be excused from his or her responsibilities with respect to the applicable case. If an accused student challenges the impartiality of any such member and the Chair determines that there is reasonable justification for such a challenge (which must be presented as soon as possible after the accused becomes aware of the relevant circumstances), such member shall be excused from their responsibilities with respect

to the applicable case. In any such event, a substitute for the excused member shall be appointed by the Dean of the college in which the excused member resided.

8. ~~Internal processes—Schools, Colleges, and Departments should place their policies and processes concerning Student Academic Ethics Code violations in appropriate places so that students may easily find them.~~

a. ~~Vice Chancellor for Student Success and Enrollment Management—When a student has been accused of a Code violation, the student should contact the office of the Vice Chancellor for Student Success and Enrollment Management concerning rights, processes, and procedures.~~

~~Violations by students matriculated in colleges different from the college where the course violation occurred. If a student is matriculated in a college/school different from the college/school of the course where the Code violation occurs, the student must follow the rules and process for resolving a Code violation dispute in the college where the course resides. However, the Dean or Dean's designee may not expel or suspend a student who is not matriculated in that college. If a faculty member wants to recommend expulsion or suspension in this situation, they must make that recommendation to the Dean of the college where the student is matriculated.~~

III. DEFINITIONS

1. Student: Students shall include, but not be not limited to, individuals enrolled in UCCS classes, whether credit or non-credit, on the home UCCS campus, those employing distance learning technologies, those offered through continuing education, and those offered through study abroad programs.

Faculty: The faculty shall include, but not be limited to, full, associate, and assistant professors, senior instructors, instructors, lecturers, adjunct faculty, graduate teaching assistants, graduate part-time instructors, and undergraduate teaching assistants. Faculty shall be the faculty of record for the class.

Academic Ethics Code Committee (henceforth, "AEC Committee" or "AECC"): The AEC Committee, a committee of the office of the Provost and Executive Vice Chancellor for Academic Affairs, is composed of a faculty members selected by the deans of each college, a student representative selected by the Vice Chancellor for Student Success, and a representative chosen by the faculty assembly.

Academic Ethics Code Committee Chair (henceforth, "AECC Chair"): The Associate Vice Chancellor of Academic Affairs or another academic officer designated by the Executive Vice Chancellor for Academic Affairs.

Review: An opportunity for the Academic Ethics Code Committee to gather information and hear all aspects of alleged Student Academic Ethics Code violations from both faculty and accused students.

2.

IV. KEY WORDS

- A. Academic Ethics Code Committee (~~henceforth~~, “AEC Committee” or “AECC”)
- B. Academic Ethics Code Committee Chair (~~henceforth~~, “AECC Chair”)
- C. Enrollment Management
- D. Faculty
- E. Review
- F. Student

V. RELATED POLICIES, PROCEDURES, FORMS, GUIDELINES, AND OTHER RESOURCES

A. Administrative Policy Statements (APS) and Other Policies

1. Academic Ethics Code, attachment A.

~~2. University of Colorado—Colorado Springs Student Academic Ethics Code~~

B. Procedures

1. Academic Ethics Code Committee Appeal Process, Attachment B.
2. Process Flowcharts 1-4

C. Forms

D. Guidelines

E. Other Resources (i.e. training, secondary contact information)

F. Frequently Asked Questions (FAQs)

VI. HISTORY

| | |
|-------------------------|-----------------|
| Initial policy approval | July 19, 2011 |
| Revised | January 7, 2013 |
| | July 1, 2017 |

ATTACHMENT A

**University of Colorado—Colorado Springs Student
Academic Ethics Code**

- A. Students shall observe complete honesty in all academic matters to include course requirements, classroom activities, research, and scholarship.
- B. Violations of the Code include, but are not limited to, taking or attempting to take any of the following actions:
1. Committing the act of plagiarism:— the use of distinctive ideas or words belonging to another person, without **adequately acknowledging** that person’s contribution. Plagiarism does not require an intention to plagiarize. If there is sufficient evidence of copying, use without acknowledgment, or submission of another’s work, plagiarism is committed, regardless of the student’s knowledge or lack thereof. ~~Thus defined, p~~Plagiarism includes ~~t~~ but is not limited to ~~the~~ the following:
 - a. ~~(a)~~ Copying phrases and/or sentences from a **source** without putting the material in quotation marks and/or **adequate acknowledgement** of the **source**.
 - b. ~~(b)~~ Mosaic copying phrases and/or sentences from a **source** without putting the material in quotation marks and/or **adequate acknowledgement** of the **source**.
 - c. ~~(c)~~ Using a **source’s** ideas, opinions or theories without **adequate acknowledgement** of the source.
 - d. ~~(d)~~ Paraphrasing a **source’s** words, ideas, opinions, or theories without adequate acknowledgement of the **source**.
 - e. ~~(e)~~ Using a **source’s** facts, statistics, or illustrative material without adequate acknowledgement of the **source**.
 - f. ~~(f)~~ Submitting as one’s own work that is **written or published** by another **author**.
 - g. **For the purposes of this violation:**

- ~~Definitions:~~
- ~~A source~~ is an individual, team, or unnamed author of some published or publicly presented or written piece of work. Sources can include other students.

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— An **author** is the originator of some idea(s) or string of words, either a phrase or phrases or a sentence or sentences.

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ii.

— A piece of work is **published** if it is (a) a book by some commercial or private press; (b) an article in a journal or magazine or newspaper (c) a working or professional paper of some recognized organization; (d) the content of a website; or (e) other technological forms of archiving not covered by (a) – (d).

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iii.

— A piece of work is **presented** if it is: (a) a public oral presentation; (b) a radio/television/video/compact disc/digital video disc presentation; or (c) other technological forms of archiving not covered by (a) and (b).

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iv.

v. — A piece of work is **written** if it is available either as a hard copy or an electronic copy.

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— **Acknowledgement** of a source is providing correct bibliographical information, in an accepted disciplinary format, for phrases, sentences, ideas, opinions, theories, statistics, or illustrative material used from a source.

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vi.

— **Adequate** acknowledgment is **acknowledgment** for each phrase, sentence, idea, opinion, theory, statistic, or illustrative material used from a source (**Acknowledging** a source once in a paper (or paragraph) and subsequently copying, **mosaic** copying, using or **paraphrasing** from that **source** without subsequent **acknowledgment** is plagiarism.)

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vii.

— **Mosaic** copying is copying in which certain words of some phrase and/or sentence from a source are changed in some way (deleted, replaced).

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viii.

ix.

— **Paraphrasing** a source is the act of replacing some or most words in a phrase and/or sentence from a source with synonyms for those words.

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2. Using unauthorized materials or receiving unauthorized assistance during an examination or in connection with any work done for academic credit. Unauthorized materials include, but are not limited to, notes, textbooks, previous examinations, exhibits, experiments, papers or other supplementary items.

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3. Giving false or misleading information regarding an academic matter.

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4. Copying information from another student during an examination.
5. Rendering unauthorized assistance to another student by knowingly permitting him or her to see or copy all or a portion of an examination or any work to be submitted for academic credit.
6. Obtaining prior knowledge of examination materials (including using copies of previous given examinations obtained from files maintained by various groups and organizations) in an unauthorized manner.
7. Selling or giving to another student unauthorized copies of any portion of an examination.
8. Using a commercially prepared paper or research project or submitting for academic credit any work completed by someone else.
9. Falsifying or attempting to falsify class attendance records for oneself, or for someone else, or having another falsify attendance records on your behalf.
10. Falsifying material relating to course registration or grades, either for oneself or for someone else.
11. Falsifying reasons why a student did not attend a required class or take a scheduled exam.
12. Taking an examination in place of another student.
13. Making unauthorized changes in any reported grade or on an official academic report form.
14. Falsifying scientific or other data submitted for academic credit.
15. Collaborating in an unauthorized manner with one or more other students on an examination or any work submitted for academic credit.
16. Using computing facilities or library resources in an academically dishonest manner.
17. Falsifying evidence in connection with an academic ethics violation investigation, hearing or appeal.
18. Attempting to intimidate a student, staff, or faculty member for the purpose of receiving an unearned grade or in an effort to prevent the reporting of an Academic Ethics Code violation.
19. Accessing or altering any academic record by any means without authorization.
20. Turning in same or similar work for multiple courses without permission from faculty to do such.

C. It is the responsibility of students to make sure they understand what types of conduct are authorized or unauthorized in each course.

C.

D. Any member of the university-University community who has reason to believe that a Code violation has taken place should immediately report the circumstances to the faculty member of the course involved or to the chair (unit head) of the department where the course is offered.

Helpful Links:

UCCS Writing Center

<http://web.uccs.edu/wrtgcntr/>

Kraemer Family Library Citation Information

<http://libguides.uccs.edu/cite>

Citing Online Sources

<http://www.bedfordstmartins.com/online/citex.html>

Citation Machine (you enter information and they provide citations)

<http://citationmachine.net/>

Copyright Information

<http://www.uccs.edu/copycenter/copyright.html>

ATTACHMENT B
Procedures

1. Resolution by a Faculty Member.

- a. If a faculty member has a good faith belief that a Code violation has occurred, due either to the faculty member's own observation or due to a report by a third party, the faculty member shall: 1) discuss the matter with the student; 2) provide the student with the supporting documentation; and 3) ask the student for a response. If the student admits to the Code violation, the faculty member shall proceed as described below. If the student denies the violation, the faculty member shall then determine whether the matter is a violation of the code based on a preponderance of the evidence, meaning that it is more likely than not that the violation occurred.
- b. When a student has been accused of a Code violation, the student should contact the Office of the Vice Chancellor for Student Success concerning rights, processes, and procedures.
- c. If the faculty member determines that the evidence does not indicate that a Code violation occurred by a preponderance of the evidence, then the faculty member shall so advise the student, no further action shall be taken, and the matter shall be closed.
- d. If the faculty member finds that a Code violation has occurred by a preponderance of the evidence, the faculty member shall present the finding to the student and provide the student with an opportunity to respond.
- e. Either after a student admits to a Code violation or the faculty member determines that a Code violation has occurred, the faculty member shall work through the college or school process to determine whether there have been past violations of the Code. The faculty member may take this information into account in determining the appropriate sanction.
- f. Upon imposing the sanction, the faculty member shall report, in writing via the faculty portal form "Report Ethics Code Violation," the details of the Code violation, the student's responses, the sanction, and the student's acceptance of the sanction to the AECC Chair.

2. Sanctions.

- a. Course-Level. If the student admits to the Code violation or the faculty member finds that a Code violation has occurred, then the faculty member has discretion to impose a sanction at the course level. Such sanctions may include, but are not limited to, the following:
 - i. Downgrading the student on the assignment/exam/activity in which the Code violation occurred, with or without the opportunity to redo;
 - ii. Failing the student on the assignment/exam/activity in which the Code violation occurred, with or without the opportunity to redo;
 - iii. Lowering the student's grade for the course; or
 - iv. Failing the student for the course.
- b. Beyond Course-Level. If the faculty member believes that a sanction more severe than a course-level sanction should be levied, then the faculty member shall follow all department and college procedures for such sanctions. The Dean of the applicable

school or college, or designee, shall make a decision concerning such a sanction and shall inform, in writing via UCCS email, the faculty member, the student, and the AECC Chair of the decision. The Dean or Dean's designee may not expel or suspend a student who is not matriculated in the school or college in which the Code violation occurred. If a faculty member wants to recommend expulsion or suspension in this situation, they must make that recommendation to the Dean of the college or school where the student is matriculated.

- c. Restrictions on Graduation. A student who has been charged with a Code violation or has appealed a decision related to a Code violation may not graduate from the University until the case has been resolved. A student who is found responsible for, or admits to, a Code violation may not graduate from the University until the student completes any additional course work resulting from the penalty and any suspension period has expired.
- d. Expulsion. A student who has been expelled from UCCS due to a Code violation shall neither graduate from nor re-enroll in the University at any time. Notice of a UCCS expulsion for Code violation may be placed on the student's transcript by the Office of the Registrar.

Commented [TL1]: David to check if this means the system or the campus.

3. Student Appeals.

- a. Appealing a Faculty Member's Decision.
 - i. A student may appeal a faculty member's finding that the student violated the Code by following the applicable policies of the college or school in which the violation occurred.
 - ii. If the student exhausts the appeal options within the appropriate college or school, the student may appeal to the AECC, who will consider the appeal in accordance with its procedures.
- b. Appealing a Course-Level Sanction.
 - i. A student may not appeal a course-level sanction unless the applicable college or school policies provide for such an appeal.
 - ii. The resolution of that appeal at the college or school level is final and may not be appealed to the AECC.
- c. Appealing a Sanction More Severe than a Course-Level Sanction.
 - 1. A student may appeal a sanction that is more severe than a course-level sanction by following the applicable policies of the college or school in which the violation occurred.
 - i. If the student exhausts the appeal options within the appropriate college or school, the student may appeal to the AECC, who will consider the appeal in accordance with its procedures.
- d. Appealing the Process. The student may appeal any procedural error to the AECC if the student can prove, by a preponderance of the evidence, that the error substantially harmed the student. If the AECC determines that a procedural error has occurred and that the error substantially harmed the student, the AECC shall remand the matter to the appropriate person for correction. The AECC's decision shall be final.

Process Flowcharts 1-4

FIGURE 1.
Student Admits to Code
Violation and Faculty
Member Imposes a
Course-level Sanction

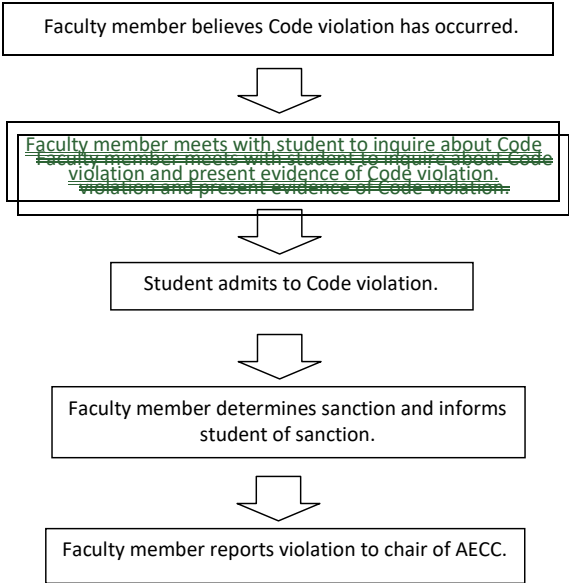


FIGURE 2.
Student Denies Code
Violation

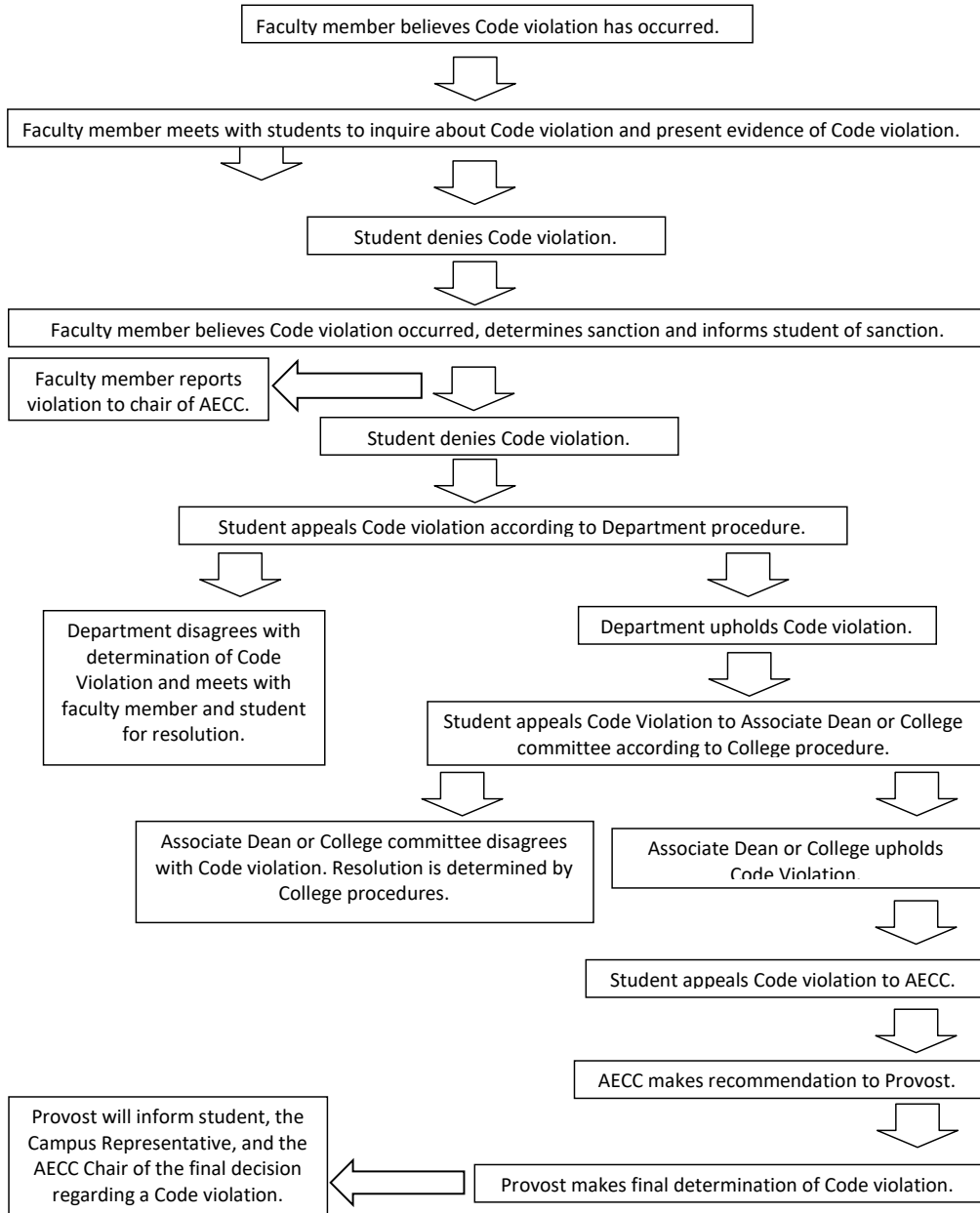


FIGURE 3.
Student Admits to Code
Violation,
Faculty Member
Recommends
A Sanction More
Severe than a Course-
Level Sanction and
Student Does Not
Appeal the Sanction

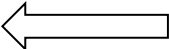
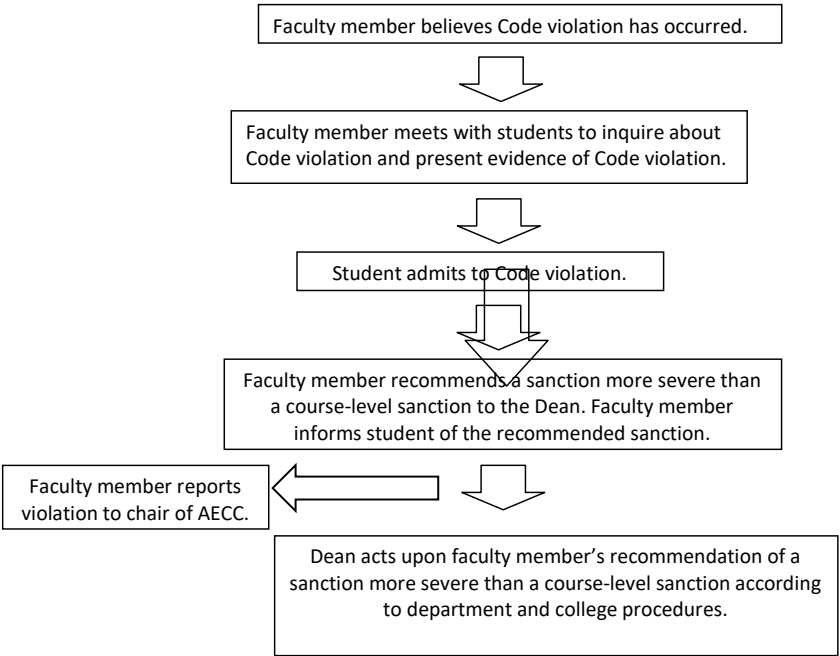
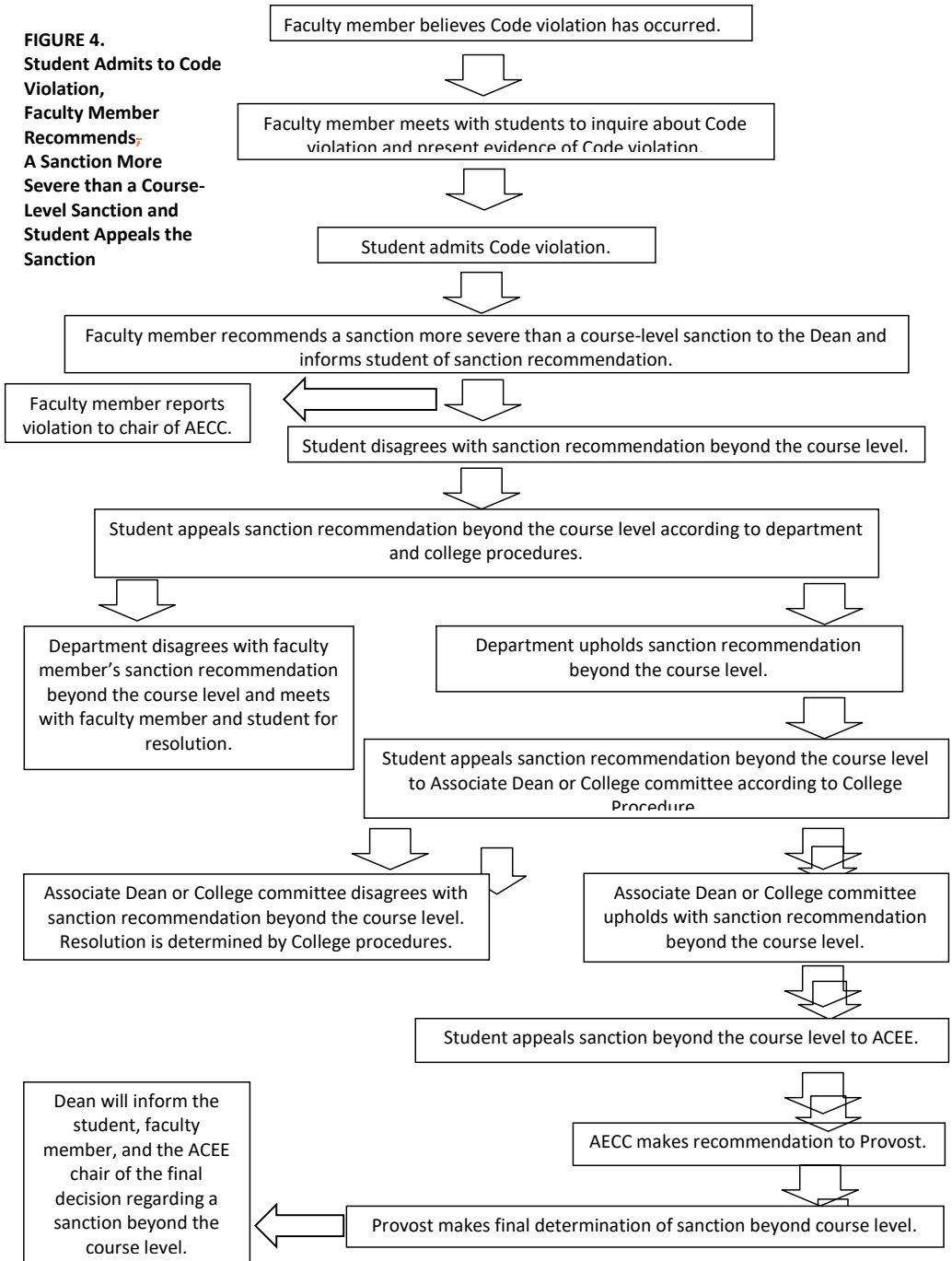


FIGURE 4.
Student Admits to Code
Violation,
Faculty Member
Recommends
A Sanction More
Severe than a Course-
Level Sanction and
Student Appeals the
Sanction



ATTACHMENT C**Academic Ethics Code Committee ~~Appeal Process~~**

A. Charge. The Academic Ethics Code Committee ("AECC") shall have authority to administer the academic ethics system, including the Student Academic Ethics Code ("Code"), in accordance with its procedures.

B. Composition.

~~Composition of Academic Ethics Code Committee~~

1. ~~AECC Chair.~~ The Associate Vice Chancellor for Academic Affairs shall act as the AECC Chair ~~to maintain the efficient administration of the academic ethics system, as specified by this Code.~~
In the event that the Associate Vice Chancellor for Academic Affairs is unable to fulfill his/her~~the~~ duties as AECC Chair, the ~~Provost-Executive Vice Chancellor~~ of Academic Affairs shall designate a replacement. The AECC Chair or ~~his/her~~ replacement shall vote only in the event of a tie vote.

~~2-1.~~

2. Members.

- a. The Dean of each school or college shall select and appoint the following number of voting representatives: Beth-El College of Nursing (1), College of Business (2), College of Education (1), College of Engineering (2), College of Letters, Arts, and Sciences (4), Library (1), School of Public Affairs (1).
- b. The AECC shall include a member of the student body selected by the Student Government Association and approved by the Office of the Vice Chancellor for Student Success and Enrollment Management.
- c. The AECC shall include a representative selected by the Faculty Assembly.
- d. All member shall be voting members.

~~The dean of each school or college shall select the following number of voting representatives: Beth-El College of Nursing (1), College of Business (2), College of Education (1), College of Engineering (2), College of Letters, Arts, and Sciences (4), Library (1), School of Public Affairs (1).~~

~~The Committee shall also include a voting member of the student body selected by the Student Government Association and approved by the office of the Vice Chancellor for Student Success and Enrollment Management.~~

3. ~~A representative selected by the Faculty Assembly shall be a member. Quorum. Seven members of the AEC Committee C shall constitute a quorum for Academic Ethics Reviews.~~
For a review, the AEC Committee shall include a representative from the student's college and a representative from the college where the alleged infraction occurred.

~~A.~~

~~B-C. Procedures for Reviews. Academic Ethics Code Committee (AECC) Review~~

1. Purpose. The AECC shall conduct Reviews, which are opportunities for the AECC to gather information and hear all aspects of alleged Code violations from faculty and accused students.
2. Initiating a Review. Students may initiate a Review in accordance with UCCS Policy 200-019 Student Academic Ethics Code Violations. When a student initiates a Review, the student

should contact the Office of the Vice Chancellor for Student Success concerning rights, processes, and procedures.

D. Pre-Hearing.

1. Composition. For each Review, the AECC shall include: 1) a representative from the student's college; a representative from the college where the alleged Code violation occurred; and 3) a Campus Representative.

- a. For appeals that relate to a finding or process, procedural error, the Campus Representative shall be the Dean or the Dean's designee of the college in which Code violation is alleged to have occurred.
- b. For appeals that relate to sanctions more severe than course-level sanctions, the Campus Representative shall be the Dean or Dean's designee of the college in which the student is matriculated.

- ~~1-2.~~ Setting and Documents. The AECC Chair shall select the date, time and place for the Review hearing. The AECC Chair shall ~~and~~ notify the ~~referring~~ Campus Representative¹ and the student by UCCS email a minimum of ten business days prior to the Review hearing with this information, as well as the make-up of the AECC. To be considered, the student or faculty member must submit copies of any documents or other materials, as well as a list of witnesses, ~~must be submitted~~ to the AECC Chair within five (5) business days prior to the Review hearing. The AECC Chair shall promptly provide copies to the other party within two (2) business days in advance of the Review hearing.

- ~~2-3.~~ Expedited Review. The student may submit a request for an expedited Review contemporaneously with the student's appeal. ~~or the faculty member may submit a request for an expedited review process when the student submits an appeal to the AECC Chair.~~ The AECC Chair shall determine if ~~the expedited review process~~ an expedited Review is warranted ~~will occur~~ and shall inform all involved parties of that decision through UCCS email. If the AECC Chair determines that an expedited ~~review~~ Review is warranted, then the AECC Chair shall ~~establish the timeline for the review and inform all involved parties of the expedited review timeline through UCCS email.~~ notify the parties of the new timeline.

4. Impartiality. If any member of the AECC believes there are circumstances that may impair the member's ability to render a fair judgment or to fulfill the member's responsibility with respect to a Review in an unbiased manner, that member shall request to be excused from that member's responsibilities with respect to that Review. If an accused student challenges the impartiality of any such member, presents the challenge as soon as the accused student becomes aware of the relevant circumstances, and the Chair determines that there is reasonable justification for such a challenge, the member shall be excused from the member's responsibilities with respect to that Review. In the event of such recusal, a

¹ ~~For appeals that relate to a finding or process, the Campus Representative shall be the Dean or the Dean's designee of the college in which Code violation is alleged to have occurred. For appeals that relate to sanctions more severe than course-level sanctions, the Campus Representative shall be the Dean or Dean's designee of the college in which the student is matriculated.~~

substitute for the excused member shall be appointed by the Dean of the college in which the excused member resided.

E. Hearing.

1. Recording. The Review hearing shall be audio recorded by the AECC. No other recording of the Review hearing is permitted. ~~AECC deliberations are a closed session and shall not be recorded.~~ Audio recordings shall be kept for six years by the office of the Associate Vice Chancellor for Academic Affairs from the date the hearing occurred. The audio recording of the Review hearing shall be copied and provided upon written request from the student. ~~AECC deliberations are a closed session and shall not be recorded.~~
2. Burden of Proof. The student bears the burden of demonstrating that the Code violation is either: 1) not supported by a preponderance of the evidence; or 2) that the sanction issued is arbitrary and capricious; or 3) that a procedural error occurred and that it substantially harmed the student. In order to not be supported by a preponderance of the evidence the student must demonstrate that it was more likely than not that the violation did not occur. In order to be considered arbitrary and capricious, the student must demonstrate that the sanction is without reasonable grounds or is not based upon consideration of relevant facts.
3. Advisors. The student has the right to be accompanied by an advisor, who, with at least five (5) business days' written notice to the AECC Chair, may be an attorney. If the student brings an attorney, the University will also be represented by legal counsel. Advisors are not permitted to speak for, or on behalf of, the charged student. However, with permission from the AECC Chair, advisors may make a statement and/or ask questions of the student, present relevant information after the Committee has completed discussions with the student and faculty member(s).
4. Evidentiary Requirements. Legal rules of evidence and procedure do not apply to Review hearings. The AECC may accept any evidence it deems relevant to the matter before it.
- ~~2-5.~~ Closed Hearings. Review hearings are closed to the public.
6. Absence of Student. If the accused student fails to appear for the hearing, the AECC may hear the case and make a decision based on the evidence presented.
- ~~3-7.~~ Process. ~~To accommodate the~~ The Review hearing process depends on the nature of the incident to be investigated, the character of the information to be examined, and the kind of appeal the student is making. ~~It thus lies within the discretion of the AECC Chair~~ has discretion to determine the most reasonable approach and to manage the hearing accordingly ~~hearing process.~~ The following steps are generally recommended:
 - a. The student; and the ~~on the~~ Campus Representative; should each have an opportunity to ~~shall~~ briefly summarize the matter, (maximum ten (10) minutes,) ~~the matter before the AEC Committee,~~ including any relevant information and arguments.
 - b. The Campus Representative may present witnesses having knowledge of the incident, and offer documents or other materials bearing on the case. The AECC Chair may allow witnesses to make narrative statements, and ~~be asked questions from the AECC members~~ may also allow AECC members to ask questions of witnesses. ~~The AECC Chair should allow t~~ The student an opportunity may then to ask relevant questions, directed

through the AECC Chair, ~~as needed~~.

- c. The student may present witnesses having knowledge of the incident and offer documents or other materials bearing on the case. The AECC Chair may allow witnesses to make narrative statements, and may also allow AECC members to ask questions of witnesses. The AECC Chair should allow the Campus Representative an opportunity to ask relevant questions, directed through the AECC Chair.~~The witnesses shall normally be allowed to make narrative statements, to be followed by questions from the AECC Committee. The Campus Representative may then ask relevant questions directed through the AECC Chair, as needed.~~

- d. The AECC should allow Members of the AECC members to ~~may~~ request additional material or the appearance of other persons, as needed.

- e. The Campus Representative, and then the student, may make should each have an opportunity to make closing statements, ~~not to exceed maximum ten (10)~~ minutes.

C.F. Post-Hearing.

1. Deliberations. Upon concluding the Review hearing, the AECC shall meet privately to deliberate about the matter(s).
2. Voting. At the conclusion of the ~~hearing~~ deliberations, the AECC shall determine whether: 1) based on a preponderance of the evidence, a Code violation has occurred; ~~or 2)~~ whether the sanction imposed was arbitrary or capricious; or 3) whether a procedural error occurred and that procedural error substantially harmed the student. The determination by the AECC shall be made by a majority vote of the members present.
3. Written Report of Decision(s). The AECC Chair shall provide a written report, within three days of the AECC reaching its conclusion(s), ~~).~~ This report shall be provided via UCCS email to the Dean or Provost, the Campus Representative, and the student. ~~with a thorough written report.~~ The written report shall contain an explaining explanation of the AECC's process, the evidence shared during the hearing-Review, the AECC's findings, and the basis for its decision(s), and its decision(s). If the student appeals a procedural error, the report shall include the identification of the error and the corrective action required.
~~The audio recording of the Review hearing shall be copied and provided upon written request from the student.~~

D.G. Final Decision. Based on the written report of the AECC, the Provost shall make a final determination regarding ~~the Code violation and any sanction related to that violation~~ the appeal. The Provost's decision shall be final and not subject to further appeal.

- f. ~~The student has the right to be accompanied by an advisor, who, with at least five (5) business days' written notice to the AECC chair, may be an attorney. If the student brings an attorney, the University will also be represented by legal counsel. Advisors are not permitted to speak for, or on behalf of, the charged student. However, with permission from the Chair, advisors may make a statement and/or ask questions of the student,~~

~~present relevant information after the Committee has completed discussions with the student and faculty member(s).~~

~~g. Legal rules of evidence and procedure do not apply to Review hearings. The AECC may accept any evidence it deems relevant to the matter before it.~~

~~h. Review hearings are closed to the public.~~

~~If the accused student fails to appear for the hearing, the AECC may hear the case and make a decision based on the evidence presented.~~



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|---------------------------|
| UCCS CAMPUS POLICY |
|---------------------------|

Policy Title: Roles and Responsibilities for Sponsored Programs Administration

Policy Number: 900-001

Policy Functional Area: RESEARCH

Effective: April 6, 2006

Approved by: Pam Shockley – Zalabak, Chancellor

Responsible Vice Chancellor: Executive Vice Chancellor of Academic Affairs (EVCAA)

Office of Primary Responsibility: EVCAA

Policy Primary Contact: AVC Research, 719-255-3779

Supersedes: May 15, 2005

Last Reviewed/Updated: April 6, 2006

Applies to: Faculty, Staff & Administration

Reason for Policy: The purpose of this policy is to provide a description of the shared responsibility for the administration of sponsored programs at the University of Colorado at Colorado Springs.

I. INTRODUCTION

Managing sponsored programs is a shared responsibility among the principal investigators, their departmental administrator, their department chair and college dean, the Office of Sponsored Programs, the Office of Contracts and Grants Accounting and other administrative units.

II. POLICY STATEMENT

A. 1999 System Audit Report

University of Colorado System Administrative Policy Statements (APS), "Sponsored Research Policies," May 14, 2001

B. Purpose:

The purpose of this policy is to provide a description of the shared responsibility for the administration of sponsored programs at the University of Colorado at Colorado Springs.

This policy defines the roles and responsibilities of principal investigators, their departmental administrators, department chairs, directors and deans, the Office of Sponsored Programs (OSP), and the Office of Contracts and Grants Accounting (OCGA).

C. Responsibilities:

1. Principal Investigator

It is reasonable and appropriate for the principal investigator (PI) to rely on administrative staff (departmental administrator) for assistance under a sponsored program. However, the PI is expected to:

- a. Be knowledgeable about sponsoring agency and UCCS policies and procedures related to proposal preparation and processing, conducting research, instruction, and training under a sponsored program.
- b. Process proposals and resulting awards through the Office of Sponsored Programs and other appropriate administrative units.
- c. Obtain appropriate approvals required for the conduct of the sponsored program, such as use of human subjects, animals, biohazardous materials and/or recombinant DNA.
- d. Comply with specific terms and conditions of each sponsored program, including submission of programmatic reports, invention reports and inventory and equipment reports.
- e. Ensure that any sub recipients comply with specific terms and conditions.
- f. Maintain budgets showing anticipated revenues and/or expenditures to assess financial performance.
- g. Ensure all expenditures incurred or transfer of funds:
 - i. are only for allowable costs under the terms of the sponsored agreement or applicable law;
 - ii. are authorized in accordance with University policies, State and Federal laws and regulations, and specific sponsor or donor requirements or restrictions,
 - iii. are made within the available funding for the account, or supported by an appropriate alternate non-sponsored program fund with sufficient funding for the disbursement. When it is anticipated that expenditures will exceed available funding, initiate plan for correction before exhaustion of funds; and
 - iv. are, in the case of unallowable costs, transferred to an alternate non-sponsored funding source.
- h. Review monthly detailed financial reports to:
 - i. Detect financial transaction errors or discrepancies, and
 - ii. monitor actual expenditures as compared to budgets.
- i. Take immediate action to resolve discrepancies or significant errors noted during the monthly report review.

- j. Follow up to ensure that such discrepancies or errors are corrected.
 - k. Certify that all costs charged to a sponsored program are accurate and specifically benefit the program being charged.
 - l. Certify salaries charged are accurate and specifically benefit the program by using the Personnel Effort Reporting system forms.
 - m. Ensure that all financial transactions are properly recorded in a timely manner so that expenditure reports may be prepared and submitted by Contracts and Grants accounting.
 - n. Maintain copies of original supporting documentation for all financial transactions for at least the minimum time periods specified in the funding agreement.
 - o. Ensure the Departmental Administrator is adequately trained and fully understands his/her financial recording responsibilities.
2. Department Chairs, Directors and Other Unit Heads Responsible for Administering a Sponsored Program:

Responsibilities of Department Chairs, Directors and Other Unit Heads include:

- a. Review proposals developed by faculty.
- b. Ensure the proposed project is consistent with the objectives of their unit.
- c. Determine the eligibility of the individual designated as Principal Investigator (PI) or Co-Principal Investigator in accordance with UCCS Policy, Principal Investigator Eligibility on Sponsored Programs.
- d. Ensure the appropriateness of the effort committed to the project by UCCS faculty, staff and students.
- e. Ensure that appropriate space has been identified and is available for the project, if applicable.
- f. Confirm that support will be provided for the administration of the project.
- g. Determine that cost sharing and/or matching fund commitments set forth in the proposal can be met.
- h. Identify appropriate unrestricted fund sources at the departmental or program level to cover cost-sharing commitments

- i. Provide documentation that cost sharing and/or matching fund commitments were provided as set forth in the proposal.
- j. Identify appropriate unrestricted fund sources at the departmental or program level to cover overdrafts and/or disallowances that PIs are not able to cover with funds under their jurisdiction
- k. Ensure that equipment purchased or acquired under sponsored programs awards are accounted for and/or disposed of in accordance with sponsor and University requirements.

3. Deans and Non-Academic Vice Chancellors

Responsibilities of Deans and Non-Academic Vice Chancellors include:

- a. Review all proposals to ensure that the proposed project is consistent with the objectives of their unit.
- b. Review and approve requests for exceptions to the Policy on Principal Investigator Eligibility on Sponsored Programs.
- c. Approve cost-sharing or matching commitments.
- d. Identify appropriate unrestricted fund sources to cover overdrafts and/or disallowances the department chair or director within their unit have not been able to cover.
- e. Ensure that a qualified departmental administrator is assigned to each funded project.

4. Office of Sponsored Programs

The OSP is responsible for all pre-award and non-financial post-award administration. The OSP provides the initial interpretation of all aspects of extramural funding. Should different interpretations arise between OSP and OCGA, the matter will be reviewed by the Associate Vice Chancellor for Research and the Controller, who may involve individuals from other campuses.

Responsibilities of OSP include:

- a. Assist in locating funding opportunities.
- b. Assist in proposal generation
 - i. Obtain guidelines/applications.
 - ii. Interpret guidelines
 - iii. Provide budget guidance
 - iv. Review/completion of required representations & certifications
 - v. Process for institutional approval and signature
 - vi. Copy & mail to Sponsor

- c. Review and approve budgets to ensure appropriate charges for salaries, benefits, facility and administrative costs and other budget items.
- d. Ensure that no proposals are submitted without full approval from the appropriate department chair, director of other unit head and the appropriate dean or non-academic vice chancellor.
- e. Route files to Technology Transfer Office as needed.
- f. Review, negotiate and approve all contractual agreements for sponsored programs.
- g. Coordinate with Office of Contracts and Grants Accounting for account setup.
- h. Continue liaison with funding organization throughout project period.
- i. Process requests for budget modifications, extensions, and other prior approval requests.
- j. Track proposal/award data.
- k. Coordinate Compliance committees:
 - i. Institutional Review Board for the Protection of Human Subjects
 - ii. Institutional Animal Care and Use Committee
 - iii. Biosafety Research Committee
 - iv. Research Misconduct Committee
 - v. Classified Research Committee
- l. Ensure that no project is authorized to begin work without approval of the appropriate Compliance Committee.
- m. Coordinate with OCGA on external reporting of sponsored-programs expenditures.
- n. Conduct workshops on various sponsored programs topics.

5. Office of Contracts and Grants Accounting

The Office of Contracts and Grants Accounting focus is on documenting expenditures/compliance rather than projecting or processing expenditures. The OCGA, in conjunction with the OSP, is responsible for reporting expenditures from sponsored programs to the System and to external organizations.

Responsibilities of the Office of Contracts and Grants Accounting include:

- a. Set-up project account in accordance with award notice.

- b. Monitor expenditures as to allowability, allocatability, and appropriateness; must hold up to Federal and State Audit
- c. Manage billing and receivable activities.
- d. Prepare financial reports, as required.
- e. Administer the personnel effort report system.
- f. Coordinate project close-out:
 - i. final financial reports
 - ii. final property reports
 - iii. final invention statements

III. KEY WORDS

- A. Proposal
- B. Pre-award
- C. Post-award
- D. Sponsored Programs
- E. Sub-award
- F. Principle Investigator (PI)

IV. RELATED POLICIES, PROCEDURES, FORMS, GUIDELINES, AND OTHER RESOURCES

- A. Administrative Policy Statements (APS) and Other Policies
- B. Procedures
- C. Forms
- D. Guidelines
- E. Other Resources (i.e. training, secondary contact information)
- F. Frequently Asked Questions (FAQs)

V. HISTORY

| | |
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| Initial policy approval | May 15, 2005 |
| Revised | April 6, 2006 |

UCCS

UCCS

To: Andrea Hutchins, EPUS Committee Chair
From: Thomas Zwirlein
CC: Barbara Prinari, President of the Faculty Assembly
Date: Date: April 14, 2017
Re: APS 900-001

The Personnel and Benefits Committee (P&B) completed a review of UCCS Campus Policy 900-001 and has a few suggested changes.

1. Under Principal Investigator 1. Part b the word units(s) should be changed to unit(s).
2. Under part 2(f) and 3.(f) the word trainings can be singular training.
3. Under part 2. Department Chairs, Directors, and Other Unit Heads Responsible for Administering Sponsored Programs. To be consistent with other changes in the document the word Sponsored Programs should be changed to Sponsored Projects. There may be other cases of this in the document so please have someone check for consistency.

A discussion of this document brought up a general question about administrative staff support. In part 1. Principal Investigator it states: "It is reasonable and appropriate for the principal investigator (PI) to rely on administrative staff (e.g. departmental administrator) for assistance under a sponsored project agreement."

The discussion was around whether this administrative staff support even exists in most units across campus. Faculty on the P&T Committee contend this support is often lacking or totally absent in many campus units because staff are already overloaded with work and this often means the PI becomes the de facto administrative support on the project. P&B believes this puts too much pressure on the PI since she/he now must not only conduct the research but must now provide the equivalent of staff support that may be outside his/her normal duties, responsibilities and pay while conducting the research. In other words, it is not appropriate to overload overworked staff and nor is it appropriate to have PI's conduct sponsored projects without adequate administrative support.

P&B recommends that each campus unit identify the administrative staff support person who will assist PI's before the project proposal is submitted to the office of Sponsored Programs and Research Integrity. Further, people providing this support must be trained so they clearly know their role and responsibilities throughout the project. Further, it is crucial that staff assigned to support research projects must have sufficient capacity within their jobs to perform the additional work.



University of Colorado
Colorado Springs

UCCS CAMPUS POLICY

Policy Title: Roles and Responsibilities for Sponsored Programs Administration

Policy Number: 900-001

Policy Functional Area: RESEARCH

Effective: [April 6, 2006](#)

Approved by: [Pam Shockley — Zalabak, Chancellor](#)

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Responsible Vice Chancellor: Executive Vice Chancellor of Academic Affairs (EVCAA)

Office of Primary Responsibility: EVCAA

Policy Primary Contact: AVC Research, 719-255-3779

Supersedes: [May 15, 2005](#) [April 6, 2006](#)

Last Reviewed/Updated: [April 6, 2006](#) [XX 2017](#)

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Applies to: Faculty, Staff & Administration

Reason for Policy: The purpose of this policy is to provide a description of the shared responsibility for the administration of sponsored programs at the University of Colorado ~~at~~ Colorado Springs.

I. INTRODUCTION

Managing sponsored programs is a shared responsibility among the principal investigators, their departmental administrator, their department chair and college dean, the Office of Sponsored Programs, [and Research Integrity \(OSPRI\)](#), the ~~Office of Contracts and Grants~~ [Sponsored Projects Accounting \(SPA\)](#) and other administrative units.

II. POLICY STATEMENT

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~~A. 1999 System Audit Report~~
~~University of Colorado System Administrative Policy Statements (APS), "Sponsored Research Policies," May 14, 2001~~

~~B-A. Purpose:~~
~~The purpose of this policy is to provide a description of the shared responsibility for the administration of sponsored programs at the University of Colorado at Colorado Springs.~~

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~~This~~
~~To align with APS 1012, this~~ policy defines the roles and responsibilities of principal investigators, their departmental administrators, department chairs, directors and deans, the Office of

Sponsored Programs (~~OSP~~), and ~~the Office of Contracts~~ Research Integrity (OSPRI), and ~~Grants~~ Sponsored Projects Accounting (~~OCGA~~), SPA) for the administration of sponsored programs.

~~C.B.~~ Responsibilities:

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1. Principal Investigator

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It is reasonable and appropriate for the principal investigator (PI) to rely on administrative staff (~~e.g.~~, departmental administrator) for assistance under a sponsored ~~program~~ project agreement. However, the PI is expected to:

- a. Be knowledgeable about sponsoring agency and UCCS policies and procedures related to proposal preparation and processing, conducting research, instruction, and training under a sponsored program.
- b. Process proposals and resulting awards through the Office of Sponsored Programs and ~~Research Integrity and~~ other ~~appropriate~~ administrative units, including home department(s) and units(s) in accordance with unit requirements.
- c. Obtain appropriate approvals required for the conduct of the sponsored ~~program~~ project, such as use of human subjects, animals, biohazardous materials and/or recombinant DNA, and export controls.
- d. Comply with specific terms and conditions of each sponsored ~~program~~ agreement, including submission of programmatic reports, invention reports and inventory and equipment reports.

e. Complete required training as requested by OSPRI.

f. Ensure that project personnel are appropriately trained and understand project's scope of work, funding agency rules and compliance requirements.

~~e.g.~~ Ensure that any sub recipients comply with specific terms and conditions.

~~f.h.~~ Maintain budgets showing anticipated revenues and/or expenditures to assess financial performance.

~~g.i.~~ Ensure all expenditures incurred or transfer of funds:

- i. are only for allowable costs under the terms of the sponsored agreement or applicable law;
- ii. are authorized in accordance with University policies, State and Federal laws and regulations, and specific sponsor ~~or donor~~ requirements or restrictions;

- iii. are made within the available funding for the ~~account~~project, or supported by an appropriate alternate non-sponsored ~~program~~project fund with sufficient funding for the disbursement. When it is anticipated that expenditures will exceed available funding, initiate plan for correction before exhaustion of funds; and
- iv. are, in the case of unallowable costs, transferred to an alternate non-sponsored project funding source.

~~h.~~j. Review monthly detailed financial reports to:

- i. ~~Detect~~detect financial transaction errors or discrepancies, ~~and~~;
- ii. monitor actual expenditures as compared to budgets;
- ~~ii.~~iii. confirm that procurement system documents are correct and accurate for all transactions.

~~j.~~k. Take immediate action to resolve discrepancies or significant errors noted during the monthly report review.

~~j.~~l. Follow up to ensure that such discrepancies or errors are corrected.

~~k.~~m. Certify~~Ensure~~ that all costs charged to a sponsored program are accurate and specifically benefit the program being charged.

~~l.~~n. Certify~~Ensure~~ salaries charged are accurate and specifically benefit the ~~program by using the Personnel Effort Reporting system forms.~~
project.

o. Complete required electronic effort reports.

~~m.~~p. Ensure that all financial transactions are properly recorded in a timely manner so that expenditure reports may be prepared and submitted by ~~Contracts and Grants accounting~~SPA.

~~n.~~q. Maintain copies of original supporting documentation for all financial transactions for at least the minimum the period required by the campus retention policy (APS 2006) unless a longer time period is required by the sponsor as specified in the fundingsponsored project agreement.

~~r.~~ Ensure the Work with the assigned departmental administrator to fulfill financial management.

s. Timely reply to requests from OSPRI, SPA, Departmental Administrator ~~is adequately trained, Sponsor, and fully understands his/her financial recording responsibilities.~~others.

~~o.~~t. Ensure compliance with Technology Control Plans, if applicable.

Commented [KK1]: Melinda: you were also going to come up with alternate/additional language since original supporting documentation is not kept by departments now. What are considered the official records now and who is responsible/where are they kept?

2. Department Chairs, Directors and Other Unit Heads Responsible for Administering a Sponsored ~~Program~~Programs

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Responsibilities of Department Chairs, Directors and Other Unit Heads include:

- a. Review proposals developed by faculty.
- b. Ensure the proposed project is consistent with the objectives of their unit.
- c. Determine the eligibility of the individual designated as Principal Investigator (PI) or Co-Principal Investigator (Co-PI) in accordance with UCCS Policy ~~900-006~~ *Principal Investigator Eligibility on Sponsored Programs*.

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d. Ensure the PI/Co-PI job description permits pursuing external funding and has appropriate time to devote to funded projects.

~~d.e.~~ Ensure the appropriateness of the effort committed to the project by UCCS faculty, staff and students.

f. As appropriate, ensure departmental administrators attend sponsored projects administration trainings.

~~e.g.~~ Ensure that appropriate space has been identified and is available for the project, if applicable.

~~f.h.~~ Confirm that support will be provided for the administration of the project.

~~g.i.~~ Determine that cost sharing and/or matching fund commitments set forth in the proposal can be met.

~~h.j.~~ Identify appropriate unrestricted fund sources at the departmental or program level to cover cost-sharing commitments

~~i.k.~~ Provide documentation that cost sharing and/or matching fund commitments were provided as set forth in the proposal.

~~j.l.~~ Identify appropriate unrestricted fund sources at the departmental or program level to cover overdrafts and/or disallowances that PIs are not able to cover with funds under their jurisdiction

m. Ensure that equipment purchased or acquired under sponsored programs awards are accounted for and/or disposed of in accordance with sponsor and University requirements.

~~k.n.~~Ensure compliance with Technology Control Plans, if applicable.

3. Deans and Non-Academic Vice Chancellors

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Responsibilities of Deans and Non-Academic Vice Chancellors include:

- a. Review all proposals to ensure that the proposed project is consistent with the objectives of their unit.
- b. Review and approve requests for exceptions to the Policy on Principal Investigator Eligibility on Sponsored Programs.
- c. Approve cost-sharing or matching commitments.
- d. Identify appropriate unrestricted fund sources to cover overdrafts and/or disallowances the department chair or director within their unit have not been able to cover.
- e. Ensure that a qualified departmental administrator is assigned to each funded project.

f. Ensure departmental administrators attend sponsored projects administration trainings.

g. Ensure compliance with Technology Control Plans, if applicable

4. Office of Sponsored Programs and Research Integrity (OSPRI)

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~~The OSPOSPRI~~ is responsible for all pre-award and non-financial post-award administration. ~~The OSPOSPRI~~ provides the initial interpretation of all aspects of extramural funding. Should different interpretations arise between ~~OSPOSPRI~~ and ~~OCGASPA~~, the matter will be reviewed by the Associate Vice Chancellor for Research and the Controller, who may involve individuals from other campuses.

Responsibilities of ~~OSPOSPRI~~ include:

- a. Assist in locating funding opportunities.
- b. Assist in proposal generation:
 - i. Obtain guidelines/applications.
 - ii. Interpret guidelines.
 - iii. Provide budget guidance.
 - ~~iv. Review/completion of required representations & certifications~~
 - ~~v. Process for institutional approval and signature~~
 - ~~vi. Copy & mail to Sponsor~~

~~e-iv.~~ Review and approve ~~budgets~~final budget to ensure ~~allowability of proposed costs,~~ appropriate ~~charges~~rates and calculations for salaries, benefits, facility and administrative costs and other budget items.

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- ~~v.~~ ~~Ensure that no proposals are submitted without full~~Review/complete required representations & certification.
- ~~vi.~~ Review final proposal for compliance with solicitation, as applicable.
- ~~vii.~~ Process for institutional approval and signature.
- ~~viii.~~ Submit to Sponsor.

~~d-c.~~Confirm approvals from the appropriate department chair, director ~~or~~ other unit head and the appropriate dean or non-academic vice chancellor-
are received.
Route files to

~~d.~~ Coordinate review and approval of PI and Co-PI eligibility requests per policy 900-006
Principal Investigator Eligibility on Sponsored Programs.

~~e.~~ Coordinate review and approval for F&A rate reductions and waivers per policy 900-002
Facilities and Administrative Rate Reduction and Waivers.

~~e-f.~~ Coordinate review of intellectual property and non-disclosure provisions with the Technology Transfer Office, as needed.

~~Review,~~

~~g.~~ Coordinate review and approval of requests for restricted, proprietary, and classified research per APS 1023.

~~f-h.~~ Serve as the institutional designated official to negotiate and approve all contractual sponsored project agreements for sponsored programs, non-auxiliary unit fee-for-service agreements, non-disclosure agreements, and other academic agreements, as appropriate.

~~g.~~ Coordinate with Office of Contracts and Grants Accounting for account setup.

~~i.~~ ~~Continue~~Prepare speedtype request paperwork for SPA.

~~h-j.~~ Serve as liaison with funding organization throughout project period.

~~i-k.~~ Process requests for budget modifications, extensions, and other prior approval requests.

~~j-l.~~ Track proposal/award data.

~~k-m.~~ Coordinate ~~Compliance~~and manage sponsored program and compliance committees:

- i. Institutional Review Board for the Protection of Human Subjects

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- ii. Institutional Animal Care and Use Committee
- iii. Biosafety Research Committee
- iv. Research Misconduct Committee in Research, Scholarship, and Creative Activities
- v. Classified Research Committee

- vi. Ensure that no project is authorized to begin work without Sponsored Programs Administrator Network
- vii. Committee on Research and Creative Works for scholarship seed grants.
- viii. Coordinate and comply with audits by CU System and funding agencies.

~~h.~~ n. Certify that projects receive approval of the appropriate Compliance Committee-
(s).

~~m. Coordinate with OCGA on external reporting of sponsored programs expenditures.~~

o. Maintain required Federal Wide Assurances (FWA) for human subjects' research.

~~n.~~ p. Conduct workshops on various sponsored programs and research integrity topics.

Office of Contracts and Grants

q. Serve as the institutional Export Control Officer and Empowered Official.

r. Review projects for export control implications and prepare, if needed, technology control plans and apply for applicable licenses.

s. Create policies, procedures, training, etc. to ensure compliance with sponsored programs and other research integrity rules and regulations.

t. Complete final inventions reports, if required.

u. Assist SPA with project close out as needed.

5. Sponsored Projects Accounting

The Office of Contracts and Grants

Sponsored Projects Accounting ~~focus is~~ (SPA) is responsible for all post-award financial administration, focusing on documenting expenditures/compliance rather than ~~projecting or~~ processing expenditures. ~~The OCGA, in conjunction with the OSP,~~ SPA is responsible for reporting expenditures from sponsored ~~programs~~ projects to the System and ~~to~~ external organizations.

Responsibilities of the Office of Contracts and Grants Accounting SPA include:

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- a. ~~Set-up project account~~ Setting up projects in the financial accounting system in accordance with award notice.

This includes entering the budget accounts and creating the speedtype.

- b. Prepare and process invoicing as specified by the sponsored project agreement.

- c. Processing sponsored project agreement amendments in the financial accounting system, as directed by OSPRI.

- d. Monitor expenditures as to post-award activities to include monitoring budgets, expenses, and recovered overhead to insure adherence to sponsor guidelines and all reporting requirements are met.

- ~~b-e.~~ Examine expenses for allowability, allocatability, and appropriateness; must hold up to Federal and State Audit in accordance with applicable federal and sponsor regulations.

- ~~c.~~ Manage billing and receivable activities.

- ~~d.~~ Prepare financial reports, as required.

Administer the

- f. Create speedtype and enter budget accounts for voluntary and mandatory departmental cost sharing.

- g. Monitor departmental cost sharing expenses entered by departmental administrators.

- h. Oversee the compliance of the electronic Personnel Effort Reporting (ePER); advise and instruct PI's, employees and administrators on personnel effort ~~report system.~~ reporting requirements and procedures.

- i. Accumulate data for preparing variety of financial reports.. This includes preparation of specialized financial status reports submitted to federal, state, local agencies, private sponsors, university management, the university Budget Office and Regents of the University of Colorado. This also includes preparing budgets, budget and research fund reconciliations, forecasting, analysis and ad-hoc reports for administrators, PIs, and others.

- j. Audit sponsored projects for compliance against applicable federal regulations, university policy, and the sponsored project agreement.

- k. Provide online and in-person training on various sponsored projects topics.

~~e.~~

- ~~f-l.~~ Coordinate project close-out:

~~i.~~ final financial reports

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- i. Analyze financial data to ensure the project has conformed to the terms and conditions of the award. Work with PI and administrator on any necessary corrections.
- ii. Ensure that all electronic Personnel Effort Reporting (ePERS) have been certified.
- iii. Ensure that cost share commitments have been fulfilled.
 - i. Prepare final financial reports.
 - ii. Request technical reports from the PIs.
- iii. Report final expenditures, equipment and property reports to the sponsor.
- iii. final invention statements

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III-6. KEY WORDS

- a. Disallowances (not in dictionary)
- b. F&A-
- c. ICR
- d. Overdrafts (not in dictionary)
- e. Principal Investigator (PI)
- f. Proposal
- g. B- Pre-award
- h. C- Post-award
- i. D- Sponsored Programs
- j. E- Sponsored Projects (not in dictionary)
- k. Speed type
- l. Sub-award
- f. Principle Investigator (PI)
- m. Subrecipient (subrecipient not in dictionary)

IV-III. RELATED POLICIES, PROCEDURES, FORMS, GUIDELINES, AND OTHER RESOURCES

A. Administrative Policy Statements (APS) and Other Policies

APS 1012 Sponsored Research Projects, November 2013 <http://www.cu.edu/ope/aps/1012>

APS 1005 Sponsored Project Revenues <http://www.cu.edu/ope/aps/1005>

APS 1007 Misconduct in Research, Scholarship, and Creative Activities <http://www.cu.edu/ope/aps/1007>

APS 1013 Intellectual Property Policy on Discoveries and Patents for their Protection and Commercialization <http://www.cu.edu/ope/aps/1013>

APS 1023 Restricted, Proprietary and Classified Research <http://www.cu.edu/ope/aps/1023>

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[APS 2006 Retention of University Records: http://www.cu.edu/ope/aps/2006](http://www.cu.edu/ope/aps/2006)

[APS 4014 Fiscal Roles and Responsibilities http://www.cu.edu/ope/aps/4014](http://www.cu.edu/ope/aps/4014)

[UCCS Policy 900-002 Facilities and Administrative Rate Reduction and Waivers
http://www.uccs.edu/vcaf/policies/uccs/policies.html](http://www.uccs.edu/vcaf/policies/uccs/policies.html)

[UCCS Policy 900-006 Principal Investigator Eligibility on Sponsored Programs
http://www.uccs.edu/vcaf/policies/uccs/policies.html](http://www.uccs.edu/vcaf/policies/uccs/policies.html)

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B. Procedures

[Policy and Procedures links: www.uccs.edu/osp/resources/policies-and-procedures.html](http://www.uccs.edu/osp/resources/policies-and-procedures.html)

[Principal Investigator Handbook: www.uccs.edu/osp/resources/policies-and-procedures.html](http://www.uccs.edu/osp/resources/policies-and-procedures.html)

[Sponsored Projects Accounting procedures:
www.uccs.edu/rmd/uccs-controllers-office/sponsored-projects-accounting.html](http://www.uccs.edu/rmd/uccs-controllers-office/sponsored-projects-accounting.html)

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C. Forms

[Sponsored programs and research compliance: www.uccs.edu/osp/resources/forms.html](http://www.uccs.edu/osp/resources/forms.html)

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D. Guidelines

[Uniform Guidance Information:
www.uccs.edu/osp/resources/uniform-guidance-information.html](http://www.uccs.edu/osp/resources/uniform-guidance-information.html)

[Research Compliance guidelines: www.uccs.edu/osp/research-compliance.html](http://www.uccs.edu/osp/research-compliance.html)

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E. Other Resources (i.e. training, secondary contact information)

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[Finding funding resources: www.uccs.edu/osp/finding-funding.html](http://www.uccs.edu/osp/finding-funding.html)

[Training Requirements: www.uccs.edu/osp/resources/trainings.html](http://www.uccs.edu/osp/resources/trainings.html)

[2010 Effort Reporting Audit Report Available on request from the UCCS Controller's Office](#)

[2005 Sponsored Projects Audit Report Available on request from the UCCS Controller's Office](#)

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F. Frequently Asked Questions (FAQs)

V-IV. HISTORY

Initial policy approval
Revised

May 15, 2005
April 6, 2006, March 27, 2017



University of Colorado
Colorado Springs

Guidelines and Procedures for Research Misconduct Allegations

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I. Introduction

General Policy

The University of Colorado Colorado Springs, herein referred to as “UCCS,” is responsible for fostering a research environment that promotes the responsible conduct of research, discourages research misconduct, and addresses allegations of possible research misconduct. UCCS’s obligations to prevent and investigate allegations of research misconduct arise under Articles I and V of the Laws of the Regents, University of Colorado Administrative Policy Statement 1007 Misconduct in Research, Scholarship and Creative Activities (“APS 1007”), and the requirements of federal agencies, including the National Institutes of Health/Public Health and the National Science Foundation.

The Faculty Assembly of UCCS has formed the Committee on Misconduct in Research, Scholarship, and Creative Activities (“CMRSCA”) to fulfill its obligation of investigating allegations of research misconduct. These *Guidelines and Procedures* are intended to provide guidance with respect to the manner in which UCCS, through CMRSCA, will carry out these responsibilities.

Nothing in these *Guidelines and Procedures* is intended to override or contradict provisions of other regulations or policies of the University of Colorado or of funding agencies.

Although these *Guidelines and Procedures* set forth the presumptive timeframes for the conduct of proceedings before the CMRSCA or any committees that the CMRSCA appoints, these timeframes are not absolute and may be modified as necessary for the CMRSCA or its committees to perform adequately their functions. Failure to complete an inquiry, investigation, or other process within these timeframes shall not be grounds for dismissal of an allegation of research misconduct, but any undue delay may be considered by the CMRSCA or other appropriate official when reviewing the findings and recommendations of CMRSCA and its committees.

Scope

These *Guidelines and Procedures* apply to:

1. any person who, at the time of the alleged research misconduct, was employed by, was an agent of, or was affiliated by contract or agreement with UCCS, such as officials; faculty; scientists and trainees; technicians, research coordinators and other research staff; teaching and support staff; students¹; post-doctoral and other fellows; volunteers and guest

¹ UCCS has academic dishonesty procedures that generally take precedence for allegations involving student course work. As such, most (but not all) course-related work is covered by student

researchers; contractors, subcontractors and subawardees and their employees.

2. any person who is alleged to have committed research misconduct prior to his or her employment, agency or affiliation with UCCS, provided the CMRSCA determines that such allegations of research misconduct have the potential to impact the reputation of UCCS.

In the event that potential research misconduct is alleged to have occurred in the course of federally-funded research, the CMRSCA shall attempt to comply with both these *Guidelines and Procedures* and the funding agency's requirements for the investigation of research misconduct. In any such case, the CMRSCA shall refer to the requirements delineated by each federal agency, including, for example, the Public Health Service requirements contained in 42 C.F.R. 93 and the National Science Foundation requirements described in Section 930 of the NSF Grant Policy Manual. In the event that these *Guidelines and Procedures* materially conflict with the requirements of any funding agency, the CMRSCA will apply the requirements of the funding agency.

II. Definitions

Allegation

Allegation means a disclosure of possible research misconduct through any reliable means of communication to the Research Integrity Officer or chair of the Committee on Misconduct in Research, Scholarship, and Creative Activities. (See Section VI.A)

Good faith allegation means 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.

disciplinary/honor code policies, rather than by this policy. However, students are covered under this policy if the work in question meets the definition of research. Student theses and dissertations are generally covered by this policy. Work conducted by students in their role as a UCCS employee is also covered by this policy.

Inquiry

Inquiry means preliminary gathering of information and initial fact-finding to determine whether an allegation warrants an investigation.

Investigation

Investigation means the formal examination and evaluation of all relevant facts to determine if research misconduct has occurred and, if so, to determine the responsible person(s) and the seriousness of the misconduct.

Research

The University broadly defines *research, scholarship and creative activities* to include all forms of scholarship and creative activities within the responsibilities of faculty, staff, or students that are designed as original works or are intended to contribute to generalizable knowledge in a field of academic inquiry. The terms *research* and *research, scholarship and creative activities* are used interchangeably throughout this policy.

Research Misconduct

Research Misconduct includes:

1. Fabrication: making up data or results, notes, or other research information and recording or reporting them. "Data" refers to whatever forms of evidence are relevant to publication of research in a particular discipline;
2. Falsification: manipulating research materials, equipment or processes, or changing or omitting data/results such that the research is not accurately represented in the research record;
3. Plagiarism: appropriation of another's ideas, processes, results or words without giving them appropriate credit;
4. Other serious deviations from accepted practices² in proposing, performing or reviewing research, or in reporting results from research;
5. Material failure to comply with federal or University requirements for protection of researchers, human subjects, or the public;
6. Material failure to comply with federal or University requirements for ensuring the welfare of laboratory animals;
7. Failure to comply with established standards regarding author names on publications;
8. Retaliation of any kind against a person who, in good faith, reported or provided information about suspected or alleged research misconduct.

² "Accepted practices" is federal terminology and is used to convey the need to take into account context of the research setting and disciplinary practices.

Research Misconduct does not *include* honest error or honest differences in interpretations or judgments of data. However, where a person's conduct otherwise constitutes research misconduct, the burden of proof lies with that person to establish by a preponderance of the evidence that his or her conduct represents honest error or honest differences in interpretation of data.

Allegations falling into categories 5 and 6 above will be investigated through these *Guidelines and Procedures* only to the extent that there is not an alternative investigative process to address such misconduct.

If, in the course of an investigation, the Committee on Misconduct in Research, Scholarship, and Creative Activities or its committees determines that the allegations of research misconduct relate to federally-funded research and the federal funding agency's definition of research misconduct is more limited than the definition set forth in these *Guidelines and Procedures*, the federal funding agency's definition of research misconduct shall apply for determining whether such research misconduct shall be reported to the federal funding agency or other appropriate authority. UCCS's definition of research misconduct, however, shall continue to apply for UCCS's internal administrative purposes, including the imposition of discipline against any person who is determined to have engaged in conduct that meets UCCS's definition of research misconduct.

Finding of Research Misconduct

A *Finding of Research Misconduct* must include the following requirements:

1. There be a significant departure from accepted practices of the relevant research community as identified in the Research Misconduct definition; and
2. The misconduct be committed intentionally, knowingly, or recklessly; and
3. The allegation be proved by a preponderance of the evidence.

For research misconduct to be actionable, all elements of a "finding" must be made. There may be cases where conduct exists that fits an illustration of research misconduct but such conduct may also be found to be honest error and therefore the conduct does not meet the definition of "research misconduct". There may also be cases where conduct satisfies the "research misconduct" definition but there is no finding that the conduct was committed intentionally, knowingly, or recklessly, and therefore the requirements of a "finding of research misconduct" cannot be met.

The following legal definitions from Black's Law Dictionary may be used to help define whether the research misconduct was committed intentionally, knowingly, or recklessly:

Intentional: Done with the aim of carrying out the act.

Knowing: (1) Having or showing awareness or understanding; well informed; (2) deliberate; conscious.

Reckless: Characterized by the creation of a substantial and unjustifiable risk of harm to others and by a conscious (and sometimes deliberate) disregard for or indifference to that risk; heedless; rash. Reckless conduct is much more than mere negligence: it is a gross deviation from what a reasonable person would do.

Serious Research Error

Serious Research Error results when alleged conduct does not satisfy the definition of a “Finding of Research Misconduct”, such as conduct that is the result of honest error or honest differences in interpretations or judgments of data or conduct that is not found to have occurred intentionally, knowingly, or recklessly, but is still found by the Inquiry or Investigative Committee to be a significant departure from accepted practices of the relevant research community.

Research Records

Research record means any data, document, or other written or non-written account or object—whether in electronic or other form-- 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 research misconduct.

A *research record* includes, but is not limited to, the following: 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 files and printouts; manuscripts and publications; equipment use logs; laboratory procurement records; animal facility records; human and animal subject protocols; consent forms; medical charts; and patient research files. Research records should be retained and maintained following procedures of the university, funding agency, or publishing company.

The destruction, absence of, or Respondent’s failure to provide research records adequately documenting the questioned research is evidence of research misconduct when the University has established by a preponderance of the evidence that, after notice that a research misconduct allegation has been made against the Respondent, (1) the Respondent intentionally, knowingly, or recklessly had research records and destroyed them, had the opportunity to maintain such records but did not do so, or maintained the records and failed to produce them in a timely manner, and (2) the Respondent’s conduct constitutes significant departure from accepted practices of the relevant research community.

Retaliation

Retaliation means an adverse action taken against a Complainant, witness, or committee member by a member of the University community in response to a good faith allegation of research misconduct or good faith cooperation with research misconduct proceedings.

Public Health Service Office of Research Integrity (PHS/ORI)

As used in these *Guidelines and Procedures*, PHS/ORI refers to the Office of Research Integrity within the Public Health Service, within the Department of Health and Human Services. This office oversees research misconduct investigations involving research funded by the National Institutes of Health.

III. Roles and Responsibilities

Committee on Misconduct in Research, Scholarship, and Creative Activities

The *Committee on Misconduct in Research, Scholarship, and Creative Activities* ("CMRSCA") is a standing committee of the Faculty Assembly and is responsible for inquiries and investigations of allegations of research misconduct. The basic responsibilities of the CMRSCA are to promote exemplary ethical standards of research conduct, to receive allegations of misconduct, to ensure thorough, fair and expeditious proceedings for the evaluation of allegations, and to recommend possible disciplinary action, policy changes or other actions to remedy the misconduct and to prevent similar misconduct in the future. CMRSCA operates according to its by-laws and uses these *Guidelines and Procedures* to address allegations of research misconduct. The CMRSCA and its committees shall attempt to preserve the rights of all parties during the inquiry and investigation processes.

Research Integrity Officer

The *Research Integrity Officer* ("RIO") will be the Associate Vice Chancellor for Research and Faculty Development unless the Chancellor appoints, in writing, another person to serve. The RIO is the institutional official who has primary responsibility for implementing these *Guidelines and Procedures*. The RIO's duties are described in Appendix A, and generally include informing any person who is considering whether to submit an allegation of research misconduct about the requirements of these *Guidelines and Procedures*, receiving allegations of research misconduct, coordinating the work of the CMRSCA and its committees, administering these *Guidelines and Procedures* to provide timely notice and an opportunity to respond to any person alleged to have engaged in research misconduct, and providing timely notifications of research misconduct inquiries and investigations to appropriate University and federal agency officials.

The RIO shall be responsible for (1) notifying the CMRSCA of any requirements of funding organizations concerning research misconduct; (2) communicating with such agencies as required by agency guidelines; and/or (3) acting as liaison between the CMRSCA and the appropriate dean, vice chancellor, or other University official if that party is required to communicate with the funding agency on research matters.

Deciding Official

The *Deciding Official* (“DO”) will be the Provost unless the Chancellor appoints, in writing, another person to serve. The DO will receive the final Investigative Report from the CMRSCA and determine the appropriate institutional response. To the extent possible the DO shall have no prior involvement in the institution’s inquiry, investigation, or allegation assessment; the fact that the DO received an allegation of research misconduct or referred such an allegation to the RIO shall not constitute direct prior involvement. In the event that the Provost has a conflict of interest in a case, the Chancellor shall appoint another individual as the DO. The DO may consider if CMRSCA or its committees failed to provide the rights identified in these *Guidelines and Procedures* when determining the appropriate institutional response to an allegation of research misconduct.

Complainant

The *Complainant* is the individual who presents a written allegation of research misconduct to the RIO or CMRSCA. A Complainant is required to make allegations in good faith and with a reasonable basis for believing that research misconduct occurred.

Respondent

The *Respondent* is the person against whom an allegation of research misconduct has been made.

IV. General Policies and Principles

Responsibility to Report Misconduct

UCCS faculty, employees and students have an obligation to report observed or suspected research misconduct to the RIO or to the CMRSCA. If an individual is unsure whether a suspected incident falls within the definition of research misconduct, he or she may contact the RIO to discuss the suspected research misconduct informally, which may include discussing it anonymously and/or hypothetically. If the circumstances described by the individual do not meet the definition of research misconduct, but are appropriately addressed by another UCCS entity or third party, the RIO will refer the individual or allegation to other

offices or officials with responsibility for resolving the problem. Except to the extent necessary to comply with reporting requirements or state law or to defend any legal action which might be asserted against UCCS, the RIO will maintain confidential any such discussions or consultations regarding concerns of possible research misconduct.

Cooperation with Research Misconduct Proceedings

In accordance with the University of Colorado Administrative Policy Statement 1007 on Misconduct in Research, Scholarship and Creative Activities, members of the UCCS community are obligated to cooperate with and provide evidence relevant to a research misconduct allegation to the RIO, the CMRSCA, and other institutional officials. Any member of the UCCS community who fails or refuses to cooperate with the inquiry or investigative processes shall be reported to the appropriate dean or vice chancellor; such non-cooperation may constitute the basis for disciplinary action. Nothing herein will be interpreted in such a way as to infringe on an individual's right to invoke the protection of the Fifth Amendment to the U.S. Constitution with regard to self-incrimination; however, it is equally permissible to draw an adverse inference from an individual's failure of proof.

During both inquiry and investigation, the RIO and the CMRSCA shall elicit the cooperation of the Complainant, the Respondent, and any other persons who have knowledge of the alleged research misconduct. Any person's failure to provide such cooperation, however, shall not preclude UCCS's continued investigation of potential research misconduct.

Confidentiality

The RIO, the CMRSCA, and its committees shall take reasonable steps to maintain the confidentiality of an allegation of research misconduct through the inquiry and investigative stages. The RIO, the CMRSCA, and its committees shall request that the Complainant, the Respondent, and any other involved persons maintain confidentiality during the inquiry and investigative processes, including through the use of confidentiality agreements.

During the course of the inquiry and investigative stages, the RIO, the CMRSCA, and its committees may disclose information related to an allegation of research misconduct through the inquiry and investigative stages to the extent required by law. The RIO or the CMRSCA may also disclose information related to the inquiry and investigative processes if the seriousness of the alleged research misconduct warrants disclosure pending the outcome of the inquiry or the investigation.

Without limitation, such instances include where the disclosure is necessary: (1) to prevent an immediate health hazard; (2) to protect the University's resources or reputation; (3) to protect the interests of the academic community; (4) to protect any person's resources or reputation; (5) to comply with the University's obligations

to any state or federal agency, or (6) to correct misinformation made available to the public about the alleged research misconduct and the University's response.

To the extent possible, the RIO and/or the CMRSCA shall limit disclosure of the identity of the Complainant, Respondent, or witnesses in the inquiry and investigative processes. For example, unless the circumstances merit direct identification of the participants in their reports and other documents, the CMRSCA and its committees should refer to the participants as "Complainant," "Respondent," and "Witness 1." In the event that the CMRSCA or its committees refer to individuals using generic identifiers, it should also include a confidential appendix containing those persons' identities.

The CMRSCA, upon recommendation to and approval by the RIO and the Provost, may disclose the final Inquiry Report and/or Investigative Report as necessary for it to meet its obligation of discouraging research misconduct in the University community, to remediate the harm caused by research misconduct, or as necessary to comply with the requirements of funded research. In the event that the CMRSCA finds that a Respondent has not engaged in research misconduct, the CMRSCA may disclose the final Inquiry Report and Investigative Report as necessary to protect the reputation of the Respondent.

Notwithstanding any other provision in these *Guidelines and Procedures*, the University, the RIO, the CMRSCA, and its committees shall disclose any information reasonably necessary for it to comply with state or federal law.

Non-Retaliation

Members of the University community may not retaliate in any way against Complainants, witnesses, or committee members. Institutional members should immediately report any alleged or apparent retaliation to the RIO. The RIO shall review the allegation of retaliation and, if warranted, make all reasonable and practical efforts to redress any retaliation that has already occurred and to prevent any further retaliation. The retaliation allegation will be sent to the CMRSCA for review under these *Guidelines and Procedures*.

Interim Administrative Actions and Notifying PHS/ORI of Special Circumstances

Throughout the research misconduct inquiry and investigation, the RIO will monitor the proceedings to determine if there is any threat of harm to public health, federal funds and equipment, or the integrity of the federally-supported research process. In the event of such a threat, the RIO will, in consultation with other institutional officials and the funding agency, take appropriate interim action to protect against any such threat.

Interim action might include additional monitoring of the research process and the handling of federal funds and equipment, reassignment of personnel or of the responsibility for the handling of federal funds and equipment, additional review of research data and results, delaying publication, or notifying appropriate persons of errors in published research.

The RIO shall, at any time during a research misconduct proceeding, notify PHS/ORI immediately if he/she has reason to believe that any of the following conditions exist:

- Health or safety of the public is at risk, including an immediate need to protect human or animal subjects;
- Department of Health and Human Services (HHS) resources or interests are threatened;
- Research activities should be suspended;
- There is a reasonable indication of possible violations of civil or criminal law;
- Federal action is required to protect the interests of those involved in the research misconduct proceeding;
- The research misconduct proceeding may be made public prematurely and HHS action may be necessary to safeguard evidence and protect the rights of those involved; or
- The research community or public should be informed.

Termination or Resignation of Respondent Prior to Completing Inquiry or Investigation

The termination of the Respondent's employment with the University, by resignation or otherwise, before or after an allegation of possible research misconduct has been reported, will not preclude or terminate the misconduct procedures.

If the Respondent, without admitting to the misconduct, elects to resign his or her position prior to the initiation of an inquiry, but after an allegation has been reported, or during an inquiry or investigation, the inquiry or investigation will proceed. If the Respondent refuses to participate in the process after resignation, the CMRSCA will use its best efforts to reach a conclusion concerning the allegations, noting in its report the Respondent's failure to cooperate and its effect on the committee's review of all the evidence.

V. General Operating Procedures

CMRSCA

CMRSCA operates according to the approved by-laws. These Guidelines and Procedures are for addressing research misconduct allegations and for ensuring compliance with APS 1007.

Clerical and Administrative Support

Clerical and administrative support shall be provided by the Office of Research. Copies of all CMRSCA written records are to be kept by the Office of Research in accordance with the University's record retention policy. A secure folder may be used for electronic storing of files and the sharing of files in a misconduct investigation.

Conflict of Interest or Bias

To ensure impartiality, members of the CMRSCA, the Inquiry Committee, and the Investigative Committee, the RIO and the DO are expected to reveal any actual or potential conflicts of interest to the CMRSCA, including: (1) previous personal knowledge of or involvement in the matter forming the basis of the research misconduct allegation; (2) close personal, professional or financial relationship with the Complainant, Respondent, or any other participant in the inquiry or investigative processes.

Any individual with an actual conflict of interest or bias should withdraw from the relevant processes. Any member may also withdraw or limit participation if he or she feels that participation may create the appearance of impropriety, even if there is no actual conflict of interest. The Chair of the CMRSCA may also disqualify any member determined by the Chair or the CMRSCA to have an actual conflict of interest or bias. If a member withdraws or is disqualified from particular proceedings, that member shall take no part in those proceedings as a member of the Committee, including attending meetings, asking questions, observing the proceedings, and discussing the allegations with other members. Complainants and Respondents may identify to RIO any persons with a potential conflict to request they not participate on CMRSCA, the Inquiry and/or Investigative Committee. A disqualified member may, however, be called as a witness during the inquiry or investigative processes.

Role of the University Counsel

The CMRSCA and its committees, the RIO, and the DO may seek advice and assistance from the Office of the University Counsel as they deem necessary. University Counsel also provides interpretation of rules and laws related to a research misconduct proceeding. University Counsel will not provide legal advice to Respondents, witnesses, or complainants, and it is within their individual discretion to seek advice from their own legal counsel.

The Office of the University Counsel shall be notified of the meetings of the CMRSCA and provided with minutes of CMRSCA proceedings. University Counsel may send a representative to attend meetings of the CMRSCA or proceedings of conducted by the Inquiry or Investigative Committees appointed hereunder if the University Counsel considers that such attendance is in the best interests of the University.

Amendments to Guidelines and Procedures

Changes to these Guidelines and Procedures, when possible, will be made following normal campus processes and with appropriate input and approvals by faculty representative assembly. To ensure compliance with University, federal, or other requirements for a pending investigation, the RIO, in consultation with the CMRSCA chair or faculty assembly president, may make changes or amendments if there is not sufficient time to follow normal processes (e.g., during summer with a pending case).

Education of the Academic Community

Deans, directors, chairs and graduate advisors shall be reminded annually of APS 1007 and of these *Guidelines and Procedures*. The University shall also inform all faculty, students, and staff of (1) the need for integrity in research performance and (2) the role of the CMRSCA in considering allegations of research misconduct.

VI. Conducting an Assessment of Misconduct

Reporting Allegations of Research Misconduct

All persons having knowledge of research misconduct, or having reason to believe that such research misconduct may have occurred, have an obligation to report observed or suspected misconduct to the RIO. Allegations may also be given to any CMRSCA member, who shall direct them to the RIO. All allegations must be in writing, either from an identified or anonymous source. If an allegation is communicated to the RIO anonymously in some other way, e.g., via the ethics hotline, the RIO will have the discretion to record the allegations in writing for the purpose of implementing these procedures.

Upon receiving an allegation of misconduct in research, the RIO will notify the Complainant, if known, of the existence of APS1007 and of these procedures. If unsigned allegations are submitted by a research sponsor, that sponsoring agency shall be regarded as the Complainant for reporting purposes. If no funding agency is associated with unsigned or anonymous allegations, the portions of these procedures which pertain to a specific Complainant shall not be applicable. Individuals who are uncertain about whether to file an allegation may consult with the RIO prior to filing a complaint. Except as described in the section of these *Guidelines and Procedures* detailing confidentiality, the RIO will maintain confidential any such discussions or consultations regarding concerns of possible research misconduct.

Initial Review

Within 30 days of the receipt of allegations by the RIO, the RIO shall convene the CMRSCA. The CMRSCA shall determine whether the allegations (a) are sufficiently credible and specific so that potential evidence of research misconduct may be identified, and (b) meet the definition of research misconduct described under these *Guidelines and Procedures* or under any federal standard applicable to the research.

Should multiple complaints about the same Respondent be received, the CMRSCA Chair shall determine how best to proceed. Generally, multiple complaints will be handled as follows:

1. If an inquiry is already in process, the new complaint will be forwarded to the current Inquiry Committee (described below). The current Inquiry Committee may recommend to the CMRSCA that the new complaint be included as part of the ongoing inquiry, that a new Inquiry Committee be formed to explore the new complaint, or that the new complaint be rejected as being duplicative with the allegations already being reviewed.
2. If an investigation is underway when a new complaint arrives, the chair of the CMRSCA will confer with the chair of the Investigative Committee to determine if the new complaint is most appropriately included in a revised charge to the Investigative Committee, or whether it should be referred to an Inquiry Committee.
3. If a complaint is received after an Investigation has been completed, the CMRSCA Chair will determine whether the new complaint merits an Inquiry or is redundant with the prior complaint(s) that have already been investigated.

The initial assessment period should be brief. In conducting the assessment, the RIO or the CMRSCA need not interview the Complainant, Respondent, or other witnesses nor conduct any research or gather any data beyond any that may have been submitted with the allegation, except as necessary to determine whether the allegation is sufficiently specific so that a potential instance of research misconduct may be identified.

If the CMRSCA, upon a majority vote of all members, determines that the allegations present a possible instance of research misconduct, the allegations will be referred for inquiry as described herein. If the CMRSCA determines the allegations do not state a possible instance of research misconduct or do not meet the definition of research misconduct, the chair of CMRSCA shall notify the RIO who shall notify the Complainant.

Inquiry Phase

1. General Requirements

Upon a determination by the CMRSCA that the allegations merit further inquiry, the CMRSCA shall appoint an Inquiry Committee of at least three members to determine whether any or all allegations warrant a full investigation. Members should be selected based on their academic rank and level of experience with the type of misconduct allegations or research methodologies used. The Inquiry Committee must consist of individuals who do not have unresolved personal, professional, or financial conflicts of interest with either the Complainant or Respondent.

No members of the CMRSCA shall be members of the Inquiry Committee.

The inquiry process is a fact-finding, non-adversarial³ proceeding to determine whether sufficient credible evidence of research misconduct exists to warrant full investigation. The inquiry process is intended only to provide a means of initially evaluating the merits of the allegations of research misconduct for the purpose of identifying and dismissing non-meritorious allegations. Consequently, because of the limited nature of the inquiry proceedings, the inquiry process does not require the Inquiry Committee to fully review all of the evidence related to the allegation.

The Inquiry Committee will pursue diligently all allegations, including any additional instances of possible research misconduct that may arise during the inquiry process.

The Inquiry Committee shall request confidentiality from all participants in the inquiry process, and each interested party shall be interviewed separately. Any person—whether a Complainant, Respondent, or witness—may have an advisor or attorney present at any interview of such person to act as a personal advisor. Such advisors may assist in the presentation of information but may not speak for these persons or conduct cross-examinations. The inquiry proceedings typically would not be recorded, although the members of the Inquiry Committee may take informal written notes during the proceedings or at their discretion, record deliberations.

The inquiry process shall be initiated and conducted as expeditiously as possible. The inquiry process, including preparation of the final inquiry report and the decision of the CMRSCA on whether an investigation is warranted, shall normally be completed within 30 calendar days of the initial written notification to the Respondent. However, if the RIO determines that the inquiry process cannot be

³ “Non-adversarial” is used in the legal sense. A non-adversarial process is a fact-finding process resulting in a committee’s determination, with allowances for Respondents to present information and to respond to determinations. An adversarial process involves legal representation and cross-examination of witnesses.

completed within this 30-day period, the RIO may extend the time within which the Inquiry Committee is to complete its work. If a time extension is granted, the final report of the Inquiry Committee must include the reasons for the extension.

2. Notice to Respondent

The Respondent is normally not informed of an allegation until after the CMRSCA has completed its initial review and determined that the allegation should proceed to the inquiry process. Once this determination has been made, the RIO, on behalf of the CMRSCA, must make a good faith effort to notify the Respondent in writing of the allegations and University and campus rules and procedures governing the inquiry process. In the case of funded research, the RIO will provide Respondent with the relevant federal regulations.

The Respondent should be given the opportunity to admit that research misconduct occurred and that he/she committed the research misconduct. With the advice of the RIO and CMRSCA, the DO may terminate the institution's review of an allegation that has been admitted. In the case of allegations that fall under the purview of the Public Health Service, the University's acceptance of the admission and any proposed settlement must be approved by PHS/ORI.

If the Inquiry Committee pursues additional incidences of potential research misconduct discovered during the inquiry phase, the Respondent will be informed promptly of these.

3. Protection of Evidence

The RIO shall, on or before the date on which the Respondent is notified of the allegation, take all reasonable and practical steps to obtain custody of all records and evidence necessary to conduct the inquiry. The RIO shall inventory and sequester all such records and evidence. The RIO shall confer with the Respondent to identify the records and evidence needed for the inquiry and the best means of preserving and maintaining the integrity of the records and evidence.

Where the records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments. The RIO may consult with NIH/PHS or other similar parties for advice and assistance in this regard.

4. Inquiry Committee Procedures

The Inquiry Committee shall typically begin its inquiry by reviewing the written allegations of research misconduct and any supporting materials to determine if further investigation of the allegations is warranted. The Inquiry Committee shall request that the Respondent provide a written response to the allegations of research misconduct within 14 calendar days of receiving notice of the allegation,

but the Inquiry Committee may grant a reasonable extension of this deadline at its discretion. The Inquiry Committee may interview or submit written questions to the Complainant, but is not required to do so.

After receiving and reviewing the Respondent's written response to the allegations of research misconduct, or if the Respondent does not respond within the allowed period of time, the Inquiry Committee shall invite the Respondent for an in-person interview to discuss the details of the alleged misconduct. This interview shall be fact-finding rather than adversarial. If either the Respondent declines an in-person interview, or the Inquiry Committee requires additional information, the Inquiry Committee may also interview the Respondent by telephone/video, through solicited responses to questions, or other methods.

In extraordinary cases where it is unable to form an opinion whether the written allegations are unsupported by the evidence, the Inquiry Committee may interview additional witnesses. In these cases, the Respondent will be informed of the allegations before any additional interviews are conducted. Any such interviews may be conducted in person, by telephone/video, through solicited responses to written questions, or other methods. These interviews will be conducted in a manner designed to protect the confidentiality of the inquiry process, including, to the extent possible, the Respondent's identity, and the witnesses/experts will be asked to sign Confidentiality Agreements. When the Inquiry Committee conducts any interviews as part of its investigation, it shall record or transcribe each interview, provide the recording or transcript to the interviewee for correction, and include the recording or transcript in the record of the investigation.

On the basis of information provided by both the Complainant and Respondent, physical evidence, and any other interviews deemed necessary, the Inquiry Committee, by recorded simple majority vote, shall decide whether further investigation into any or all allegations of research misconduct is warranted or whether to terminate consideration of any or all of the allegations. The Inquiry Committee shall provide its recommendation in a fully documented written report to the CMRSCA for appropriate action.

5. Solicitation of Comments

Before submitting its report to the CMRSCA, the Inquiry Committee shall provide a copy of its proposed report to the Respondent for review. If the Respondent wishes to submit any comments on the proposed report to the CMRSCA, the Inquiry Committee shall include those comments with the final Inquiry Report that is transmitted to the CMRSCA. The Respondent's comments shall be received by the Inquiry Committee within ten days after the Respondent's receipt of the proposed report. Upon receipt of comments by the Respondent, the Inquiry Committee may modify its proposed report before submitting a final report to the CMRSCA. The Inquiry Committee is not required to provide the Respondent with its modifications before submitting the final report to the CMRSCA.

6. The Inquiry Report

The Inquiry Committee's Inquiry Report shall include the following:

- a) The name and position of the Respondent;
- b) A description of the allegations of research misconduct;
- c) Grant support (if applicable), including, for example, grant numbers, grant applications; contracts, and publications listing the source of support;
- d) The names and titles of the committee members who conducted the inquiry;
- e) A summary of the inquiry process;
- f) A list of the research records reviewed;
- g) Summaries of interviews;
- h) The basis for recommending or not recommending that the allegations warrant a full investigation;
- i) Whether any other actions should be taken if an investigation is not recommended; and
- j) Any comments by the Respondent to the report.

7. CMRSCA Review of Inquiry Report

The CMRSCA shall review the Inquiry Committee's Report and vote to determine whether to refer some or all of the research misconduct allegations to the Investigative Committee for full investigation. Only upon a vote of at least 67% of CMRSCA members participating in the case shall CMRSCA refer some or all of the research misconduct allegations to the Investigative Committee for a full investigation.

CMRSCA shall dismiss any research misconduct allegation that fails to receive a vote of at least 67% of CMRSCA members participating in the case for referral to the Investigative Committee for full investigation. The inquiry shall be deemed concluded as to any dismissed allegation.

The RIO shall inform the Complainant and the Respondent of the CMRSCA's determination and the bases for its determination. If the CMRSCA determines that

some or all of the Complainant's allegations were made not in good faith, the CMRSCA may refer the Complainant to appropriate entities within the University or other institutions.

8. Notification to Complainant and Respondent

The RIO shall inform the Complainant and the Respondent of the CMRSCA's determination and the bases for its determination. The RIO will provide the Respondent with a copy of the final Inquiry Report.

The CMRSCA may, but is not required to, provide a copy of the Inquiry Report to the Complainant. The CMRSCA shall not provide the Complainant with a copy of the Inquiry Report unless the Complainant agrees to be bound by a confidentiality agreement preventing disclosure of the contents of the report.

If either the Complainant or Respondent wishes to submit any comments upon the report to the CMRSCA, they will be included in the final record (and will be provided to the Investigative Committee if applicable). Such comments do not constitute an appeal of the CMRSCA's decision, which is final.

9. Notification to PHS/ORI (if applicable)

Within 30 calendar days of the decision by the CMRSCA that an investigation is warranted, the RIO will so inform any source of funding for the research with a copy of the Inquiry Report. Sources may include federal or state agencies or private party sponsors. The RIO will provide the following information to a funding source upon request: (1) the institutional policies and procedures under which the inquiry was conducted; (2) the research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and (3) the charges to be considered in the investigation.

If the CMRSCA decides that an investigation is not warranted, the RIO shall secure and maintain for 7 years after the termination of the inquiry sufficiently detailed documentation of the inquiry to permit a later assessment by a funding source of the reasons why an investigation was not conducted. If the request comes from PHS/ORI or other authorized HHS personnel, these documents must be provided.

A. Investigation Phase

Unless extraordinary circumstances exist, the investigation phase must begin within 30 calendar days after the determination by the CMRSCA that an investigation is warranted. The purpose of the investigation is to develop a factual record by exploring the allegations in detail and examining the evidence in depth. The ultimate purpose is to determine whether research misconduct has been committed, by whom, and to what extent. The investigation will also determine

whether there are additional instances of possible research misconduct that would justify broadening the scope beyond the initial allegations.

1. Appointment of Investigative Committee

As soon as possible after the CMRSCA votes to pursue an investigation, the CMRSCA, in consultation with the appropriate dean or vice chancellor, shall appoint an ad hoc committee of three to five members, including a chair, to serve as the Investigative Committee. The Investigative Committee is charged with conducting a thorough and unbiased investigation of the allegations of misconduct, including any additional instances of possible research misconduct that may arise during the investigation. The Respondent will be informed promptly of any additional allegations.

The CMRSCA may select Investigative Committee members from inside or outside the University, but no member of the CMRSCA may serve on the Investigative Committee. In selecting members, the CMRSCA should consider: (i) any conflicts of interest or bias that would prevent a person from serving as an impartial member of the Investigative Committee; (ii) the member's area of expertise and ability to provide substantive assistance to the investigative process; and (iii) the member's academic rank.

The RIO shall notify the Respondent and Complainant of the names of potential Investigative Committee members to ensure that Investigative Committee members do not have a bias or conflict of interest in considering the case. If a potential member's impartiality is questioned, the CMRSCA will determine whether the potential member should be excluded from the Investigative Committee. If, during the course of an investigation, a member's impartiality is questioned, the CMRSCA will determine whether the potential member should be removed and replaced.

2. Charge to the Investigative Committee

The RIO will convene the first meeting of the Investigative Committee at which the Chair of the CMRSCA and the RIO will review with the Investigative Committee the charge, the Inquiry Report, and these *Guidelines and Procedures*. At least one member of the Inquiry Committee should also be present to address any questions about the Inquiry Report. The RIO will inform the members of the Investigative Committee of the confidentiality requirements of these *Guidelines and Procedures* and obtain the members' agreements to these requirements. The RIO shall provide each member with these *Guidelines and Procedures*, as well as any federal standards applicable to the investigation. The RIO will be available throughout the investigation to advise the Investigative Committee as needed.

The CMRSCA will provide the Investigative Committee with a written charge that:

- a) Describes the allegations and related issues identified during the inquiry;
- b) Identifies the Respondent;
- c) Informs the Investigative Committee that it must conduct the investigation as prescribed in these *Guidelines and Procedures*;
- d) Informs the Investigative Committee that it must evaluate the evidence and testimony to determine whether, based on a preponderance of the evidence, research misconduct occurred and, if so, the type and extent of it and who was responsible;
- e) Informs the Investigative Committee that the Respondent has the burden of proving by a preponderance of the evidence any affirmative defenses raised, including honest error or an honest difference of opinion;
- f) Informs the Investigative Committee that it must determine by a preponderance of the evidence whether the Respondent committed the research misconduct intentionally, knowingly, or recklessly; and
- g) Informs the Investigative Committee that it must prepare or direct the preparation of a written investigative report that meets the requirements of this policy and, if applicable, 42 CFR § 93.313.

3. Investigative Process

The Investigative Committee has the responsibility for conducting a thorough and unbiased investigation. In accordance with this mandate, the Investigative Committee shall:

- a) Begin its proceedings by studying the information and evidence collected by the Inquiry Committee.
- b) Determine what additional evidence the Investigative Committee needs to make an informed determination as to whether research misconduct has occurred, including interviews of witnesses (including witnesses already interviewed by the Inquiry Committee) and review of additional evidence.
- c) Provide the Respondent with an opportunity to provide oral or documentary evidence related to the allegations or research misconduct.
- d) Provide the Respondent with an opportunity to identify witnesses with knowledge in the area of the alleged research misconduct.
- e) Provide the Respondent with an opportunity to review and respond to any evidence that the Investigative Committee relies upon in making its determinations.
- f) Preserve the evidence that it relies upon in making its determinations.

When the Investigative Committee conducts any interviews as part of its investigation, it shall record or transcribe each interview, provide the recording or transcript to the interviewee for correction, and include the recording or transcript in the record of the investigation.

The Chair of the Investigative Committee shall control the proceedings and determine the admissibility of evidence. The Investigative Committee shall not be

bound by the Colorado Rules of Evidence which would apply in a court setting and may admit any evidence that the Chair deems reasonably related to the allegations of research misconduct. The Chair shall have the ability to limit the presentation of irrelevant or repetitious evidence. The Investigative Committee has the discretion to determine whether or not to record its deliberations.

Any party appearing before the Investigative Committee may have an advisor present, who may be an attorney. The advisor may assist the party in his/her presentation of information but may not speak on the party's behalf.

4. Time for Completion

The Investigative Committee shall normally complete its investigation, including conducting the investigation, preparing the report of findings, providing the draft report for comment and sending the final report to CMRSCA, within 120 days of the Investigative Committee's first meeting. The Chair of the Investigative Committee shall keep the RIO informed of the status of its investigation.

If the RIO determines that the investigation cannot be completed within this 120-day period, the RIO may extend the time within which the Investigative Committee is to complete its investigation. The rationale for this extension should be included in the final report of the Investigative Committee. If the investigation falls under the jurisdiction of the Public Health Service, the RIO will submit to PHS/ORI a written request for an extension, setting forth the reasons for the delay and, if such an extension is granted and PHS/ORI direct the filing of periodic progress reports, the RIO will ensure that such periodic progress reports are filed with PHS/ORI.

5. Decision by the Investigative Committee

When it considers that its task has been completed, the Investigative Committee shall determine by majority vote whether the allegations of misconduct are supported by a preponderance of the evidence. The Investigative Committee shall reach one of the following decisions as to each allegation of research misconduct:

- a) A Finding of Research Misconduct;
- b) A Finding of no Research Misconduct, but Serious Research Error;
or
- c) A Finding of no Research Misconduct and no Serious Research Error.

The Investigative Committee shall communicate this decision to the CMRSCA in an initial written Investigative Report. The initial Investigative Report shall:

- a) Describe the nature of the allegation of research misconduct, including identification of the Respondent;

- b) Describe any external support, including, for example, the numbers of any grants that are involved, grant applications, contracts, and publications listing this support;
- c) Describe the specific allegations of research misconduct considered in the investigation;
- d) Describe the institutional policies and procedures under which the investigation was conducted;
- e) Identify and summarize the sources of evidence that the Investigative Committee relied upon in making its determination;
- f) Include a statement of findings for each allegation of research misconduct identified during the investigation.
- g) Each statement of findings must
 - (1) identify whether the research misconduct was falsification, fabrication, or plagiarism or other form of conduct outlined in University policies and rules, including these *Guidelines and Procedures*;
 - (2) identify whether the research misconduct was committed intentionally, knowingly, or recklessly;
 - (3) summarize the facts and the analysis that support the conclusion and consider the merits of any reasonable explanation by the Respondent, including any effort by Respondent to establish that he or she did not engage in research misconduct because of honest error or a difference of opinion;
 - (4) identify the specific evidence that the Investigative Committee relied upon in making its determination;
 - (5) identify whether the research misconduct would require any publications to need correction or retraction; and
 - (6) identify the person(s) responsible for the research misconduct.

If the Investigative Committee determines that the Respondent did not engage in an alleged act of research misconduct, the final Investigative Report should indicate whether the Investigative Committee finds that allegation was not made in good faith.

6. Comments on the Investigative Report and Access to Evidence

a) Respondent

The Investigative Committee will provide its initial Investigative Report to the RIO, who shall provide the Respondent with a copy for comment and, concurrently, a copy of, or supervised access to the evidence upon which the report is based.

The Respondent will be allowed 30 days from the date he/she received the initial Investigative Report to provide the RIO with his/her written response

to the Investigative Report. If received within that time frame, the RIO shall provide Respondent's written response to the Investigative Committee.

b) Complainant

At its option, the CMRSCA may, but is not required to, direct the RIO to provide the Complainant with a copy of the initial Investigative Report, or relevant portions of it, for Complainant's response. The RIO shall not provide the Complainant with a copy of the initial Investigative Report unless the Complainant agrees to be bound by a confidentiality agreement preventing disclosure of the contents of the report. If the CMRSCA allows the Complainant to receive the Investigative Report, the Complainant will be allowed 30 days from the date he/she received the initial Investigative Report to provide the RIO with his/her written response. If received within that time frame, the RIO shall provide the Complainant's written response to the Investigative Committee.

c) Incorporation into the Report

The Investigative Committee shall consider the Respondent's (and Complainant's, if applicable) comments when finalizing its report to the CMRSCA, and shall include the comments as an appendix to the final Investigative Report. If the Investigative Committee chooses to amend its report, it is not required to provide either party with its modifications before submitting the final report to the CMRSCA.

Before submitting its final report to CMRSCA, the Investigative Committee may submit the report to University Counsel for review for legal sufficiency.

7. Referral to CMRSCA

After completing its report, the Investigative Committee shall transmit the final Investigative Report to the CMRSCA. The CMRSCA shall consider the Investigative Report to determine whether it requires additional information, explanation, or investigation from the Investigative Committee.

If the CMRSCA requests any additional information, explanation, or investigation from the Investigative Committee, it shall return the Investigative Report to the Investigative Committee for further response. Upon completing any additional response, the Investigative Committee shall return the report to the CMRSCA.

When the CMRSCA determines that the Investigative Committee's report is complete and no further response is necessary, it shall accept the report as final and inform the Investigative Committee that it has completed its obligations.

Disposition by the CMRSCA

The CMRSCA shall consider the Investigative Committee's report, as well as any comments by the Respondent and Complainant before preparing the final CMRSCA Report.

Upon receipt of the Investigative Committee's final Investigative Report and the responses thereto, if any, from the Respondent or Complainant, the CMRSCA shall review the same and create a final CMRSCA Report. The final CMRSCA Report is not intended to be a separate investigation of the allegations. Rather, it shall include recommendations based on the findings included in the Investigative Report regarding:

1. Possible disciplinary action, policy changes, or other actions that might ensure that similar research misconduct does not occur in the future.
 2. Steps to correct or ameliorate the effects of the research misconduct.
 3. Steps to be taken to prevent retaliation against the Complainant or other persons providing information in the investigation and to restore the positions and reputations of persons who have made allegations in good faith.
 4. Whether the Respondent's reputation has been unjustly damaged by the investigation and, if so, what steps might be taken to repair that damage.
 5. Whether any allegation is judged to have been made not in good faith.
- Such determinations will be provided to RIO and/or DO for their referral to the academic supervisor of the complainant.

The final CMRSCA Report along with the final Investigative Report shall be submitted to the DO and to the Respondent.

Final Disposition

1. Decision by the Deciding Official

Upon receipt of the final CMRSCA Report and the Investigative Report, the DO will determine in writing: (1) whether the University accepts the Investigative Report, its findings, and the CMRSCA Report; and (2) set forth the University's actions in response thereto. If this determination varies from the findings of the investigation committee and/or the recommendations of the CMRSCA, the DO will, as part of his/her written determination, explain the basis for the decision.

Independent of this process, the Respondent may submit to the DO any additional statements. Respondent has the burden of proving by a preponderance of the evidence any mitigating factors that are relevant to a decision to impose administrative sanctions.

2. Communication of Decision

When the DO has reached a final decision on the case, the DO will so notify both the Respondent and the Complainant in writing.

The DO, in consultation with the RIO and the Office of University Counsel, will determine whether other university officials, PHS/ORI, law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the Respondent in the work, or other relevant parties should be notified of the outcome of the case. The RIO is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies.

Appeals

The determination of the DO is final and may not be appealed. Any disciplinary or administrative action taken as a result of the DO's determination shall be handled in accordance with the University's normal grievance and appeal processes. For cases under the jurisdiction of PHS/ORI, such appeals must be completed within 120 days of filing. If unable to be completed within 120 days, the DO must ask PHS/ORI in writing for an extension and provide an explanation for the request.

Notice to PHS/ORI or Other Funding Agencies

To the extent applicable, unless an extension has been granted, the RIO must, within the 120-day period for completing the investigation submit the following to PHS/ORI or other funding agencies that require such reporting: (1) a copy of the final Investigative Report with all attachments; (2) a statement of whether the University accepts the findings of the Investigative Report; (3) a statement of whether the University found misconduct and, if so, who committed the misconduct; (4) a description of any pending or completed administrative actions against the Respondent; and (5) a description of any pending or completed administrative actions to correct or ameliorate the effects of the misconduct and/or to ensure that that similar misconduct does not occur in the future.

The RIO must maintain and provide to PHS/ORI upon request "records of research misconduct proceedings" as that term is defined by 42 CFR § 93.317. Unless custody has been transferred to HHS or PHS/ORI has advised in writing that the records no longer need to be retained, records of research misconduct proceedings must be maintained in a secure manner for 7 years after completion of the proceeding or the completion of any PHS proceeding involving the research misconduct allegation. The RIO is also responsible for providing any information, documentation, research records, evidence or clarification requested by PHS/ORI

to carry out its review of an allegation of research misconduct or of the institution's handling of such an allegation.

History

- Original policy adopted by Faculty Research Misconduct Committee on November 14, 2011
- Name changes of committee and member terms to match Faculty Representative Assembly rules made on July 1, 2013 by RIO (not voted on by committee).
- Revisions adopted by Committee on Misconduct in Research, Scholarship, and Creative Activities to include retaliation to match APS 1007 on October 29, 2015.
- Revisions made and adopted following campus procedures for procedural changes (e.g., review by Faculty Assembly, CMRSC, Deans, Leadership Team) on <DATE>

Appendix A

Research Integrity Officer Responsibilities

General

The Research Integrity Officer (RIO) has lead responsibility for ensuring that the institution:

- Takes all reasonable and practical steps to foster a research environment that promotes the responsible conduct of research, research training, and activities related to that research or research training, discourages research misconduct, and deals promptly with allegations or evidence of possible research misconduct.
- Has written policies and procedures for responding to allegations of research misconduct and reporting information about that response to PHS/ORI, as required by 42 CFR Part 93.
- Complies with its written policies and procedures and the requirements of 42 CFR 93.
- Informs its institutional members who are subject to 42 CFR Part 93 about its research misconduct policies and procedures and its commitment to compliance with those policies and procedures.
- Takes appropriate interim action during a research misconduct proceeding to protect public health, federal funds and equipment, and the integrity of the PHS supported research process.

Notification, Reporting and Cooperation with PHS/ORI

The RIO has lead responsibility for ensuring that the institution:

- Files an annual report with PHS/ORI containing the information prescribed by PHS/ORI.
- Sends to PHS/ORI with the annual report such other aggregated information as PHS/ORI may prescribe on the institution's research misconduct proceedings and the institution's compliance with 42 CFR Part 93.
- Notifies the appropriate dean and vice chancellor, as well as the appropriate regulatory agencies and/or sponsors, if at any time during the research misconduct proceeding, (a) there is reason to believe that health or safety of the public is at risk (including an immediate need to protect

human or animal subjects); (b) HHS, other sponsor or institutional 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 (f) the institution believes that the research misconduct proceeding may be made public prematurely so that HHS may take appropriate steps to safeguard evidence and protect the rights of those involved; or (g) the research community or the public should be informed.

- Provides PHS/ORI with a written finding that an investigation is warranted and a copy of the inquiry report, within 30 days of the date on which the finding is made.
- Notifies PHS/ORI of the decision to begin an investigation on or before the date the investigation begins.
- Within 120 days of beginning an investigation, or such additional days as may be granted by PHS/ORI, (or upon completion of any appeal made available by the institution) provides PHS/ORI with the Investigative Report, a statement of whether the institution accepts the investigation's findings, a statement of whether the institution found research misconduct and, if so, who committed it, and a description of any pending or completed administrative actions against the Respondent.
- Seeks advance PHS/ORI approval if the institution plans to close a case at the inquiry, investigation, or appeal stage on the basis that the Respondent has admitted guilt, a settlement with the Respondent has been reached, or for any other reason, except the closing of a case at the inquiry stage on the basis that an investigation is not warranted or a finding of no misconduct at the investigation stage.
- Cooperates fully with PHS/ORI during its oversight review and any subsequent administrative hearings or appeals, including providing all research records and evidence under the institution's control, custody, or possession and access to all persons within its authority necessary to develop a complete record of relevant evidence.

Research Misconduct Proceedings

1. General

The RIO is responsible for:

- Promptly taking all reasonable and practical steps to obtain custody of all research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence, and sequester them in a secure manner.

- Taking all reasonable and practical steps to ensure the cooperation of Respondents and other institutional members with research misconduct proceedings, including, but not limited to their providing information, research records and evidence.
- Providing confidentiality to those involved in the research misconduct proceeding as required by 42 CFR § 93.108, other applicable law, and institutional policy.
- Determining whether each person involved in handling an allegation of research misconduct has an unresolved personal, professional or financial conflict of interest and taking appropriate action, including recusal, to ensure that no person with such a conflict is involved in the research misconduct proceeding.
- Keeping the DO and others who need to know apprised of the progress of the review of the allegation of research misconduct.
- In cooperation with other institutional officials, taking all reasonable and practical steps to protect or restore the positions and reputations of good faith Complainants, witnesses, and committee members and to counter potential or actual retaliation against them by Respondents or other institutional members. In the case of retaliation against the RIO, (s)he will report the retaliation to the DO, who will take steps to protect the RIO.
- In conjunction with the DO, making all reasonable and practical efforts, if requested and as appropriate, to protect or restore the reputation of persons alleged to have engaged in research misconduct, but against whom no finding of research misconduct is made.
- Assisting the DO in implementing his/her decision to take administrative action against any Complainant, witness, or committee member determined by the DO not to have acted in good faith.
- Maintaining records of the research misconduct proceeding, as defined in 42 CFR § 93.317, in a secure manner for 7 years after completion of the proceeding, or the completion of any PHS/ORI proceeding involving the allegation of research misconduct, whichever is later, unless custody of the records has been transferred to PHS/ORI or PHS/ORI has advised that the records no longer need to be retained.

2. Allegation Receipt

The RIO is responsible for:

- Consulting confidentially with persons uncertain about whether to submit an allegation of research misconduct. The RIO is not required to file a complaint with regard to allegations discussed during these confidential sessions.
- Receiving allegations of research misconduct and transmitting them to the CMRSCA Chair.

3. Inquiry

The RIO is responsible for:

- On or before the date on which the Respondent is notified, or the inquiry begins, whichever is earlier, taking all reasonable and practical steps to obtain custody of all research records and evidence needed to conduct the research misconduct proceeding, inventorying the records and evidence and sequestering them in a secure manner. Where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on the instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments.
- Providing the Inquiry Committee with needed logistical support, e.g., expert advice, including forensic analysis of evidence, and clerical support, including arranging witness interviews and recording or transcribing those interviews.
- Being available or present throughout the inquiry to advise the Inquiry Committee as needed and consulting with the committee prior to its decision whether to recommend that an investigation is warranted on the basis of the criteria in these policies and procedures and 42 CFR § 93.307(d).
- Determining whether circumstances clearly warrant a period longer than 60 days to complete the inquiry (including preparation of the final Inquiry Report and the decision of the DO on whether an investigation is warranted), approving an extension if warranted, and documenting the reasons for exceeding the 60-day period in the record of the research misconduct proceeding.
- Within 30 days of a CMRSCA decision that an investigation is warranted, providing PHS/ORI with the written finding and a copy of the Inquiry Report and notifying those institutional officials who need to know of the decision.
- Notifying the Respondent (and the Complainant, if the CMRSCA determines that doing so is appropriate) whether the Inquiry Committee found an investigation to be warranted and including in the notice copies of or a reference to 42 CFR Part 93 and the University of Colorado research misconduct policies and procedures.
- Providing to PHS/ORI, upon request, the institutional policies and procedures under which the inquiry was conducted, the research records and evidence reviewed, transcripts or recordings of any interviews, copies of all relevant documents, and the allegations to be considered in the investigation.
- If the CMRSCA decides that an investigation is not warranted, securing and maintaining for 7 years after the termination of the inquiry sufficiently detailed documentation of the inquiry to permit a later assessment by PHS/ORI of the reasons why an investigation was not conducted.

4. Investigation

The RIO is responsible for:

- On or before the date on which the investigation begins: (1) notifying the Respondent in writing of the allegations to be investigated and (2), if applicable, notifying PHS/ORI of the decision to begin the investigation and providing PHS/ORI a copy of the inquiry report;
- Prior to notifying Respondent of the allegations, taking all reasonable and practical steps to obtain custody of and sequester in a secure manner all research records and evidence needed to conduct the research misconduct proceeding that were not previously sequestered during the inquiry.
- Assisting the CMRSCA chair in preparing a charge for the Investigative Committee in accordance with the institution's policies and procedures.
- Convening the first meeting of the Investigative Committee and providing Investigative Committee members a copy of the University's policies and procedures and 42 CFR Part 93.
- Providing the Investigative Committee with needed logistical support, e.g., expert advice, including forensic analysis of evidence, and clerical support, including arranging interviews with witnesses and recording or transcribing those interviews.
- Being available or present throughout the investigation to advise the committee as needed.
- On behalf of the institution, the RIO is responsible for ensuring that the Investigative Committee: (1) uses diligent efforts to conduct an investigation that includes an examination of all research records and evidence relevant to reaching a decision on the merits of the allegations and that is otherwise thorough and sufficiently documented; (2) takes reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practical; (3) takes reasonable steps to interview each Respondent, Complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the Respondent, and records or transcribes each interview, provides the recording or transcript to the interviewee for correction, and includes the recording or transcript in the record of the research misconduct proceeding; and (4) pursues diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of any additional instances of possible research misconduct, and continues the investigation to completion.

- When applicable, upon determining that the investigation cannot be completed within 120 days of its initiation (including providing the draft report for comment and sending the final report with any comments to PHS/ORI), submitting a request to PHS/ORI for an extension of the 120- day period that includes a statement of the reasons for the extension. If the extension is granted, the RIO will file periodic progress reports with PHS/ORI.
- Assisting the Investigative Committee in preparing a draft Investigative Report that meets the requirements of 42 CFR Part 93 and University policies and procedures, sending the Respondent (and Complainant at CMRSCA's option) a copy of the draft report for his/her comment within 30 days of receipt, taking appropriate action to protect the confidentiality of the draft report, receiving any comments from the Respondent (and, optionally, the Complainant) and ensuring that the comments are included and considered in the final investigative report.
- Transmitting the draft Investigative Report to University counsel for a review of its legal sufficiency.
- Assisting the Investigative Committee in finalizing the draft Investigative Report and receiving the final Investigative Report.
- If applicable, transmitting to PHS/ORI within the time period for completing the investigation, a copy of the final investigative report with all attachments, a statement of whether the institution accepts the findings of the report, a statement of whether the institution found research misconduct, and if so, who committed it, and a description of any pending or completed administrative actions against the Respondent.
- When a final decision on the case is reached, the DO will normally notify both the Respondent and the Complainant in writing
- Maintaining and providing to PHS/ORI upon request all relevant research records and records of the institution's research misconduct proceeding, including the results of all interviews and the transcripts or recordings of those interviews



University of Colorado
Colorado Springs

Guidelines and Procedures for
Research Misconduct
Allegations

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I. Introduction

General Policy

The University of Colorado Colorado Springs, herein referred to as “UCCS,” is responsible for fostering a research environment that promotes the responsible conduct of research, discourages research misconduct, and addresses allegations of possible research misconduct. UCCS’s obligations to prevent and investigate allegations of research misconduct arise under Articles I and V of the Laws of the Regents, University of Colorado Administrative Policy Statement 1007 Misconduct in Research, Scholarship and Creative Activities (“APS 1007”), and the requirements of federal agencies, including the National Institutes of Health/Public Health and the National Science Foundation.

The Faculty Assembly of UCCS has formed the Committee on Misconduct in Research, Scholarship, and Creative Activities (“CMRSCA”) to fulfill its obligation of investigating allegations of research misconduct. These *Guidelines and Procedures* are intended to provide guidance with respect to the manner in which UCCS, through CMRSCA, will carry out these responsibilities.

Nothing in these *Guidelines and Procedures* is intended to override or contradict provisions of other regulations or policies of the University of Colorado or of funding agencies.

Although these *Guidelines and Procedures* set forth the presumptive timeframes for the conduct of proceedings before the CMRSCA or any committees that the CMRSCA appoints, these timeframes are not absolute and may be modified as necessary for the CMRSCA or its committees to perform adequately their functions. Failure to complete an inquiry, investigation, or other process within these timeframes shall not be grounds for dismissal of an allegation of research misconduct, but any undue delay may be considered by the CMRSCA or other appropriate official when reviewing the findings and recommendations of CMRSCA and its committees.

Scope

These *Guidelines and Procedures* apply to:

1. any person who, at the time of the alleged research misconduct, was employed by, was an agent of, or was affiliated by contract or agreement with UCCS, such as officials; faculty; scientists and trainees; technicians, research coordinators and other research staff; teaching and support staff;

students¹; post-doctoral and other fellows; volunteers and guest researchers; contractors, subcontractors and subawardees and their employees.

2. any person who is alleged to have committed research misconduct prior to his or her employment, agency or affiliation with UCCS, provided the CMRSCA determines that such allegations of research misconduct have the potential to impact the reputation of UCCS.

In the event that potential research misconduct is alleged to have occurred in the course of federally-funded research, the CMRSCA shall attempt to comply with both these *Guidelines and Procedures* and the funding agency's requirements for the investigation of research misconduct. In any such case, the CMRSCA shall refer to the requirements delineated by each federal agency, including, for example, the Public Health Service requirements contained in 42 C.F.R. 93 and the National Science Foundation requirements described in Section 930 of the NSF Grant Policy Manual. In the event that these *Guidelines and Procedures* materially conflict with the requirements of any funding agency, the CMRSCA will apply the requirements of the funding agency.

II. Definitions

Allegation

Allegation means a disclosure of possible research misconduct through any reliable means of communication to the Research Integrity Officer or chair of the Committee on Misconduct in Research, Scholarship, and Creative Activities. (See Section VI.A)

Good faith allegation means 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.

¹ UCCS has academic dishonesty procedures that generally take precedence for allegations involving student course work. As such, most (but not all) course-related work is covered by student disciplinary/honor code policies, rather than by this policy. However, students are covered under this policy if the work in question meets the definition of research. Student theses and dissertations are generally covered by this policy. Work conducted by students in their role as a UCCS employee is also covered by this policy.

Inquiry

Inquiry means preliminary gathering of information and initial fact-finding to determine whether an allegation warrants an investigation.

Investigation

Investigation means the formal examination and evaluation of all relevant facts to determine if research misconduct has occurred and, if so, to determine the responsible person(s) and the seriousness of the misconduct.

Research

The University broadly defines *research, scholarship and creative activities* to include all forms of scholarship and creative activities within the responsibilities of faculty, staff, or students that are designed as original works or are intended to contribute to generalizable knowledge in a field of academic inquiry. The terms *research* and *research, scholarship and creative activities* are used interchangeably throughout this policy.

Research Misconduct

Research Misconduct includes:

1. Fabrication: making up data or results, notes, or other research information and recording or reporting them. "Data" refers to whatever forms of evidence are relevant to publication of research in a particular discipline;
2. Falsification: manipulating research materials, equipment or processes, or changing or omitting data/results such that the research is not accurately represented in the research record;
3. Plagiarism: appropriation of another's ideas, processes, results or words without giving them appropriate credit;
4. Other serious deviations from accepted practices² in proposing, performing or reviewing research, or in reporting results from research;
5. Material failure to comply with federal or University requirements for protection of researchers, human subjects, or the public;
6. Material failure to comply with federal or University requirements for ensuring the welfare of laboratory animals;
7. Failure to comply with established standards regarding author names on publications;

² "Accepted practices" is federal terminology and is used to convey the need to take into account context of the research setting and disciplinary practices.

Commented [AH1]: Questions have been raised regarding how 'accepted practices' are defined. Is this discipline specific?

Commented [JG2R1]: This language is federal language, and I would not revise it. Certainly "accepted practices" is intended to allow for discipline specific requirements.

Commented [KK3R1]: Jennifer is right. So I added a footnote to clarify.

8. Retaliation of any kind against a person who, in good faith, reported or provided information about suspected or alleged research misconduct.

Research Misconduct does not include honest error or honest differences in interpretations or judgments of data. However, where a person's conduct otherwise constitutes research misconduct, the burden of proof lies with that person to establish by a preponderance of the evidence that his or her conduct represents honest error or honest differences in interpretation of data.

Allegations falling into categories 5 and 6 above will be investigated through these *Guidelines and Procedures* only to the extent that there is not an alternative investigative process to address such misconduct.

If, in the course of an investigation, the Committee on Misconduct in Research, Scholarship, and Creative Activities or its committees determines that the allegations of research misconduct relate to federally-funded research and the federal funding agency's definition of research misconduct is more limited than the definition set forth in these *Guidelines and Procedures*, the federal funding agency's definition of research misconduct shall apply for determining whether such research misconduct shall be reported to the federal funding agency or other appropriate authority. UCCS's definition of research misconduct, however, shall continue to apply for UCCS's internal administrative purposes, including the imposition of discipline against any person who is determined to have engaged in conduct that meets UCCS's definition of research misconduct.

Finding of Research Misconduct

A *Finding of Research Misconduct* must include the following requirements:

1. There be a significant departure from accepted practices of the relevant research community as identified in the Research Misconduct definition; and
2. The misconduct be committed intentionally, knowingly, or recklessly; and
3. The allegation be proved by a preponderance of the evidence.

Commented [AH4]: See previous question.

For research misconduct to be actionable, all elements of a "finding" must be made. There may be cases where conduct exists that fits an illustration of research misconduct but such conduct may also be found to be honest error and therefore the conduct does not meet the definition of "research misconduct". There may also be cases where conduct satisfies the "research misconduct" definition but there is no finding that the conduct was committed intentionally, knowingly, or recklessly, and therefore the requirements of a "finding of research misconduct" cannot be met.

The following legal definitions from Black's Law Dictionary may be used to help define whether the research misconduct was committed intentionally, knowingly, or recklessly:

Intentional: Done with the aim of carrying out the act.

Knowing: (1) Having or showing awareness or understanding; well informed; (2) deliberate; conscious.

Reckless: Characterized by the creation of a substantial and unjustifiable risk of harm to others and by a conscious (and sometimes deliberate) disregard for or indifference to that risk; heedless; rash. Reckless conduct is much more than mere negligence: it is a gross deviation from what a reasonable person would do.

Serious Research Error

Serious Research Error results when alleged conduct does not satisfy the definition of a "Finding of Research Misconduct", such as conduct that is the result of honest error or honest differences in interpretations or judgments of data or conduct that is not found to have occurred intentionally, knowingly, or recklessly, but is still found by the Inquiry or Investigative Committee to be a significant departure from accepted practices of the relevant research community.

Research Records

Research record means any data, document, or other written or non-written account or object—whether in electronic or other form-- 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 research misconduct.

A *research record* includes, but is not limited to, the following: 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 files and printouts; manuscripts and publications; equipment use logs; laboratory procurement records; animal facility records; human and animal subject protocols; consent forms; medical charts; and patient research files. Research records should be retained and maintained following procedures of the university, funding agency, or publishing company.

The destruction, absence of, or ~~respondent~~**Respondent**'s failure to provide research records adequately documenting the questioned research is evidence of

research misconduct when the University has established by a preponderance of the evidence that, after notice that a research misconduct allegation has been made against the Respondent, (1) the ~~respondent~~ Respondent (4) intentionally, knowingly, or recklessly had research records and destroyed them, (2) had the opportunity to maintain such records but did not do so, or maintained the records and failed to produce them in a timely manner, and (32) the ~~respondent~~ Respondent's conduct constitutes significant departure from accepted practices of the relevant research community.

Commented [AH5]: It seems like there should be an 'or' before #2.

Commented [AH6]: Should this remain 'and' or should it be an 'and/or'?

Commented [JG7]: Kelly – this language as I recall was also from federal guidelines. Please check for consistency and accuracy to that. If we have quoted correctly, then I advise keeping it the same. Should we talk about this one?

Commented [KK8R7]: I went back to federal language and this is how they worded it and numbered it. Hopefully that is clearer.

Retaliation

Retaliation means an adverse action taken against a Complainant, witness, or committee member by ~~an institution or one of its members~~ a member of the University community in response to a good faith allegation of research misconduct or good faith cooperation with research misconduct proceedings.

Public Health Service Office of Research Integrity (PHS/ORI)

As used in these *Guidelines and Procedures*, PHS/ORI refers to the Office of Research Integrity within the Public Health Service, within the Department of Health and Human Services. This office oversees research misconduct investigations involving research funded by the National Institutes of Health.

III. Roles and Responsibilities

Committee on Misconduct in Research, Scholarship, and Creative Activities

The *Committee on Misconduct in Research, Scholarship, and Creative Activities* ("CMRSCA") is a standing committee of the Faculty Assembly and is responsible for inquiries and investigations of allegations of research misconduct. The basic responsibilities of the CMRSCA are to promote exemplary ethical standards of research conduct, to receive allegations of misconduct, to ensure thorough, fair and expeditious proceedings for the evaluation of allegations, and to recommend possible disciplinary action, policy changes or other actions to remedy the misconduct and to prevent similar misconduct in the future. CMRSCA operates according to its by-laws and uses these *Guidelines and Procedures* to address allegations of research misconduct. The CMRSCA and its committees shall attempt to preserve the rights of all parties during the inquiry and investigation processes.

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Research Integrity Officer

The *Research Integrity Officer* ("RIO") will be the Associate Vice Chancellor for Research and Faculty Development unless the Chancellor appoints, in writing, another person to serve. The RIO is the institutional official who has primary responsibility for implementing these *Guidelines and Procedures*. The RIO's duties are described in Appendix A, and generally include ~~advising-informing~~ any person who is considering whether to submit an allegation of research misconduct about the requirements of these *Guidelines and Procedures*, receiving allegations of research misconduct, coordinating the work of the CMRSCA and its committees, administering these *Guidelines and Procedures* to provide timely notice and an opportunity to respond to any person alleged to have engaged in research misconduct, and providing timely notifications of research misconduct inquiries and investigations to appropriate University and federal agency officials.

The RIO shall be responsible for (1) notifying the CMRSCA of any requirements of funding organizations concerning research misconduct; (2) communicating with such agencies as required by agency guidelines; and/or (3) acting as liaison between the CMRSCA and the appropriate dean, vice chancellor, or other University official if that party is required to communicate with the funding agency on research matters.

Deciding Official

The *Deciding Official* ("DO") will be the Provost unless the Chancellor appoints, in writing, another person to serve. The DO will receive the final Investigative Report from the CMRSCA and determine the appropriate institutional response. To the extent possible the DO shall have no prior involvement in the institution's inquiry, investigation, or allegation assessment; the fact that the DO received an allegation of research misconduct or referred such an allegation to the RIO shall not constitute direct prior involvement. In the event that the Provost has a conflict of interest in a case, the Chancellor shall appoint another individual as the DO. The DO may consider if CMRSCA or its committees failed to provide the rights identified in these *Guidelines and Procedures* when determining the appropriate institutional response to an allegation of research misconduct.

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Complainant

The *Complainant* is the individual who presents a written allegation of research misconduct to the RIO or CMRSCA. A Complainant is required to make allegations in good faith and with a reasonable basis for believing that research misconduct occurred.

~~Respondent~~Respondent

The ~~Respondent~~ Respondent is the person against whom an allegation of research misconduct has been made. As further described in these ~~Guidelines and Procedures~~, the Respondent has rights the CMRSCA and its committees shall attempt to preserve during the inquiry and investigation processes. In the event that the CMRSCA or its committees fail to provide the rights identified in these ~~Guidelines and Procedures~~, the DO may consider any such failure when determining the appropriate institutional response to an allegation of research misconduct.

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Commented [AH10]: Who determines this? Who has to prove this? Does the burden rest on the Respondent to prove this? What evidence is required to be produced?

Commented [JG11]: I am not certain this language (1) is necessary or (2) belongs here. If necessary, I think it (or a version of it) might be more appropriately place above in the CMRSCA roles?

Commented [KK12R11]: In response to this, I've deleted this section but moved some responsibilities to both CMRSCA and DO about ensuring that rights of all are respected/ensured.

IV. General Policies and Principles

Responsibility to Report Misconduct

UCCS faculty, employees and students have an obligation to report observed or suspected research misconduct to the RIO or to the CMRSCA. If an individual is unsure whether a suspected incident falls within the definition of research misconduct, he or she may contact the RIO to discuss the suspected research misconduct informally, which may include discussing it anonymously and/or hypothetically. If the circumstances described by the individual do not meet the definition of research misconduct, but are appropriately addressed by another UCCS entity or third party, the RIO will refer the individual or allegation to other offices or officials with responsibility for resolving the problem. Except to the extent necessary to comply with reporting requirements or state law or to defend any legal action which might be asserted against UCCS, the RIO will maintain confidential any such discussions or consultations regarding concerns of possible research misconduct.

Cooperation with Research Misconduct Proceedings

In accordance with the University of Colorado Administrative Policy Statement 1007 on Misconduct in Research, Scholarship and Creative Activities, members of the UCCS community are obligated to cooperate with and provide evidence relevant to a research misconduct allegation to the RIO, the CMRSCA, and other institutional officials. Any member of the UCCS community who fails or refuses to cooperate with the inquiry or investigative processes shall be reported to the appropriate dean or vice chancellor; such non-cooperation may constitute the basis for disciplinary action. Nothing herein will be interpreted in such a way as to infringe on an individual's right to invoke the protection of the Fifth Amendment to the U.S. Constitution with regard to self-incrimination; however, it is equally permissible to draw an adverse inference from an individual's failure of proof.

During both inquiry and investigation, the RIO and the CMRSCA shall elicit the cooperation of the Complainant, the ~~Respondent~~~~Respondent~~, and any other persons who have knowledge of the alleged research misconduct. Any person's failure to provide such cooperation, however, shall not preclude UCCS's continued investigation of potential research misconduct.

Confidentiality

The RIO, the CMRSCA, and its committees shall take reasonable steps to maintain the confidentiality of an allegation of research misconduct through the inquiry and investigative stages. The RIO, the CMRSCA, and its committees shall request that the Complainant, the ~~Respondent~~~~Respondent~~, and any other involved persons maintain confidentiality during the inquiry and investigative processes, including through the use of confidentiality agreements.

During the course of the inquiry and investigative stages, the RIO, the CMRSCA, and its committees may disclose information related to an allegation of research misconduct through the inquiry and investigative stages to the extent required by law. The RIO or the CMRSCA may also disclose information related to the inquiry and investigative processes if the seriousness of the alleged research misconduct warrants disclosure pending the outcome of the inquiry or the investigation. Without limitation, such instances include where the disclosure is necessary: (1) to prevent an immediate health hazard; (2) to protect the University's resources or reputation; (3) to protect the interests of the academic community; (4) to protect any person's resources or reputation; (5) to comply with the University's obligations to any state or federal agency, or (6) to correct misinformation made available to the public about the alleged research misconduct and the University's response.

To the extent possible, the RIO and/or the CMRSCA shall limit disclosure of the identity of the Complainant, ~~Respondent~~~~Respondent~~, or witnesses in the inquiry and investigative processes. For example, unless the circumstances merit direct identification of the participants in their reports and other documents, the CMRSCA and its committees should refer to the participants as "Complainant," "~~Respondent~~~~Respondent~~," and "Witness 1." In the event that the CMRSCA or its committees refer to individuals using generic identifiers, it should also include a confidential appendix containing those persons' identities.

The CMRSCA, upon recommendation to and approval by the RIO and the Provost, may disclose the final Inquiry Report and/or Investigative Report as necessary for it to meet its obligation of discouraging research misconduct in the University community, to remediate the harm caused by research misconduct, or as necessary to comply with the requirements of funded research. In the event that the CMRSCA finds that a ~~Respondent~~~~Respondent~~ has not engaged in research misconduct, the CMRSCA may disclose the final Inquiry Report and Investigative Report as necessary to protect the reputation of the ~~Respondent~~~~Respondent~~.

Notwithstanding any other provision in these *Guidelines and Procedures*, the University, the RIO, the CMRSCA, and its committees shall disclose any information reasonably necessary for it to comply with state or federal law.

Non-Retaliation

Members of the University community may not retaliate in any way against Complainants, witnesses, or committee members. Institutional members should immediately report any alleged or apparent retaliation to the RIO. The RIO shall review the allegation of retaliation and, if warranted, make all reasonable and practical efforts to redress any retaliation that has already occurred and to prevent any further retaliation. The retaliation allegation will be sent to the CMRSCA for review under these *Guidelines and Procedures*.

Interim Administrative Actions and Notifying PHS/ORI of Special Circumstances

Throughout the research misconduct inquiry and investigation, the RIO will monitor the proceedings to determine if there is any threat of harm to public health, federal funds and equipment, or the integrity of the federally-supported research process. In the event of such a threat, the RIO will, in consultation with other institutional officials and the funding agency, take appropriate interim action to protect against any such threat.

Interim action might include additional monitoring of the research process and the handling of federal funds and equipment, reassignment of personnel or of the responsibility for the handling of federal funds and equipment, additional review of research data and results, delaying publication, or notifying appropriate persons of errors in published research.

The RIO shall, at any time during a research misconduct proceeding, notify PHS/ORI immediately if he/she has reason to believe that any of the following conditions exist:

- Health or safety of the public is at risk, including an immediate need to protect human or animal subjects;
- Department of Health and Human Services (HHS) resources or interests are threatened;
- Research activities should be suspended;
- There is a reasonable indication of possible violations of civil or criminal law;
- Federal action is required to protect the interests of those involved in the research misconduct proceeding;
- The research misconduct proceeding may be made public prematurely and HHS action may be necessary to safeguard evidence and protect the rights of those involved; or

- The research community or public should be informed.

Termination or Resignation of ~~Respondent~~Respondent Prior to Completing Inquiry or Investigation

The termination of the ~~Respondent~~Respondent's employment with the University, by resignation or otherwise, before or after an allegation of possible research misconduct has been reported, will not preclude or terminate the misconduct procedures.

If the ~~Respondent~~Respondent, without admitting to the misconduct, elects to resign his or her position prior to the initiation of an inquiry, but after an allegation has been reported, or during an inquiry or investigation, the inquiry or investigation will proceed. If the ~~Respondent~~Respondent refuses to participate in the process after resignation, the CMRSCA will use its best efforts to reach a conclusion concerning the allegations, noting in its report the ~~Respondent~~Respondent's failure to cooperate and its effect on the committee's review of all the evidence.

V. General Operating Procedures ~~for the CMRSCA~~

Commented [KK13]: The deletions in this section are due to creating a separate by-laws document to align with faculty assembly procedures.

~~Composition and Appointment~~CMRSCA

~~The CMRSCA shall include at least one tenured or tenure track faculty member from each of UCGS's schools and colleges. The Chair of the Faculty Assembly shall seek nominations for faculty members to serve on the CMRSCA from the Deans of the appropriate schools and colleges and from the Provost. Committee membership should reflect the diversity of the faculty and should comply with University policies for constituting committees. During the spring semester of each academic year, the members of the CMRSCA will elect a Chair. The Chair of the CMRSCA will take office at the beginning of the fall semester following his or her election and will serve until the CMRSCA elects a subsequent Chair. The Chair will attend meetings of and report to the Faculty Representative Assembly. Members of the CMRSCA shall be appointed for staggered three year terms. Members are not limited in the number of terms they may serve. If a member is replaced before the end of a regular three year term, the replacement will serve the remainder of the current term.~~

~~The RIO serves as an ex-officio and non-voting member of the CMRSCA~~CMRSCA operates according to the approved by-laws. These Guidelines and Procedures are for addressing research misconduct allegations and for ensuring compliance with APS 1007.

~~Meeting schedule~~

~~The CMRSCA shall meet at least twice each academic year, once in the fall and once in the spring, for the purpose of complying with the requirements of APS~~

~~1007. Additional meetings shall be called by the Chair of the CMRSCA as necessary (e.g., for the purpose of dealing with an investigation of misconduct).~~

Voting Procedures

~~For regular business activities, the CMRSCA shall be considered to have a quorum when a simple majority of its members are present. The CMRSCA may take normal business actions upon the majority vote of the quorum. For research misconduct allegations, a majority of the CMRSCA members (e.g., 4 of 7) must vote for further inquiry, investigation, or other recommended actions. The votes of the CMRSCA shall be recorded only by indicating the numbers of members voting for or against a motion; the names of the members shall not be recorded or reported in the minutes. (Herein such votes are referred to as recorded votes.) Only those members of the CMRSCA who were substantially involved in the discussion of an item may vote on that item. Electronic voting is allowed when approved by majority vote at a given meeting.~~

Clerical and Administrative Support

Clerical and administrative support shall be provided by the Office of Research. Copies of all CMRSCA written records are to be kept by the Office of Research in accordance with the University's record retention policy. A secure folder may be used for electronic storing of files and the sharing of files in a misconduct investigation.

Conflict of Interest or Bias

To ensure impartiality, members of the CMRSCA, the Inquiry Committee, and the Investigative Committee, the RIO and the DO are expected to reveal any actual or potential conflicts of interest to the CMRSCA, including: (1) previous personal knowledge of or involvement in the matter forming the basis of the research misconduct allegation; (2) close personal, professional or financial relationship with the Complainant, ~~Respondent~~Respondent, or any other participant in the inquiry or investigative processes.

Any individual with an actual conflict of interest or bias should withdraw from the relevant processes. Any member may also withdraw or limit participation if he or she feels that participation may create the appearance of impropriety, even if there is no actual conflict of interest. The Chair of the CMRSCA may also disqualify any member determined by the Chair or the CMRSCA to have an actual conflict of interest or bias. If a member withdraws or is disqualified from particular proceedings, that member shall take no part in those proceedings as a member of the Committee, including attending meetings, asking questions, observing the proceedings, and discussing the allegations with other members. Complainants and Respondents may identify to RIO any persons with a potential conflict to request they and who should not participate on CMRSCA, the Inquiry and/or Investigative Committee be included as part of any investigation. A disqualified

Commented [AH14]: Editorial comment—check for capitalization consistency. Sometimes Respondent and Complainant are capitalized and sometimes they aren't.

Commented [KK15R14]: Done (thank you for the detailed review)

member may, however, be called as a witness during the inquiry or investigative processes.

Role of the University Counsel

The CMRSCA and its committees, the RIO, and the DO may seek advice and assistance from the Office of the University Counsel as they deem necessary. University Counsel also provides interpretation of rules and laws related to a research misconduct proceeding. , but does not provide legal advice to individuals. University Counsel will not provide legal advice to Respondents, witnesses, or complainants, and it is within their individual discretion to -may also seek advice from their own legal counsel. Office of the University Counsel but they may want their own legal counsel. University Counsel provides interpretation of rules and laws related to research misconduct, but does not provide legal advice to individuals.

The Office of the University Counsel shall be notified of the meetings of the CMRSCA and provided with minutes of CMRSCA proceedings. University Counsel may send a representative to attend meetings of the CMRSCA or proceedings of conducted by the Inquiry or Investigative Committees appointed hereunder if the University Counsel considers that such attendance is in the best interests of the University.

Amendments to Guidelines and Procedures

Changes to these Guidelines and Procedures, when possible, will be made following normal campus processes and with appropriate input and approvals by faculty representative assembly. To ensure compliance with University, federal, or other requirements for a pending investigation, the RIO, in consultation with the CMRSCA chair or faculty assembly president, may make changes or amendments if there is not sufficient time to follow normal processes (e.g., during summer with a pending case).

Commented [AH16]: Insert an 'and' instead of an 'or'.

Commented [KK17R16]: I'm concerned that if this is during summer both might not be around when needed. Can we leave 'or'?

Education of the Academic Community

Deans, directors, chairs and graduate advisors shall be reminded annually of APS 1007 and of these *Guidelines and Procedures*. The University shall also inform all faculty, students, and staff of (1) the need for integrity in research performance and (2) the role of the CMRSCA in considering allegations of research misconduct.

VI. Conducting an Assessment of Misconduct

Reporting Allegations of Research Misconduct

All persons having knowledge of research misconduct, or having reason to believe that such research misconduct may have occurred, have an obligation to report observed or suspected misconduct to the RIO. Allegations may also be given to any CMRSCA member, who shall direct them to the RIO. All allegations must be in writing, either from an identified or anonymous source. If an allegation is communicated to the RIO anonymously in some other way, e.g., via the ethics hotline, the RIO will have the discretion to record the allegations in writing for the purpose of implementing these procedures.

Upon receiving an allegation of misconduct in research, the RIO will notify the Complainant, if known, of the existence of APS1007 and of these procedures. If unsigned allegations are submitted by a research sponsor, that sponsoring agency shall be regarded as the Complainant for reporting purposes. If no funding agency is associated with unsigned or anonymous allegations, the portions of these procedures which pertain to a specific Complainant shall not be applicable. Individuals who are uncertain about whether to file an allegation may consult with the RIO prior to filing a complaint. Except as described in the section of these *Guidelines and Procedures* detailing confidentiality, the RIO will maintain confidential any such discussions or consultations regarding concerns of possible research misconduct.

Initial Review

Within 30 days of the receipt of allegations by the RIO, the RIO shall convene the CMRSCA. The CMRSCA shall determine whether the allegations (a) are sufficiently credible and specific so that potential evidence of research misconduct may be identified, and (b) meet the definition of research misconduct described under these *Guidelines and Procedures* or under any federal standard applicable to the research.

Should multiple complaints about the same ~~Respondent~~Respondent be received, the CMRSCA Chair shall determine how best to proceed. Generally, multiple complaints will be handled as follows:

1. If an inquiry is already in process, the new complaint will be forwarded to the current Inquiry Committee (described below). The current Inquiry Committee may recommend to the CMRSCA that the new complaint be included as part of the ongoing inquiry, that a new Inquiry Committee be formed to explore the new complaint, or that the new complaint be rejected as being duplicative with the allegations already being reviewed.
2. If an investigation is underway when a new complaint arrives, the chair of the CMRSCA will confer with the chair of the Investigative Committee to determine if the new complaint is most appropriately included in a revised charge to the Investigative Committee, or whether it should be referred to an

Inquiry Committee.

3. If a complaint is received after an Investigation has been completed, the CMRSCA Chair will determine whether the new complaint merits an Inquiry or is redundant with the prior complaint(s) that have already been investigated.

The initial assessment period should be brief. In conducting the assessment, the RIO or the CMRSCA need not interview the Complainant, ~~Respondent~~ Respondent, or other witnesses nor conduct any research or gather any data beyond any that may have been submitted with the allegation, except as necessary to determine whether the allegation is sufficiently specific so that a potential instance of research misconduct may be identified.

If the CMRSCA, upon a majority vote of all members, determines that the allegations present a possible instance of research misconduct, the allegations will be referred for inquiry as described herein. If the CMRSCA determines the allegations do not state a possible instance of research misconduct or do not meet the definition of research misconduct, the chair of CMRSCA shall notify the RIO who shall notify the Complainant.

Inquiry Phase

1. General Requirements

Upon a determination by the CMRSCA that the allegations merit further inquiry, the CMRSCA shall appoint an Inquiry Committee of at least three members to determine whether any or all allegations warrant a full investigation. Members should be selected based on their academic rank and level of experience with the type of misconduct allegations or research methodologies used. The Inquiry Committee must consist of individuals who do not have unresolved personal, professional, or financial conflicts of interest with either the Complainant or ~~Respondent~~ Respondent.

No members of the CMRSCA shall be members of the Inquiry Committee.

The inquiry process is a fact-finding, non-adversarial³ proceeding to determine whether sufficient credible evidence of research misconduct exists to warrant full investigation. The inquiry process is intended only to provide a means of initially evaluating the merits of the allegations of research misconduct for the purpose of

³ "Non-adversarial" is used in the legal sense. A non-adversarial process is a fact-finding process resulting in a committee's determination, with allowances for Respondents to present information and to respond to determinations. An adversarial process involves would require legal representation and cross-examination of witnesses.

identifying and dismissing non-meritorious allegations. Consequently, because of the limited nature of the inquiry proceedings, the inquiry process does not require the Inquiry Committee to fully review all of the evidence related to the allegation.

The Inquiry Committee will pursue diligently all allegations, including any additional instances of possible research misconduct that may arise during the inquiry process.

The Inquiry Committee shall request confidentiality from all participants in the inquiry process, and each interested party shall be interviewed separately. Any person—whether a Complainant, ~~Respondent~~Respondent, or witness—may have an advisor or attorney present at any interview of such person to act as a personal advisor. Such advisors may assist in the presentation of information but may not speak for these persons or conduct cross-examinations. The inquiry proceedings ~~shall typically would~~ not be recorded, although the members of the Inquiry Committee may take informal written notes during the proceedings or at their discretion, record deliberations.

The inquiry process shall be initiated and conducted as expeditiously as possible. The inquiry process, including preparation of the final inquiry report and the decision of the CMRSCA on whether an investigation is warranted, shall normally be completed within 30 calendar days of the initial written notification to the ~~Respondent~~Respondent. However, if the RIO determines that the inquiry process cannot be completed within this 30-day period, the RIO may extend the time within which the Inquiry Committee is to complete its work. If a time extension is granted, the final report of the Inquiry Committee must include the reasons for the extension.

2. Notice to ~~Respondent~~Respondent

The ~~Respondent~~Respondent is normally not informed of an allegation until after the CMRSCA has completed its initial review and determined that the allegation should proceed to the inquiry process. Once this determination has been made, the RIO, on behalf of the CMRSCA, must make a good faith effort to notify the ~~Respondent~~Respondent in writing of the allegations and University and campus rules and procedures governing the inquiry process. In the case of funded research, the RIO will provide ~~Respondent~~Respondent with the relevant federal regulations.

The ~~Respondent~~Respondent should be given the opportunity to admit that research misconduct occurred and that he/she committed the research misconduct. With the advice of the RIO and CMRSCA, the DO may terminate the institution's review of an allegation that has been admitted. In the case of allegations that fall under the purview of the Public Health Service, the University's acceptance of the admission and any proposed settlement must be approved by PHS/ORI.

If the Inquiry Committee pursues additional ~~allegations-incidences~~ of potential research misconduct discovered during the inquiry phase, the ~~RespondentRespondent~~ will be informed promptly of ~~any additional~~ allegations~~these~~.

3. Protection of Evidence

The RIO shall, on or before the date on which the ~~RespondentRespondent~~ is notified of the allegation, take all reasonable and practical steps to obtain custody of all records and evidence necessary to conduct the inquiry. The RIO shall inventory and sequester all such records and evidence. The RIO shall confer with the ~~RespondentRespondent~~ to identify the records and evidence needed for the inquiry and the best means of preserving and maintaining the integrity of the records and evidence.

Where the records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments. The RIO may consult with NIH/PHS or other similar parties for advice and assistance in this regard.

4. Inquiry Committee Procedures

The Inquiry Committee shall typically begin its inquiry by reviewing the written allegations of research misconduct and any supporting materials to determine if further investigation of the allegations is warranted. The Inquiry Committee shall request that the ~~RespondentRespondent~~ provide a written response to the allegations of research misconduct within 14 calendar days of receiving notice of the allegation, but the Inquiry Committee may grant a reasonable extension of this deadline at its discretion. The Inquiry Committee may interview or submit written questions to the Complainant, but is not required to do so.

After receiving and reviewing the ~~RespondentRespondent~~'s written response to the allegations of research misconduct, or if the ~~RespondentRespondent~~ does not respond within the allowed period of time, the Inquiry Committee shall invite the ~~RespondentRespondent~~ for an in-person interview to discuss the details of the alleged misconduct. This interview shall be fact-finding rather than adversarial. If either the ~~RespondentRespondent~~ declines an in-person interview, or the Inquiry Committee requires additional information, the Inquiry Committee may also interview the ~~RespondentRespondent~~ by telephone/video, through solicited responses to questions, or other methods.

In extraordinary cases where it is unable to form an opinion whether the written allegations are unsupported by the evidence, the Inquiry Committee may interview additional witnesses. In these cases, the ~~RespondentRespondent~~ will be informed of the allegations before any additional interviews are conducted. Any such

interviews may be conducted in person, by telephone/video, through solicited responses to written questions, or other methods. These interviews will be conducted in a manner designed to protect the confidentiality of the inquiry process, including, to the extent possible, the ~~Respondent~~Respondent's identity, and the witnesses/experts will be asked to sign Confidentiality Agreements. When the Inquiry Committee conducts any interviews as part of its investigation, it shall record or transcribe each interview, provide the recording or transcript to the interviewee for correction, and include the recording or transcript in the record of the investigation.

On the basis of information provided by both the Complainant and ~~Respondent~~Respondent, physical evidence, and any other interviews deemed necessary, the Inquiry Committee, by recorded simple majority vote, shall decide whether further investigation into any or all allegations of research misconduct is warranted or whether to terminate consideration of any or all of the allegations. The Inquiry Committee shall provide its recommendation in a fully documented written report to the CMRSCA for appropriate action.

5. Solicitation of Comments

Before submitting its report to the CMRSCA, the Inquiry Committee shall provide a copy of its proposed report to the ~~Respondent~~ Respondent for review. If the ~~Respondent~~ Respondent wishes to submit any comments on the proposed report to the CMRSCA, the Inquiry Committee shall include those comments with the final Inquiry Report that is transmitted to the CMRSCA. The ~~Respondent~~ Respondent's comments shall be received by the Inquiry Committee within ten days after the ~~Respondent~~ Respondent's receipt of the proposed report. Upon receipt of comments by the ~~Respondent~~ Respondent, the Inquiry Committee may modify its proposed report before submitting a final report to the CMRSCA. The Inquiry Committee is not required to provide the ~~Respondent~~ Respondent with its modifications before submitting the final report to the CMRSCA.

6. The Inquiry Report

The Inquiry Committee's Inquiry Report shall include the following:

- a) The name and position of the ~~Respondent~~ Respondent;
- b) A description of the allegations of research misconduct;
- c) Grant support (if applicable), including, for example, grant numbers, grant applications; contracts, and publications listing the source of support;
- d) The names and titles of the committee members who conducted the inquiry;
- e) A summary of the inquiry process;
- f) A list of the research records reviewed;
- g) Summaries of interviews;
- h) The basis for recommending or not recommending that the allegations warrant a full investigation;
- i) Whether any other actions should be taken if an investigation is not recommended; and
- j) Any comments by the ~~Respondent~~ Respondent to the report.

7. CMRSCA Review of Inquiry Report

The CMRSCA shall review the Inquiry Committee's Report and vote to determine whether to refer some or all of the research misconduct allegations to the Investigative Committee for full investigation. Only upon its review of the Inquiry Committee's Inquiry Report and a majority vote, the CMRSCA may, with a vote of at least 67% of CMRSCA members participating in the case, shall CMRSCA refer some or all of the research misconduct allegations to the Investigative Committee for initiate a full investigation, of some or all of the allegations of research misconduct. The CMRSCA shall refer any appropriate allegations for investigation to the Investigative Committee.:

CMRSCA shall dismiss any research misconduct allegation that fails to receive a vote of at least 67% of CMRSCA members participating in the case for referral to the Investigative Committee for full investigation. Otherwise, CMRSCA will

Commented [AH18]: This is inconsistent with the bylaws which state a 67% majority: "For research misconduct allegations, the CMRSCA will follow the *Guidelines and Procedures for Research Misconduct Allegations*. When voting, at least 67% of the CMRSCA members participating in a case must vote for further inquiry, investigation, or other recommended actions."

Commented [KK19R18]: Reworded so that it is clear on vote level needed for keeping case within the investigation process.

a) ~~Dismiss some or all of the allegations of research misconduct.~~ The inquiry shall be deemed concluded as to any dismissed allegation.

The RIO shall inform the Complainant and the ~~Respondent~~Respondent of the CMRSCA's determination and the bases for its determination. If the CMRSCA determines that some or all of the Complainant's allegations were made not in good faith, the CMRSCA may refer the Complainant to appropriate entities within the University or other institutions; ~~or.~~

~~b) Initiate a full investigation of some or all of the allegations of research misconduct. The CMRSCA shall refer any appropriate allegations for investigation to the Investigative Committee.~~

8. Notification to Complainant and ~~Respondent~~Respondent

The RIO shall inform the Complainant and the ~~Respondent~~Respondent of the CMRSCA's determination and the bases for its determination. The RIO will provide the ~~Respondent~~Respondent with a copy of the final Inquiry Report.

The CMRSCA may, but is not required to, provide a copy of the Inquiry Report to the Complainant. The CMRSCA shall not provide the Complainant with a copy of the Inquiry Report unless the Complainant agrees to be bound by a confidentiality agreement preventing disclosure of the contents of the report.

If either the Complainant or ~~Respondent~~Respondent wishes to submit any comments upon the report to the CMRSCA, they will be included in the final record (and will be provided to the Investigative Committee if applicable). Such comments do not constitute an appeal of the CMRSCA's decision, which is final.

9. Notification to PHS/ORI (if applicable)

Within 30 calendar days of the decision by the CMRSCA that an investigation is warranted, the RIO will so inform any source of funding for the research with a copy of the Inquiry Report. Sources may include federal or state agencies or private party sponsors. The RIO will provide the following information to a funding source upon request: (1) the institutional policies and procedures under which the inquiry was conducted; (2) the research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and (3) the charges to be considered in the investigation.

If the CMRSCA decides that an investigation is not warranted, the RIO shall secure and maintain for 7 years after the termination of the inquiry sufficiently detailed documentation of the inquiry to permit a later assessment by a funding source of the reasons why an investigation was not conducted. If the request comes from PHS/ORI or other authorized HHS personnel, these documents must be provided.

A. Investigation Phase

Unless extraordinary circumstances exist, the investigation phase must begin within 30 calendar days after the determination by the CMRSCA that an investigation is warranted. The purpose of the investigation is to develop a factual record by exploring the allegations in detail and examining the evidence in depth. The ultimate purpose is to determine whether research misconduct has been committed, by whom, and to what extent. The investigation will also determine whether there are additional instances of possible research misconduct that would justify broadening the scope beyond the initial allegations.

1. Appointment of Investigative Committee

As soon as possible after the CMRSCA votes to pursue an investigation, the CMRSCA, in consultation with the appropriate dean or vice chancellor, shall appoint an ad hoc committee of three to five members, including a chair, to serve as the Investigative Committee. The Investigative Committee is charged with conducting a thorough and unbiased ~~investigative~~ investigation of the allegations of misconduct, including any additional instances of possible research misconduct that may arise during the investigation. The ~~Respondent~~ Respondent will be informed promptly of any additional allegations.

The CMRSCA may select Investigative Committee members from inside or outside the University, but no member of the CMRSCA may serve on the Investigative Committee. In selecting members, the CMRSCA should consider: (i) any conflicts of interest or bias that would prevent a person from serving as an impartial member of the Investigative Committee; (ii) the member's area of expertise and ability to provide substantive assistance to the investigative process; and (iii) the member's academic rank.

The RIO shall notify the ~~Respondent~~ Respondent and Complainant of the names of potential Investigative Committee members to ensure that Investigative Committee members do not have a bias or conflict of interest in considering the case. If a potential member's impartiality is questioned, the CMRSCA will determine whether the potential member should be excluded from the Investigative Committee. If, during the course of an investigation, a member's impartiality is questioned, the CMRSCA will determine whether the potential member should be removed and replaced.

2. Charge to the Investigative Committee

The RIO will convene the first meeting of the Investigative Committee at which the Chair of the CMRSCA and the RIO will review with the Investigative Committee the charge, the Inquiry Report, and these *Guidelines and Procedures*. At least one member of the Inquiry Committee should also be present to address any questions

Commented [AH20]: Should this be the provost?

Commented [KK21R20]: No this should be general "vice chancellor" in case it is a staff person (we do have staff in other units writing grants and conducting research).

Commented [AH22]: Should be 'investigation'.

Commented [KK23R22]: done

about the Inquiry Report. The RIO will inform the members of the Investigative Committee of the confidentiality requirements of these *Guidelines and Procedures* and obtain the members' agreements to these requirements. The RIO shall provide each member with these *Guidelines and Procedures*, as well as any federal standards applicable to the investigation. The RIO will be available throughout the investigation to advise the Investigative Committee as needed.

The CMRSCA will provide the Investigative Committee with a written charge that:

- a) Describes the allegations and related issues identified during the inquiry;
- b) Identifies the ~~Respondent~~Respondent;
- c) Informs the Investigative Committee that it must conduct the investigation as prescribed in these *Guidelines and Procedures*;
- d) Informs the Investigative Committee that it must evaluate the evidence and testimony to determine whether, based on a preponderance of the evidence, research misconduct occurred and, if so, the type and extent of it and who was responsible;
- e) Informs the Investigative Committee that the ~~Respondent~~Respondent has the burden of proving by a preponderance of the evidence any affirmative defenses raised, including honest error or an honest difference of opinion;
- f) Informs the Investigative Committee that it must determine by a preponderance of the evidence whether the ~~Respondent~~Respondent committed the research misconduct intentionally, knowingly, or recklessly; and
- g) Informs the Investigative Committee that it must prepare or direct the preparation of a written investigative report that meets the requirements of this policy and, if applicable, 42 CFR § 93.313.

3. Investigative Process

The Investigative Committee has the responsibility for conducting a thorough and unbiased investigation. In accordance with this mandate, the Investigative Committee shall:

- a) Begin its proceedings by studying the information and evidence collected by the Inquiry Committee.
- b) Determine what additional evidence the Investigative Committee needs to make an informed determination as to whether research misconduct has occurred, including interviews of witnesses (including witnesses already interviewed by the Inquiry Committee) and review of additional evidence.
- c) Provide the ~~Respondent~~Respondent with an opportunity to provide oral or documentary evidence related to the allegations or research misconduct.
- d) Provide the ~~Respondent~~Respondent with an opportunity to identify witnesses with knowledge in the area of the alleged research misconduct.
- e) Provide the ~~Respondent~~Respondent with an opportunity to review and respond to any evidence that the Investigative Committee relies upon in making its determinations.
- f) Preserve the evidence that it relies upon in making its determinations.

When the Investigative Committee conducts any interviews as part of its investigation, it shall record or transcribe each interview, provide the recording or transcript to the interviewee for correction, and include the recording or transcript in the record of the investigation.

The Chair of the Investigative Committee shall control the proceedings and determine the admissibility of evidence. The Investigative Committee shall not be bound by the Colorado Rules of Evidence which would apply in a court setting and may admit any evidence that the Chair deems reasonably related to the allegations of research misconduct. The Chair shall have the ability to limit the presentation of irrelevant or repetitious evidence. The Investigative Committee has the discretion to determine whether or not to record its deliberations.

Any party appearing before the Investigative Committee may have an advisor present, who may be an attorney. The advisor may assist the party in his/her presentation of information but may not speak on the party's behalf.

4. Time for Completion

The Investigative Committee shall normally complete its investigation, including conducting the investigation, preparing the report of findings, providing the draft report for comment and sending the final report to CMRSCA, within 120 days of the Investigative Committee's first meeting. The Chair of the Investigative Committee shall keep the RIO informed of the status of its investigation.

Commented [AH24]: What are these? Where are they found? Need to have a link identified.

Commented [JG25R24]: No need to cite to something that does not apply.

Commented [KK26R24]: Per Jennifer's advice, I left out a link.

If the RIO determines that the investigation cannot be completed within this 120-day period, the RIO may extend the time within which the Investigative Committee is to complete its investigation. The rationale for this extension should be included in the final report of the Investigative Committee. If the investigation falls under the jurisdiction of the Public Health Service, the RIO will submit to PHS/ORI a written request for an extension, setting forth the reasons for the delay and, if such an extension is granted and PHS/ORI direct the filing of periodic progress reports, the RIO will ensure that such periodic progress reports are filed with PHS/ORI.

5. Decision by the Investigative Committee

When it considers that its task has been completed, the Investigative Committee shall determine by majority vote whether the allegations of misconduct are supported by a preponderance of the evidence. The Investigative Committee shall reach one of the following decisions as to each allegation of research misconduct:

- a) A ~~finding-Finding~~ of Research Misconduct;
- b) A ~~finding-Finding~~ of no Research Misconduct, but ~~serious-Serious research-Research error>Error~~; or
- c) A ~~finding-Finding~~ of no Research Misconduct and no ~~serious-Serious research-Research error>Error~~.

The Investigative Committee shall communicate this decision to the CMRSCA in an initial written Investigative Report. The initial Investigative Report shall:

- a) Describe the nature of the allegation of research misconduct, including identification of the ~~RespondentRespondent~~;
- b) Describe any external support, including, for example, the numbers of any grants that are involved, grant applications, contracts, and publications listing this support;
- c) Describe the specific allegations of research misconduct considered in the investigation;
- d) Describe the institutional policies and procedures under which the investigation was conducted;
- e) Identify and summarize the sources of evidence that the Investigative Committee relied upon in making its determination;
- f) Include a statement of findings for each allegation of research misconduct identified during the investigation.
- g) Each statement of findings must
 - (1) identify whether the research misconduct was falsification, fabrication, or plagiarism or other form of conduct outlined in University policies and rules, including these *Guidelines and Procedures*;
 - (2) identify whether the research misconduct was committed intentionally, knowingly, or recklessly;

- (3) summarize the facts and the analysis that support the conclusion and consider the merits of any reasonable explanation by the ~~Respondent~~Respondent, including any effort by ~~Respondent~~Respondent to establish that he or she did not engage in research misconduct because of honest error or a difference of opinion;
- (4) identify the specific evidence that the Investigative Committee relied upon in making its determination;
- (5) identify whether the research misconduct would require any publications to need correction or retraction; and
- (6) identify the person(s) responsible for the research misconduct.

If the Investigative Committee determines that the ~~Respondent~~Respondent did not engage in an alleged act of research misconduct, the final Investigative Report should indicate whether the Investigative Committee finds that allegation was not made in good faith.

6. Comments on the Investigative Report and Access to Evidence

a) ~~Respondent~~Respondent

The Investigative Committee will provide its initial Investigative Report to the RIO, who shall provide the ~~Respondent~~Respondent with a copy for comment and, concurrently, a copy of, or supervised access to the evidence upon which the report is based.

The ~~Respondent~~Respondent will be allowed 30 days from the date he/she received the initial Investigative Report to provide the RIO with his/her written response to the Investigative Report. If received within that time frame, the RIO shall provide ~~Respondent~~Respondent's written response to the Investigative Committee.

b) Complainant

At its option, the CMRSCA may, but is not required to, direct the RIO to provide the Complainant with a copy of the initial Investigative Report, or relevant portions of it, for Complainant's response. The RIO shall not provide the Complainant with a copy of the initial Investigative Report unless the Complainant agrees to be bound by a confidentiality agreement preventing disclosure of the contents of the report. If the CMRSCA allows the Complainant to receive the Investigative Report, the Complainant will be allowed 30 days from the date he/she received the initial Investigative Report to provide the RIO with his/her written response. If received within that time frame, the RIO shall provide the Complainant's written response to the Investigative Committee.

c) Incorporation into the Report

The Investigative Committee shall consider the ~~Respondent~~Respondent's (and Complainant's, if applicable) comments when finalizing its report to the CMRSCA, and shall include the comments as an appendix to the final Investigative Report. If the Investigative Committee chooses to amend its report, it is not required to provide either party with its modifications before submitting the final report to the CMRSCA.

Before submitting its final report to CMRSCA, the Investigative Committee may submit the report to University Counsel for review for legal sufficiency.

7. Referral to CMRSCA

After completing its report, the Investigative Committee shall transmit the final Investigative Report to the CMRSCA. The CMRSCA shall consider the Investigative Report to determine whether it requires additional information, explanation, or investigation from the Investigative Committee.

If the CMRSCA requests any additional information, explanation, or investigation from the Investigative Committee, it shall return the Investigative Report to the Investigative Committee for further response. Upon completing any additional response, the Investigative Committee shall return the report to the CMRSCA.

When the CMRSCA determines that the Investigative Committee's report is complete and no further response is necessary, it shall accept the report as final and inform the Investigative Committee that it has completed its obligations.

Disposition by the CMRSCA

The CMRSCA shall consider the Investigative Committee's report, as well as any comments by the ~~Respondent~~Respondent and Complainant before preparing the final CMRSCA Report.

Upon receipt of the Investigative Committee's final Investigative Report and the responses thereto, if any, from the ~~Respondent~~Respondent or Complainant, the CMRSCA shall review the same and create a final CMRSCA Report. The final CMRSCA Report is not intended to be a separate investigation of the allegations. Rather, it shall include recommendations based on the findings included in the Investigative Report regarding:

1. Possible disciplinary action, policy changes, or other actions that might ensure that similar research misconduct does not occur in the future.
2. Steps to correct or ameliorate the effects of the research misconduct.

3. Steps to be taken to prevent retaliation against the Complainant or other persons providing information in the investigation and to restore the positions and reputations of persons who have made allegations in good faith.

4. Whether the ~~Respondent~~Respondent's reputation has been unjustly damaged by the investigation and, if so, what steps might be taken to repair that damage.

5. Whether any allegation is judged to have been made not in good faith. Such determinations will be provided to RIO and/or DO for their referral to the academic supervisor of the complainant.

The final CMRSCA Report along with the final Investigative Report shall be submitted to the DO and to the ~~Respondent~~Respondent.

Commented [AH27]: The supervisor of the Complainant, correct? That needs to be specified.

Commented [KK28R27]: done

Final Disposition

1. Decision by the Deciding Official

Upon receipt of the final CMRSCA Report and the Investigative Report, the DO will determine in writing: (1) whether the University accepts the Investigative Report, its findings, and the CMRSCA Report; and (2) set forth the University's actions in response thereto. If this determination varies from the findings of the investigation committee and/or the recommendations of the CMRSCA, the DO will, as part of his/her written determination, explain the basis for the decision.

Independent of this process, the ~~Respondent~~Respondent may submit to the DO any additional statements. ~~Respondent~~Respondent has the burden of proving by a preponderance of the evidence any mitigating factors that are relevant to a decision to impose administrative sanctions.

2. Communication of Decision

When the DO has reached a final decision on the case, the DO will so notify both the ~~Respondent~~Respondent and the Complainant in writing.

The DO, in consultation with the RIO and the Office of University Counsel, will determine whether other university officials, PHS/ORI, law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the ~~Respondent~~Respondent in the work, or other relevant parties should be notified of the outcome of the case. The RIO is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies.

Appeals

The determination of the DO is final and may not be appealed. Any disciplinary or administrative action taken as a result of the DO's determination shall be handled in accordance with the University's normal grievance and appeal processes. For cases under the jurisdiction of PHS/ORI, such appeals must be completed within 120 days of filing. If unable to be completed within 120 days, the DO must ask PHS/ORI in writing for an extension and provide an explanation for the request.

Notice to PHS/ORI or Other Funding Agencies

To the extent applicable, unless an extension has been granted, the RIO must, within the 120-day period for completing the investigation submit the following to PHS/ORI or other funding agencies that require such reporting: (1) a copy of the final Investigative Report with all attachments; (2) a statement of whether the University accepts the findings of the Investigative Report; (3) a statement of whether the University found misconduct and, if so, who committed the misconduct; (4) a description of any pending or completed administrative actions against the ~~Respondent~~Respondent; and (5) a description of any pending or completed administrative actions to correct or ameliorate the effects of the misconduct and/or to ensure that that similar misconduct does not occur in the future.

The RIO must maintain and provide to PHS/ORI upon request "records of research misconduct proceedings" as that term is defined by 42 CFR § 93.317. Unless custody has been transferred to HHS or PHS/ORI has advised in writing that the records no longer need to be retained, records of research misconduct proceedings must be maintained in a secure manner for 7 years after completion of the proceeding or the completion of any PHS proceeding involving the research misconduct allegation. The RIO is also responsible for providing any information, documentation, research records, evidence or clarification requested by PHS/ORI to carry out its review of an allegation of research misconduct or of the institution's handling of such an allegation.

History

- Original policy adopted by Faculty Research Misconduct Committee on November 14, 2011
- Name changes of committee and member terms to match Faculty Representative Assembly rules made on July 1, 2013 by RIO (not voted on by committee).

- Revisions adopted by Committee on Misconduct in Research, Scholarship, and Creative Activities to include retaliation to match APS 1007 on October 29, 2015.
- Revisions made and adopted following campus procedures for procedural changes (e.g., review by Faculty Assembly, CMRSC, Deans, Leadership Team) on <DATE>

Appendix A

Research Integrity Officer Responsibilities

General

The Research Integrity Officer (RIO) has lead responsibility for ensuring that the institution:

- Takes all reasonable and practical steps to foster a research environment that promotes the responsible conduct of research, research training, and activities related to that research or research training, discourages research misconduct, and deals promptly with allegations or evidence of possible research misconduct.
- Has written policies and procedures for responding to allegations of research misconduct and reporting information about that response to PHS/ORI, as required by 42 CFR Part 93.
- Complies with its written policies and procedures and the requirements of 42 CFR 93.
- Informs its institutional members who are subject to 42 CFR Part 93 about its research misconduct policies and procedures and its commitment to compliance with those policies and procedures.
- Takes appropriate interim action during a research misconduct proceeding to protect public health, federal funds and equipment, and the integrity of the PHS supported research process.

Notification, Reporting and Cooperation with PHS/ORI

The RIO has lead responsibility for ensuring that the institution:

- Files an annual report with PHS/ORI containing the information prescribed by PHS/ORI.
- Sends to PHS/ORI with the annual report such other aggregated information as PHS/ORI may prescribe on the institution's research misconduct proceedings and the institution's compliance with 42 CFR Part 93.
- Notifies the appropriate dean and vice chancellor, as well as the appropriate regulatory agencies and/or sponsors, if at any time during the research misconduct proceeding, (a) there is reason to believe that health or safety of the public is at risk (including an immediate need to protect

human or animal subjects); (b) HHS, other sponsor or institutional 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 (f) the institution believes that the research misconduct proceeding may be made public prematurely so that HHS may take appropriate steps to safeguard evidence and protect the rights of those involved; or (g) the research community or the public should be informed.

- Provides PHS/ORI with a written finding that an investigation is warranted and a copy of the inquiry report, within 30 days of the date on which the finding is made.
- Notifies PHS/ORI of the decision to begin an investigation on or before the date the investigation begins.
- Within 120 days of beginning an investigation, or such additional days as may be granted by PHS/ORI, (or upon completion of any appeal made available by the institution) provides PHS/ORI with the Investigative Report, a statement of whether the institution accepts the investigation's findings, a statement of whether the institution found research misconduct and, if so, who committed it, and a description of any pending or completed administrative actions against the ~~Respondent~~~~Respondent~~.
- Seeks advance PHS/ORI approval if the institution plans to close a case at the inquiry, investigation, or appeal stage on the basis that the ~~Respondent~~~~Respondent~~ has admitted guilt, a settlement with the ~~Respondent~~~~Respondent~~ has been reached, or for any other reason, except the closing of a case at the inquiry stage on the basis that an investigation is not warranted or a finding of no misconduct at the investigation stage.
- Cooperates fully with PHS/ORI during its oversight review and any subsequent administrative hearings or appeals, including providing all research records and evidence under the institution's control, custody, or possession and access to all persons within its authority necessary to develop a complete record of relevant evidence.

Research Misconduct Proceedings

1. General

The RIO is responsible for:

- Promptly taking all reasonable and practical steps to obtain custody of all research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence, and sequester them in a secure manner.

- Taking all reasonable and practical steps to ensure the cooperation of ~~Respondent~~Respondents and other institutional members with research misconduct proceedings, including, but not limited to their providing information, research records and evidence.
- Providing confidentiality to those involved in the research misconduct proceeding as required by 42 CFR § 93.108, other applicable law, and institutional policy.
- Determining whether each person involved in handling an allegation of research misconduct has an unresolved personal, professional or financial conflict of interest and taking appropriate action, including recusal, to ensure that no person with such a conflict is involved in the research misconduct proceeding.
- Keeping the DO and others who need to know apprised of the progress of the review of the allegation of research misconduct.
- In cooperation with other institutional officials, taking all reasonable and practical steps to protect or restore the positions and reputations of good faith Complainants, witnesses, and committee members and to counter potential or actual retaliation against them by ~~Respondent~~Respondents or other institutional members. In the case of retaliation against the RIO, (s)he will report the retaliation to the DO, who will take steps to protect the RIO.
- In conjunction with the DO, making all reasonable and practical efforts, if requested and as appropriate, to protect or restore the reputation of persons alleged to have engaged in research misconduct, but against whom no finding of research misconduct is made.
- Assisting the DO in implementing his/her decision to take administrative action against any Complainant, witness, or committee member determined by the DO not to have acted in good faith.
- Maintaining records of the research misconduct proceeding, as defined in 42 CFR § 93.317, in a secure manner for 7 years after completion of the proceeding, or the completion of any PHS/ORI proceeding involving the allegation of research misconduct, whichever is later, unless custody of the records has been transferred to PHS/ORI or PHS/ORI has advised that the records no longer need to be retained.

2. Allegation Receipt

The RIO is responsible for:

- Consulting confidentially with persons uncertain about whether to submit an allegation of research misconduct. The RIO is not required to file a complaint with regard to allegations discussed during these confidential sessions.
- Receiving allegations of research misconduct and transmitting them to the CMRSCA Chair.

3. Inquiry

The RIO is responsible for:

- On or before the date on which the ~~Respondent~~Respondent is notified, or the inquiry begins, whichever is earlier, taking all reasonable and practical steps to obtain custody of all research records and evidence needed to conduct the research misconduct proceeding, inventorying the records and evidence and sequestering them in a secure manner. Where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on the instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments.
- Providing the Inquiry Committee with needed logistical support, e.g., expert advice, including forensic analysis of evidence, and clerical support, including arranging witness interviews and recording or transcribing those interviews.
- Being available or present throughout the inquiry to advise the Inquiry Committee as needed and consulting with the committee prior to its decision whether to recommend that an investigation is warranted on the basis of the criteria in these policies and procedures and 42 CFR § 93.307(d).
- Determining whether circumstances clearly warrant a period longer than 60 days to complete the inquiry (including preparation of the final Inquiry Report and the decision of the DO on whether an investigation is warranted), approving an extension if warranted, and documenting the reasons for exceeding the 60-day period in the record of the research misconduct proceeding.
- Within 30 days of a CMRSCA decision that an investigation is warranted, providing PHS/ORI with the written finding and a copy of the Inquiry Report and notifying those institutional officials who need to know of the decision.
- Notifying the ~~Respondent~~Respondent (and the Complainant, if the CMRSCA determines that doing so is appropriate) whether the Inquiry Committee found an investigation to be warranted and including in the notice copies of or a reference to 42 CFR Part 93 and the University of Colorado research misconduct policies and procedures.
- Providing to PHS/ORI, upon request, the institutional policies and procedures under which the inquiry was conducted, the research records and evidence reviewed, transcripts or recordings of any interviews, copies of all relevant documents, and the allegations to be considered in the investigation.
- If the CMRSCA decides that an investigation is not warranted, securing and maintaining for 7 years after the termination of the inquiry sufficiently detailed documentation of the inquiry to permit a later assessment by PHS/ORI of the reasons why an investigation was not conducted.

4. Investigation

The RIO is responsible for:

- On or before the date on which the investigation begins: (1) notifying the ~~Respondent~~Respondent in writing of the allegations to be investigated and (2), if applicable, notifying PHS/ORI of the decision to begin the investigation and providing PHS/ORI a copy of the inquiry report;
- Prior to notifying ~~Respondent~~Respondent of the allegations, taking all reasonable and practical steps to obtain custody of and sequester in a secure manner all research records and evidence needed to conduct the research misconduct proceeding that were not previously sequestered during the inquiry.
- Assisting the CMRSCA chair in preparing a charge for the Investigative Committee in accordance with the institution's policies and procedures.
- Convening the first meeting of the Investigative Committee and providing Investigative Committee members a copy of the University's policies and procedures and 42 CFR Part 93.
- Providing the Investigative Committee with needed logistical support, e.g., expert advice, including forensic analysis of evidence, and clerical support, including arranging interviews with witnesses and recording or transcribing those interviews.
- Being available or present throughout the investigation to advise the committee as needed.
- On behalf of the institution, the RIO is responsible for ensuring that the Investigative Committee: (1) uses diligent efforts to conduct an investigation that includes an examination of all research records and evidence relevant to reaching a decision on the merits of the allegations and that is otherwise thorough and sufficiently documented; (2) takes reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practical; (3) takes reasonable steps to interview each ~~Respondent~~Respondent, Complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the ~~Respondent~~Respondent, and records or transcribes each interview, provides the recording or transcript to the interviewee for correction, and includes the recording or transcript in the record of the research misconduct proceeding; and (4) pursues diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of any additional instances of possible research misconduct, and continues the investigation to completion.

- When applicable, upon determining that the investigation cannot be completed within 120 days of its initiation (including providing the draft report for comment and sending the final report with any comments to PHS/ORI), submitting a request to PHS/ORI for an extension of the 120- day period that includes a statement of the reasons for the extension. If the extension is granted, the RIO will file periodic progress reports with PHS/ORI.
- Assisting the Investigative Committee in preparing a draft Investigative Report that meets the requirements of 42 CFR Part 93 and University policies and procedures, sending the ~~Respondent~~Respondent (and Complainant at CMRSCA's option) a copy of the draft report for his/her comment within 30 days of receipt, taking appropriate action to protect the confidentiality of the draft report, receiving any comments from the ~~Respondent~~Respondent (and, optionally, the Complainant) and ensuring that the comments are included and considered in the final investigative report.
- Transmitting the draft Investigative Report to University counsel for a review of its legal sufficiency.
- Assisting the Investigative Committee in finalizing the draft Investigative Report and receiving the final Investigative Report.
- If applicable, transmitting to PHS/ORI within the time period for completing the investigation, a copy of the final investigative report with all attachments, a statement of whether the institution accepts the findings of the report, a statement of whether the institution found research misconduct, and if so, who committed it, and a description of any pending or completed administrative actions against the ~~Respondent~~Respondent.
- When a final decision on the case is reached, the DO will normally notify both the ~~Respondent~~Respondent and the Complainant in writing
- Maintaining and providing to PHS/ORI upon request all relevant research records and records of the institution's research misconduct proceeding, including the results of all interviews and the transcripts or recordings of those interviews