Executive Policy Chapter 12, Research
Executive Policy EP 12.211, Policy for Responding to Allegations of Research and Scholarly Misconduct (Note: Previously part of E5.211)
Effective Date: October 2014
Dates Amended: October 2014 (Note: E5.211 split into EP 12.211 and AP 12.211); 2005; 1998; 1992; 1989
Responsible Office: Office of the Vice President for Research and Innovation
Governing Board of Regents Policy Chapter 12.201, Ethical Standards of Conduct
Review Date: August 2019

I. Purpose

A. Reporting suspected academic, scientific and research misconduct is a shared and serious responsibility of all members of the academic community. Allegations should not be made capriciously, but indications or evidence of fraud or misconduct must not be ignored. Allegations of unethical conduct are serious and can ruin professional careers. The policies and procedures herein provide mechanisms to screen unfounded complaints while minimizing damage to the wrongly accused. When a formal allegation is rendered, the procedures also provide due process rights, as specified in the prevailing UH faculty and staff bargaining unit agreements, to ensure that any decisions rest on evidence fully and fairly assessed.

B. Principle Investigators have a central role and responsibility in the strategy, operation, and management of their research group. They must make every effort to maintain the standards of professional and ethical conduct, and to foster an environment that discourages misconduct in all areas of their work. Retaining such outstanding integrity conveys respect and credibility among students, colleagues, and the community which the University serves.

II. Definitions

A. Allegation means a disclosure of possible research misconduct through any means of communication. The disclosure may be by written or oral statement or other communication to the RIO or other institutional official such as an Ethics Committee member, or Departmental Chairs or Deans.

B. Assessment means the initial evaluation of an allegation of research misconduct by the Research Integrity Officer and Ethic Committee Chairperson. During this time it will

be determined whether the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

C. Complainant means a person who makes an allegation of research misconduct.

D. Conflict of Interest means the real or apparent interference of one person's interests with the interests of another person where the disinterestedness of an adjudicator may reasonably be called into question and potential bias may occur due to prior or existing personal or professional relationships. As expressed in Executive Policy EP 12.214, a potential or actual conflict of interest exists when commitments and obligations to the University or to widely recognized professional norms are likely to be compromised by a person's other interests or commitments, especially financial, particularly if those interests or commitments are not disclosed.

E. Deciding Official (DO) means a Senior Academic or Research Institutional Official appointed by the University President. This individual makes final determinations on allegations of research misconduct and any institutional administrative action. The DO will not be the same individual as the Research Integrity Officer and should have no direct prior involvement in the institution"s inquiry, investigation, or allegation assessment. A Deciding Official's appointment of individuals to evaluate allegations of research misconduct is not considered to be direct prior involvement on the part of the DO.

F. Ethics Committee (EC) means the standing committee appointed by the DO and established to assist the RIO in evaluating alleged violations of research misconduct. The Ethics Committee shall have 16 members consisting of a Chairperson and 15 members selected from faculty and staff within the UH system.

G. Evidence means any document, tangible item, or testimony offered or obtained during a research misconduct proceeding that tends to prove or disprove the existence of an alleged fact.

1. Burden of Proof. The University has the burden of proof for making a finding of research misconduct. The destruction, absence of, or respondent's failure to provide research records adequately documenting the questioned research is evidence of misconduct where the University has established by a preponderance of evidence that the respondent intentionally, knowingly, or recklessly had research records and destroyed them, had the opportunity to maintain the records but did not do so, or maintained the records and failed to produce them in a timely manner and that the respondent's conduct constitutes a significant departure from accepted practices of the relevant research community.

2. Preponderance of evidence means proof by information that, compared with that opposing it, leads to the conclusion that the fact at issue is more probably true than not.

3. Standard of Proof. An UH finding of research misconduct must be proved by a preponderance of the evidence.

H. General Counsel means the legal counsel who represents the University and is responsible for advising the DO, RIO, and Ethics Committee whenever such counsel is sought. The UH General counsel does not represent the respondent, the complainant/informant, or any other person participating during the Inquiry or Investigation stages, or any follow-up action, except the Institutional officials, EC members, and others responsible for managing or conducting the University of Hawaii's evaluations of research misconduct allegations as part of their official duties.

I. Good Faith, as applied to a complainant or witness, means having a belief in the truth of one's allegation or testimony such that a reasonable person would call attention to the perceived irregularities known at the time. An allegation, testimony, or cooperation on the part of a complainant, informant, witness, or respondent is not in good faith if it is made with knowing or reckless disregard for information that would negate the allegation or testimony. Good faith as applied to members of a committee or review panel means cooperation for the purpose of helping an institution meet its responsibilities to investigate potential research misconduct.

J. HHS means the United States Department of Health and Human Services.

K. Informant means a person who wishes to remain anonymous and who informs the University (e.g., through the Ethics Committee, the RIO, an institutional official) of the possibility of research misconduct.

L. Inquiry means preliminary information-gathering and fact-finding to determine whether an allegation of research or scholarly misconduct warrants an investigation.

M. Institutional Member means a person who is employed by, is an agent of, or is affiliated by contract or agreement with an institution. Institutional members may include, but are not limited to officials, tenured and untenured faculty, teaching and support staff, researchers, research coordinators, clinical technicians, postdoctoral and other fellows, students, volunteers, agents, and contractors, subcontractors, and sub-awardees, and their employees.

N. Investigation means the formal development of a factual record and the examination of that record by an EC Review Panel, leading to a decision not to make a recommendation of a charge of research misconduct or to recommend such a charge. Decisions are reported in writing to the DO.

O. Institutional Investigation means the Institution's (e.g., DO and Administrators) evaluation of the EC investigation, for the purpose of either concurring with the EC's

findings or initiating ancillary procedures, such as additional interviews and/or further investigation.

P. Misconduct Definition (PHS). For the purposes of PHS regulations and reporting to the Office of Research Integrity, “Misconduct” or “Research Misconduct” means fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results.

1. Fabrication is making up data or results and recording or reporting them.

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

3. Plagiarism is the appropriation of another person’s ideas, processes, results, or words without giving appropriate credit.

Research Misconduct does not include honest error or differences of opinion.

Q. Misconduct Definition (UH). Under this policy (EP 12.211), the UH definition of misconduct includes the PHS definition and the following elements:

1. Abuse of confidentiality. Taking or appropriating confidential or private information without proper authority or releasing or disclosing to others, without proper authority, ideas, data, or other information given with the expectation of confidentiality. This includes any unauthorized disclosure of personal health information as defined by HIPAA in the context of research misconduct.

2. Property Violation. Misappropriation, maliciously destroying, or altering without proper authority the research-related papers, data, supplies, equipment, or other products of research or scholarship. “Property” in this context can be regarded as either physical or intellectual property.

3. Improprieties of Authorship: Improper assignment of credit, such as excluding others, misrepresentation of the same material as original in more than one publication; listing as an author any persons who (i) did not contribute significantly to the published research, (ii) do not or cannot stand behind the research results or (iii) have not carefully examined the manuscript. Improprieties also include allowing oneself to be listed as an author when significant contributions have not been made and submission of multi-authored publications without the concurrence of all authors.

4. Misappropriation of Funds. Using research, or scholarship-related, funds for purposes that are in clear and substantial violation of the terms of a grant or regulations and policies

5. Violation of generally accepted research practices. Serious deviation from accepted practices in proposing or carrying out research, improper manipulation of experiments to obtain biased results, deceptive statistical or analytical manipulations, or improper reporting of results.

6. Material failure to comply with federal, state, or university regulations pertaining to care and protection of animal subjects; protection of human subjects; use of recombinant DNA, radioactive, biological, or chemical materials; or the conduct of classified research. This includes but is not limited to serious or substantial willful violations that involve inappropriate use of funds.

7. Inappropriate behavior including accusations of misconduct made in bad faith, withholding or destruction of information relevant to a claim of misconduct, reckless or false testimony to an Ethics Committee or Review Panel member, and retaliation against persons involved in an investigation.

8. Deliberate material misrepresentation of qualifications, experience, or research accomplishments to advance a research program, to obtain external funding, or for other professional advancement.

9. Conduct that violates research and scholarly-related ethical standards as expressed in relevant codes of conduct promulgated by professional associations and learned societies within the various disciplines.

10. Violations of provisions of Executive Policy EP 12.214 regarding conflict of interest.

R. Office of Research Integrity (ORI) means the office to which the HHS Secretary has delegated responsibility for addressing research integrity and misconduct issues related to PHS supported activities.i (website: http://ori.dhhs.gov/)

S. PHS support means PHS funding for biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research, or training that may be provided through: PHS grants, cooperative agreements, or contracts or sub- grants or subcontracts under those PHS funding instruments; or salary or other payments under PHS grants, cooperative agreements or contracts.

T. Public Health Service or PHS means the unit within HHS that includes the Office of Public Health and Science and the following Operating Divisions: Agency for Healthcare Research and Quality, Agency for Toxic Substances and Disease Registry, Centers for Disease Control and Prevention, Food and Drug Administration, Health Resources and Services Administration, Indian Health Service, National Institutes of Health, and the Substance Abuse and Mental Health Services Administration, and the offices of the Regional Health Administrators.

U. Records of Research Misconduct Proceedings means: (1) the research records and evidence secured for the research misconduct proceeding pursuant to this policy and 42 CFR §§ 93.305, 93.307(b), and 93.310(d), except to the extent the RIO determines and documents that those records are not relevant to the proceeding or that the records duplicate other records that have been retained; (2) the documentation of the determination of irrelevant or duplicate records; (3) the inquiry report and final documents (not drafts) produced in the course of preparing that report, including the documentation of any decision not to investigate, as required by 42 CFR § 93.309(c); (4) the investigation report and all records (other than drafts of the report) in support of the report, including the recordings or transcripts of each interview conducted; and (5) the complete record of any appeal within the institution from the finding of research misconduct.

V. Research Integrity Officer (RIO) is appointed by the DO or his/her designee. The RIO, in consultation with the Chairperson of the Ethics Committee, is responsible for: (1) assessing allegations of research misconduct to determine if they fall within the definition of research misconduct, as covered by this policy (EP 12.211) and whether they warrant an inquiry on the basis of the allegation being sufficiently credible and specific so that potential evidence of research misconduct may be identified; (2) overseeing inquiries and investigations; and 3) providing staff support to Review Panels.

W. Research Misconduct Proceeding means any actions related to alleged research misconduct that is within 42 CFR Part 93 and EP 12.211, including but not limited to, allegation assessments, inquiries, investigations, ORI oversight reviews, hearings and administrative appeals.

X. Research Record means the record of data (both written and electronic) or results that embody the facts resulting from academic research or scholarly work, including but not limited to, research proposals, laboratory records, progress reports, abstracts, theses, oral presentations, internal reports, journal articles, and any documents and materials provided to the RIO, an EC member, or an institutional official during the course of a research misconduct proceeding.ii

Y. Respondent means the person against whom an allegation of research misconduct is directed and who is the subject of a research misconduct proceeding.

Z. Retaliation means an adverse action taken against a complainant, informant, witness, or EC Committee or Panel member of this institution or one of its institutional members in response to (1) a good faith allegation of research misconduct; or (2) good faith cooperation with a research misconduct proceeding.

AA. Review Panel means the group of faculty and staff that conducts an inquiry or investigation dealing with allegations of research misconduct. The Review Panel shall

be composed of five (5) individuals. The RIO, in consultation with the EC Chairperson, will appoint the Review Panel members who may include non-EC members who have relevant expertise.

III. Executive Policy

A. GENERAL POLICY

1. In addition to protection for the accused, the procedures in this document take into account the concerns of those who suspect misconduct. These procedures work to encourage the reporting of misconduct by limiting the burdens and risks on those who bring forward information. The Research Integrity Officer (RIO), in consultation with the Ethics Committee, has the responsibility of investigating allegations of misconduct. To the greatest extent possible, the complainant's and/or informant's assistance in the procedures will remain confidential. In cases where an investigation is not warranted, the RIO will retain a record of efforts to call attention to misconduct, should it later develop that unethical violations were indeed occurring. The respondent is thus spared later accusations of complicity or cover-up.

2. Furthermore, in cases where the complainant or informant is uncertain whether violations are taking place, the initial stage provides the opportunity for confidential consultation with knowledgeable individuals. These guidelines specifically distinguish between informants whose testimony will not be required at a hearing and who retain a right to confidentiality, and complainants and witnesses who agree to testify in a hearing and, as a result, waive confidentiality.

B. SCOPE

1. This policy and these procedures apply to all faculty, researchers, and staff members including, without limitation, students, both graduate and undergraduate, postdoctoral fellows and postdoctoral research associates, visiting faculty or staff, faculty or staff on sabbatical leave, adjunct faculty when performing University work and faculty or staff on leave without pay. If research or scholarly misconduct is suspected to have been committed by a former employee of the UH while employed by the UH, this policy also applies. Hereafter, the term "research misconduct" will be used to refer to any unethical conduct involved in academic, research-related, or scholarly activity (see Definitions Part II, O and P). Misconduct on the part of UH students may be governed by the Student Conduct Code (Office of Student Affairs; July 1992).

C. COVERAGE

1. This policy is written to carry out the University of Hawaii's responsibilities under the Public Health Service (PHS) Policies on Research Misconduct, 42 CFR Part 93. As

such, the policy applies to allegations of research misconduct (e.g., fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results). However, research activities supported by sources of funding other than the PHS are also governed by this policy. Covered by the policy are persons who, at the time of the alleged research misconduct, were employed by, were agents of, or were affiliated by contract or agreement with the University of Hawai‘i. The policy applies only to allegations of research misconduct that occurred within six years of the date the institution or HHS received the allegation, excluding those subject to the grandfather exceptions noted in 42 CFR § 93.105(b).

2. Activities included are non-PHS and PHS-supported biomedical or behavioral research, research training or activities related to that research or research training, such as the operation of tissue and data banks and the dissemination of research information, (2) applications or proposals for funding to support biomedical or behavioral research, research training or activities related to that research or research training, or (3) plagiarism of research records produced in the course of funded research, research training or activities related to that research or research training. This includes any research proposed, performed, reviewed, or reported, or any research record generated from that research, regardless of whether an application or proposal for funds resulted in a grant, contract, cooperative agreement, or other form of support.

3. This policy also applies to a broader range of research and scholarly misconduct that includes, but is not limited to, fraud and/or misappropriation of funds, and violations of Federal and/or State of Hawai‘i regulations with respect to the protection of human and animal subjects, conflict of interest, use of recombinant DNA, use of radioactive material, biosafety, and use of hazardous chemicals. See also, Section II. Definitions, Part P - Misconduct Definition (UH).

D. RIGHTS AND RESPONSIBILITIES

1. Research Integrity Officer (RIO)

The Deciding Official (DO) will appoint the RIO who will have primary responsibility for implementation of the institution’s policies and procedures on research misconduct. The RIO will be an institutional official who is well qualified to administer the procedures and is sensitive to the varied demands made on those who conduct research, those who are accused of research misconduct, those who make good faith allegations of research misconduct, and those who may serve on inquiry and investigation panels.

A detailed listing of the responsibilities of the RIO are as follows:

a. Consult confidentially with persons uncertain about whether to submit an allegation of research misconduct;

b. Receive allegations of research misconduct;

c. In consultation with the Chairperson of the Ethics Committee, assess each allegation of research misconduct in accordance with Section V.,A. of this policy to determine whether it falls within the definition of research misconduct and warrants an inquiry;

d. As necessary, take interim action and notify ORI of special circumstances, in accordance with Section IV.,F. of this policy;

e. Sequester research data and evidence pertinent to the allegation of research misconduct in accordance with Section V.,C. of this policy and maintain it securely in accordance with this policy and applicable law and regulation;

f. Provide confidentiality to those involved in a research or scholarly misconduct proceeding as required by 42 CFR § 93.108, other applicable law, and institutional policy;

g. Notify the respondent and provide opportunities for him/her to review/ comment/respond to allegations, evidence, and panel reports in accordance with Section III.,C. of this policy;

h. Inform respondents, complainants, and witnesses of the procedural steps in a research misconduct proceeding;

i. Appoint in consultation with the Chairperson of the Ethics Committee, members of the inquiry and investigation review panels, ensure that those panels are properly staffed and that there is expertise appropriate to carry out a thorough and authoritative evaluation of the evidence;

j. Determine whether each person involved in handling an allegation of research misconduct has an unresolved personal, professional, or financial conflict of interest and take appropriate action, including recusal, to ensure that no person with such conflict is involved in the research misconduct proceeding;

k. In cooperation with other institutional officials, take all reasonable and practical steps to protect or restore the positions and reputations of good faith complainants, informants, witnesses, and panel members and counter potential or actual retaliation against them by respondents or other institutional members;

l. In cases where a respondent is found not culpable at any stage in the proceedings, all reasonable and practical steps will be taken to protect or restore his/her position and reputation;

m. Consult with institutional legal counsel;

n. Keep the Deciding Official and others who need to know apprised of the progress of review of allegations of research misconduct;

o. Notify and make reports to ORI as required by 42 CFR Part 93;

p. Ensure that administrative actions taken by the institution and ORI are enforced and take appropriate action to notify other involved parties, such as sponsors, law enforcement agencies, professional societies, editors of journals, and licensing boards of those actions; and

q. Maintain records of the research misconduct proceeding and make them available to ORI in accordance with Section VIII., F. of this policy.

2. Complainant/Informant

a. Complainants are responsible for making allegations in good faith, maintaining confidentiality, and cooperating with the assessment, inquiry and investigation. As a matter of good practice, the complainant should be interviewed at the inquiry stage and given the transcript or recording of the interview for correction. The complainant must be interviewed during an investigation, and be given the transcript or recording of the interview for correction.

b. The informant is also responsible for making allegations in good faith, maintaining confidentiality, and, to the extent possible, cooperating with the research misconduct process. The informant is under no obligation to be interviewed and retains the right to remain anonymous. However, it must be noted that whereas the University may be able to control its own investigative process, in a court of law or in arbitration of a grievance anonymity cannot be guaranteed.

c. As a matter of policy or on the basis of case-by-case determinations, the institution may provide to the complainant for comment: (1) relevant portions of the inquiry report (within a timeframe that permits the inquiry to be completed within 60 days of its initiation); and (2) the draft investigation report or relevant portions of it. Comments on the report(s) must be submitted within 14 days of the date on which the complainant received the report(s). Comments made by the complainant on the draft investigation report will be included in the final investigation report.

3. Respondent

a. The respondent is responsible for maintaining confidentiality, cooperating with the conduct of an assessment, inquiry and investigation, providing good-faith testimony, and refraining from retaliatory actions. The respondent is entitled to:

(1) A good faith effort from the RIO to notify the respondent in writing at the time of or before beginning an inquiry;iii

(2) An opportunity to comment on the inquiry report and have his/her comments attached to the report;iv

(3) Be notified of the outcome of the inquiry, and receive a copy of the inquiry report that includes a copy of, or refers to, 42 CFR Part 93 and the institution's policies and procedures on research misconduct;v

(4) Be notified in writing of the allegations to be investigated within a reasonable time after the determination that an investigation is warranted, but before the investigation begins (within 30 days after the institution decides to begin an investigation), and be notified in writing of any new allegations, not addressed in the inquiry or in the initial notice of investigation, within a reasonable time

(5) Be interviewed during the inquiry and investigation, correct and certify the recording or transcript, and have the corrected recording or transcript included in the record of the investigation;vii

(6) Have the Review Panel interview during the investigation any witness who has been reasonably identified by the respondent as having information on relevant aspects of the investigation, have the recording or transcript provided to the witness for correction, and have the corrected recording or transcript included in the record of investigation; and

(7) Receive a copy of the draft investigation report and, concurrently, a copy of, or supervised access to the evidence on which the report is based, and be notified that any comments must be submitted within 14 days of the date on which the copy was received and that the comments will be considered by the institution and addressed in the final report.

b. 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 institutional legal counsel, the Deciding Official may terminate the institution's review of an allegation that has been admitted if the institution's acceptance of the admission is approved by ORI when PHS funds are involved.

c. As provided in 42 CFR § 93.314(a), the respondent will have the opportunity to appeal an institutional decision. Procedures contained in relevant collective bargaining agreements will apply. For interviews with the Review Panel, the respondent has the right to request union assistance and may request that a union agent be present at the interview.

4. Deciding Official (DO)

a. The DO will receive the inquiry report and after consulting with the RIO and the EC Chairperson, decide whether an investigation is warranted. Any finding that an investigation is warranted must be made in writing by the DO and must be provided to ORI in cases where PHS funds are involved, together with a copy of the inquiry report meeting the requirements of 42 CFR § 93.309, within 30 days of the finding. If it is found that an investigation is not warranted, the DO and the RIO will ensure that detailed documentation of the inquiry is retained for at least 7 years after termination of the inquiry, so that ORI may assess the reasons why the institution decided not to conduct an investigation.viii

b. The DO will receive the investigation report and, after consulting with the RIO and other appropriate officials, decide the extent to which this institution accepts the findings of the investigation and, if research misconduct is found, decide what, if any, institutional administrative actions are appropriate. If PHS funds are involved, the DO shall ensure that the final investigation report, the findings of the DO and a description of the any pending or completed administrative action are provided to ORI, as required by 42 CFR § 93.315.

E. GENERAL PRINCIPLES AND POLICIES

1. Responsibility to Report Misconduct.

a. All institutional members should immediately report observed, suspected, or apparent research misconduct directly to the RIO, to members of the University of Hawaii administration, or to members of the Ethics Committee. Any official or member of the Ethics Committee who receives an allegation of research misconduct must report it immediately to the RIO. If an individual is unsure whether a suspected incident falls within the definition of research misconduct, he or she may meet with or 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, the RIO will refer the individual or allegation to other offices or officials with responsibility for resolving the problem.

2. Cooperation with Misconduct Proceedings.

a. Institutional members should cooperate with the RIO and other institutional officials in the review of allegations and the conduct of assessment, inquiries, and investigations. Institutional members, including respondents, have an obligation to provide evidence relevant to research misconduct allegations to the RIO, EC Chairperson, or to other institutional officials.

3. Confidentiality.

a. The RIO shall, as required by 42 CFR § 93.108, (1) limit disclosure of the identity of respondents, complainants, informants, and witnesses to those who need to know in order to carryout a thorough, competent, objective, and fair research misconduct proceeding; and (2) except as otherwise prescribed by law, limit the disclosure of any records or evidence from which research subjects might be identified to those who need to know in order to carry out a research misconduct proceeding.

4. Protecting Complainants, Informants, Witnesses and Committee Members.

a. Institutional members may not retaliate in any way against complainants, informants, witnesses, or committee members. Institutional members should immediately report any alleged or apparent retaliation against complainants, informants, witnesses or committee members to the RIO, who shall review the matter and, as necessary, take all reasonable and practical efforts to counter any potential or actual retaliation, and protect and restore the position and reputation of the person against whom the retaliation is directed.

5. Protecting the Respondent.

a. As requested and as appropriate, the RIO and other institutional officials shall make all reasonable and practical efforts 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.ix

b. During the research misconduct proceeding, the RIO is responsible for ensuring that respondents receive all the notices and opportunities provided for in 42 CFR Part 93, and the policies and procedures of the institution.

6. Interim Administrative Actions and Notifying ORI of Special Circumstances.

a. Throughout the research misconduct proceeding, the RIO will review the situation to determine if there is any threat of harm to public health, federal funds and equipment, or the integrity of the supported research process. In the event of such a threat, the RIO will, in consultation with other institutional officials and ORI, take appropriate interim action to protect against any such threat.x Interim action might include additional monitoring of the research process and the handling of federal funds and equipment, reassignment of personnel or of the responsibility for the handling of federal funds and equipment, additional review of research data and results or delaying publication. The RIO shall, at any time during a research misconduct proceeding, immediately notify ORI, if PHS funds are involved and if he/she has reason to believe that any of the following conditions exist or following actions are advisable:

(1) HHS resources or interests are threatened;

(2) Research activities should be suspended;

(3) There is a reasonable indication of possible violations of civil or criminal law;

(4) Federal action is required to protect the interests of those involved in the research misconduct proceeding; or

b. 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.

c. If at any time during an assessment, inquiry, or investigation, it appears that there has been a violation of criminal law, the proceedings will be suspended, the Deciding Official will be notified, and he or she will consult with the University General Counsel Office to determine the next action to be taken.

IV. Delegation of Authority

The respective campus Chancellor is delegated authority to serve as the Deciding Official. The campus Chancellor may designate a campus Vice Chancellor as the campus' designated Deciding Official.

V. Contact Information

Office of the Vice President for Research and Innovation
Phone Number: (808) 956-5006
Email: uhovpri@hawaii.edu

VI. References

A. 42 CFR § 93.217; 42 CFR § 93.224; 42 CFR §§ 93.304(c), 93.307(b); 42 CFR §§ 93.304(e), 93.307(f); 42 CFR § 308(a); 42 CFR § 310(c); 42 CFR § 310(g); 42 CFR § 93.309(c); 42 CFR § 93.304(k); 42 CFR § 93.304(h); 42 CFR § 93.309(a); 42 CFR § 93.309(a) and (b); 42 CFR § 93.310(a); 42 CFR § 93.310(b) and (c); 42 CFR § 93.310(d); 42 CFR § 93.310(e); 42 CFR § 93.310(f); 42 CFR § 93.310(g); 2 CFR § 93.313; 42 CFR § 93.313(f); 42 CFR § 93.317(b); 42 CFR § 93.316(a); 42 CFR § 93.304(k); 42 CFR § 93.304(l)

B. Link to superseded Executive Policies in old format
https://www.hawaii.edu/policy/archives/ep/

C. Link to Administrative Procedures in old format
https://www.hawaii.edu/policy/archives/apm/sysap.php

Approved:

_____ October 31, 2014
David Lassner Date
President