



SIMON FRASER UNIVERSITY
ENGAGING THE WORLD

TO: Senate

FROM Joy Johnson
Chair – Senate Committee on Agenda and Rules

DATE: November 26, 2021

SUBJECT: R60.01 Procedures

R60.01 Procedures is forwarded to Senate for information.

R60.01 Procedures

Senators' Comments	Response
Proc 3.1 – What type of 'procedural fairness' is in play?	Added explicitly as a defined term, including presumption of innocence. Terminology confirmed with Counsel.
Proc 6.7 – 'procedural fairness' invoked, but procedures are devised on a case-by-case basis. (Perhaps 'particulars should be appropriate to the case')	Modified to say 'methods appropriate in the circumstances'.
Proc 6.4 – first statement of privacy/confidentiality – should be invoked earlier.	This is the only spot where an actual agreement must be signed. The policy itself requires confidentiality elsewhere but no agreement involved.
Proc 4.4 – VP Research same as VPRI?	Yes – refers to the AVPR and VPRI.
Examples – what about behavioural misconduct tied to research, such as exploitation of university facilities for personal gain, etc.	Things like this are covered under other university policies, as they apply to more than just research activity. Note that we can add examples to this document between major reviews if particular issues arise.
Framework prescribes much less harsh penalties (eg 5.2 – Researchers in breach are expected to be proactive in rectifying a breach, eg correcting the research record...)	Framework 2.5 (typo) is specifically about respondents being proactive in fixing something. This is separate from sanctions imposed by an investigation.
Nothing requires the investigation committee or the sanctions to be reasonable or proportionate to the severity of the offence. Student policy has a section detailing what factors must be considered.	Proc 7.3 already specifically addresses this.
Procedures Generally – If you refer to procedures in the policy then they are part of it and cannot be changed without Senate approval.	B10.00 Sec 5.5.2 gives authority to the Policy Authority to make such changes.
Proc 6.8 – is there a real limit on time?	Framework says 7 months. In practise we can ask for extensions from them, or grant them ourselves in a purely local investigation (eg when an appeal leads to new investigation). Given the invocation of 'procedural fairness' – sufficient time must be allocated to have a fair procedure, while not leaving the respondent in limbo for longer than necessary.
Proc 7.2.7 – suggests cutting as it lets the committee do anything they want.	Yes, the 'not limited to' allows broad discretion, but the committee makes recommendations only. This item is about the <i>types</i> of things the committee can recommend. There are several checks after this (VPRI and then CA process)
Proc 7.3 – does not like the open-ended 'but are not limited to' in regards to sanctions. Provides suggestion.	Suggested change incorporated (now limits the sanctions recommended to things allowable under policy or law)
Proc 9.3 – Should be allowed to appeal if penalties are excessive.	The appeal process refers solely to appealing the committee decision or recommendations. Any

R60.01 Procedures

	recommended sanctions are a) potentially modified by the VPRI, and b) for faculty are flushed through the CA – so a grievance would be occurring, not this procedure.
Proc 9.4 – Is 15 days reasonable? What if they require new evidence?	In practise the 15 days could be used to just file the appeal. Given the max 7 month timeframe, this time + the appeal deliberation adds a month.
(verbal) Missing references to right of representation by union	Exists in Proc 3.2 (blanket statement) and in other specific procedure items
(verbal) Need to clarify what a valid allegation is	Inserted 3 new lines in Proc 4.3 (from the Framework)
(verbal) What happens if the individual accepts responsibility?	Added Proc 5.3--5.6. These exist in the “Interpretations” of the RCR Framework (supplementary docs), and help clarify this situation.
Appeal returns the matter to the individual that did the investigation. What if the appeal is that they mismanaged?	Added option to use another person (Proc 9.6)



RESPONSIBLE CONDUCT OF RESEARCH: Procedures to Address Allegations

Date
May 25, 1995

Number
R60.01

**Date of Last
Review/Revision**

**Mandated
Review**
_____, 2026

Policy Authority: Vice-President Research and International

Parent Policy: Responsible Conduct of Research (R60.01)

1.0 PURPOSE

- 1.1 These procedures outline the process for addressing Allegations under the Responsible Conduct of Research policy, including how Allegations are addressed, how Investigations are conducted, and the University's reporting requirements to external funding agencies.
- 1.2 This procedure will be updated on an ongoing basis to reflect changes in disciplinary standards or practices, in coordination with the most current version of the *Tri-Agency Framework on the Responsible Conduct of Research*.

2.0 DEFINITIONS

- 2.1 See Appendix A to the Responsible Conduct of Research (R60.01) policy for definitions of words used in the policy and in these procedures.

3.0 GENERAL

- 3.1 The University will exercise its authority and discretion under these procedures in conformity with the principles of Procedural Fairness in the university context.
- 3.2 The Respondent, Complainant, or any other party involved in an Inquiry or Investigation under these procedures may have a representative or support person present. Members of unions and employee associations have the right to representation that their collective agreement confers.
- 3.3 The University respects the sensitive nature of the information that individuals may receive under these procedures. Such information will only be disclosed in accordance with these procedures or as otherwise authorized by law.

4.0 MAKING AN ALLEGATION

- 4.1 An Allegation, confidential enquiries, and information related to an Allegation must be directed in writing to the Research Integrity Officer ("RIO").

Commented [TD1]:
Highlighted in yellow = required by federal Framework on RCR

Commented [TD1]: New definition added that includes presumption of innocence.

- 4.2 The RIO will act in accordance with the protection of identity principles contained in the University's Protected Disclosure Policy (GP 41).
- 4.2.1 The University will take reasonable steps to protect the identity of the person(s) making the Allegation, recognizing that disclosure may be required in order for the University to investigate the matter or to take disciplinary or other actions.
- 4.2.2 The University will take reasonable steps to protect Complainants from Retaliation, and to address Retaliation where it falls within the authority of the University to do so.
- 4.3 In order to be accepted as an Allegation under this policy, the submission:
- 4.3.1 must be based on facts. All facts known to the complainant should be stated precisely and clearly, and be accompanied by relevant documentation;
- 4.3.2 must be novel and, to the best of the complainant's knowledge, never previously investigated;
- 4.3.3 must be applicable to some aspect of the life-cycle of a research project;
- 4.3.4 must include sufficient information to enable the RIO to assess the Allegation and the credibility of the facts and evidence on which the Allegation is based. Anonymous Allegations will only be considered if they meet this standard and will not require further information from the Complainant.
- 4.4 If the RIO is named in, or associated with, the Allegation, then the Associate Vice-President Research will normally assume the role of the RIO.
- 4.5 In the case of multiple Allegations involving the same Respondent(s), the RIO may consolidate the Allegations.
- 4.6 Where an Allegation is related to conduct that occurred at another institution, the University will contact the other institution and determine together which institution is best placed to conduct, if warranted, the Inquiry and Investigation. SFU, as the institution that received the Allegation, must communicate to the Complainant which institution will address the Allegation.

5.0 RESPONDING TO AN ALLEGATION: INITIAL INQUIRY

- 5.1 Upon receiving an Allegation, the Research Integrity Officer will undertake an initial Inquiry to determine whether it appears to be based on facts that would, if true, constitute a Breach. The Inquiry may include interviewing the Respondent(s) and examining or analyzing relevant records.
- 5.2 The RIO will report the findings of the Inquiry to the Vice-President, Research and International ("VPRI") or delegate,.....
- 5.3 If a Breach has been substantiated during the Inquiry and the Respondent assumes responsibility for the Breach, the matter will not proceed to Investigation.
- 5.3.1 The RIO will complete the reporting requirements and other actions detailed in Section 7.
- 5.3.2 The VPRI or delegate will take the role of the committee in Section 7 and determine the appropriate sanctions or actions, if any.

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5.4 If a Breach has been substantiated during the Inquiry and the Respondent denies or contests responsibility for the Breach, the matter will proceed to Investigation.

5.5 If other issues are identified during the Inquiry that could constitute a Breach, such as finding other individuals in addition to the Respondent involved or other possible Breaches suspected, the matter will proceed to investigation.

5.6 If the Inquiry has not established whether a Breach did or did not occur, the VPRI or delegate will decide if an investigation is warranted.

5.7 If the VPRI or delegate determines that the alleged Breach is not based on facts that would, if true, constitute a Breach, the Allegation will be dismissed, the Complainant will be informed, and the matter will conclude.

5.8 If the VPRI or delegate determines that an Investigation is warranted, the RIO shall send a notice to the Respondent and shall normally enclose a full copy of the signed Allegation and an invitation to respond to it in writing.

5.9 If the VPRI is named in, or associated with, the Allegation, then the Provost and Vice-President Academic will normally assume the role of the VPRI.

5.10 The Inquiry, reporting, decision and notification will normally be completed within two months.

6.0 INVESTIGATING AN ALLEGATION

Investigation Committee

6.1 If the VPRI or delegate determines that an Investigation is warranted, the VPRI will instruct the RIO to appoint an Investigation Committee consisting of a minimum of three members, excluding the chair. The RIO will normally chair the Investigation Committee and will vote only to break a tie.

6.2 The Investigation Committee will include members who have the necessary expertise to assess the Allegation and to conduct the Investigation, and who are without Conflict of Interest.

6.3 The Investigation Committee shall include at least one external member with no current affiliation with the University.

6.4 The Investigation Committee members must sign a privacy and confidentiality agreement prior to serving.

Investigation Process

6.5 The mandate of the Investigation Committee is to investigate the Allegation(s), to make findings of fact, and to determine on a balance of probabilities whether a Breach has occurred. If a Breach has occurred, the Investigation Committee will determine the severity and extent of the Breach and the degree of intent on the part of the Respondent and will make recommendations for actions or sanctions. The Investigation Committee's determinations will be made by majority vote.

6.6 In every Investigation, the Respondent will:

6.6.1 be informed of the Allegation;

6.6.2 be given a reasonable opportunity to examine the evidence received by the Investigation Committee;

6.6.3 be given a reasonable opportunity to respond to the Allegation and to the evidence.

6.7 Subject to section 6.6 and to the principles of Procedural Fairness within the university context, the Investigation Committee will investigate the Allegation(s) promptly, fairly, and judiciously, using methods appropriate in the circumstances and its members will, to the best of their ability, respect the confidentiality of all parties. Within this framework, the Investigation Committee will develop procedures and practices appropriate to the case under investigation and will not be constrained by strict rules of procedure and evidence. This includes but is not limited to seeking further information and evidence by:

6.7.1 interviewing the Respondent and the Complainant, each of whom shall be informed in advance of their right to have a support person or representative present;

6.7.2 interviewing witnesses;

6.7.3 consulting with other University offices;

6.7.4 seeking impartial expert opinions or advice;

6.7.5 obtaining written or electronic materials relevant to the Allegation(s) such as laboratory notebooks, manuscripts, files and records of other University committees such as the Research Ethics Board and the Animal Care Committee;

6.7.6 requesting an audit of relevant research accounts;

6.7.7 conducting a hearing; or

6.7.8 pursuing other relevant avenues of investigation.

6.8 The Investigation Committee's investigation and reporting will normally be completed within four months.

7.0 INVESTIGATION COMMITTEE'S REPORT AND RECOMMENDATIONS

7.1 After considering all the evidence the Investigation Committee shall reach a decision and prepare a written report ("Report").

7.2 The Report shall include:

7.2.1 a copy of the Allegation;

7.2.2 the written response from the Respondent, if any;

7.2.3 a summary of relevant documents and other materials reviewed;

7.2.4 the Investigation Committee's findings of fact based on the information gathered during the Investigation;

7.2.5 the Investigation Committee's decision as to whether a Breach occurred with a statement of reasons for the finding;

7.2.6 if a Breach occurred, the Investigation Committee's determination as to its severity and extent and the degree of intent of the Respondent; and

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- 7.2.7 the Investigation Committee's recommendations for actions or sanctions to be taken, which may include but are not limited to:
- a. actions to remedy the results of the Breach;
 - b. sanctions against a Respondent found to have breached the policy;
 - c. actions to protect or restore the reputation of the Respondent if the Allegation was not substantiated;
 - d. actions to address a Complainant found to have made a deliberately misleading Allegation;
 - e. preventative measures to avoid recurrence of such a Breach.

7.3 The sanctions recommended by the Investigation Committee, if any, will depend on the nature and severity of the Breach and relevant mitigating factors such as what the Respondent ought to have known, the Respondent's level of research experience, any past Breaches, and the Respondent's intent (to the extent that it can be determined). Sanctions may include reprimand, suspension, and/or dismissal, or other action provided under this or other University policies, applicable collective agreements, and applicable law.

7.4 If sanctions or actions against a student Respondent or Complainant are recommended, the Research Integrity Officer will:

- 7.4.1 provide that student with the Investigation Committee's Report, redacted as required to meet the privacy requirements of British Columbia law and SFU policy;
- 7.4.2 provide the Investigation Committee report to the Registrar, who will utilize the procedures of the Student Academic Integrity Policy (S10.01) to address the recommendations; and
- 7.4.3 provide the Vice-President Research and International with the Investigation Committee's Report.

7.5 If sanctions or actions against a non-student Respondent or Complainant are recommended, the Research Integrity Officer will:

- 7.5.1 provide the Respondent or Complainant with the Investigation Committee's Report, redacted as required to meet the privacy requirements of British Columbia law and SFU policy; and
- 7.5.2 provide the Vice-President Research and International with the Investigation Committee's Report.

8.0 CONSIDERATION BY THE VICE-PRESIDENT, RESEARCH AND INTERNATIONAL

8.1 Where the Investigation Committee has recommended sanctions or actions in regard to a non-student, the Vice-President Research and International will consider the recommendations of the Investigation Committee and may accept, reject or modify them.

8.1.1 If the VPRI determines that sanctions or actions should be taken, the VPRI will communicate that decision in writing to the Complainant or the Respondent, with reasons.

Commented [TD2]: Removed the phrase that implies unlimited options

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8.1.2 Any sanctions or actions will be imposed by the body designated by the relevant university policy, collective agreement, or by legislation. In such cases, the VPRI will transmit the Report to that other person, with a recommendation for action.

9.0 APPEAL

Commented [TD3]: Appeal is required. The nature of the process is not specified.

- 9.1 A student Respondent who wishes to appeal the Investigation Committee's findings or recommendations must do so pursuant to and in accordance with the processes in the Student Academic Integrity Policy (S10.01).
- 9.2 A non-student Respondent may choose to file an appeal or grievance as appropriate, according to the appeal or grievance mechanism available to that person. If no other such mechanism is available, an appeal may be filed with the President as follows.
- 9.3 The grounds for an appeal with regard to a finding of a Breach and any related sanctions or actions are:
- 9.3.1 procedural deficiencies occurred of sufficient magnitude that it may reasonably be said to have affected the fairness of the process or altered the outcome of the case;
- 9.3.2 a factual error of sufficient magnitude was made that it may reasonably be said to have altered the outcome of the case; or
- 9.3.3 new evidence has arisen that was not previously available and may reasonably be said to have altered the outcome of the case.
- 9.4 The Respondent must file their appeal in writing within fifteen University business days of receiving the VPRI's decision. The appeal must include a clear statement of the grounds for the appeal, how the grounds apply to this case, and any evidence being relied upon in support of the appeal.
- 9.5 If the President or delegate determines that the grounds for appeal do not have merit under these Procedures, then the appeal will be dismissed. The final decision will be communicated to the Respondent, in writing with reasons.
- 9.6 If the President or delegate determines that the grounds for appeal have merit, then the matter will be returned to the RIO or another individual determined by the President. The President's decision will be communicated to the Respondent, in writing with reasons.
- 9.7 The President or delegate will normally complete the appeal within fifteen University business days of receipt.

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Commented [TD4]: Omission – brings in line with other SFU policies

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10.0 REPORTING

- 10.1 When the case is concluded, and subject to applicable privacy law, the Research Integrity Officer shall inform all affected parties, in a timely manner, of the final decision reached and any sanctions or actions to be taken as a result. Privacy law restricts the type and scope of information that the University can provide to Complainants and others.

- 10.2 In cases where the Allegation is related to a funding application submitted to the Tri-Agency or an activity funded by the Tri-Agency, once the appeal period has passed the Research Integrity

Officer shall produce a report and transmit it to the [Secretariat on Responsible Conduct of Research](#) ("SRCR"). Subject to applicable privacy and other laws, the report shall contain:

10.2.1 the specific Allegation(s);

10.2.2 the process and timelines followed for the Inquiry and/or Investigation;

10.2.3 the Respondent's response to the Allegation, to the Investigation Committee's Report and findings, and if appropriate, any measures the Respondent has taken to rectify the Breach;

10.2.4 a summary of the Investigation Committee's findings and reasons for the finding(s);

10.2.5 the Investigation Committee's decision and recommendations, and

10.2.6 the actions to be taken by the University.

10.3 The Research Integrity Officer's report to the SRCR shall not contain:

10.3.1 information that is not related specifically to Tri-Agency funding and policies; or

10.3.2 personal information about the Respondent, or any other person, that is not material to the institution's findings and its report to the SRCR.

10.4 Where Tri-Agency funding is involved, the SRCR and the [Panel on Responsible Conduct of Research](#) ("PRCR") will review the Research Integrity Officer's report to determine if it meets Agency requirements and may follow up with the Research Integrity Officer for clarification.

10.5 The PRCR may recommend recourse, if appropriate.

10.6 The University may not enter into confidentiality agreements or other agreements related to an Inquiry or Investigation that prevents the University from reporting to the Tri-Agency through the SRCR.

10.7 If the research involved projects funded in whole or in part by any non-Tri-Agency Funding Organization and a Breach was found to have occurred, a copy of the Research Integrity Officer's report will be transmitted to that Funding Organization by the RIO as detailed in Sections 10.2 and 10.3.

10.7.1 If an Allegation is dismissed or otherwise determined to have been unfounded, and the Funding Organization is known to be aware or is likely to be aware of the Allegation, the Research Integrity Officer will so inform the Funding Organization.

10.8 Subject to the *Access to Information and Protection of Privacy Act*, the University will publish annual anonymized reports on its website, setting out the number and general nature of confirmed Breaches of Policy R60.01.

10.9 The University will also provide anonymized reports annually to the SRCR for confirmed Breaches of this Policy that involve Tri-Agency funds, and to the US Office of Research Integrity for Breaches that involve US federal agency funding.

11.0 DELIBERATELY MISLEADING ALLEGATIONS

11.1 Making a deliberately misleading Allegation of Research Misconduct is prohibited conduct that is subject to a range of corrective and disciplinary measures. Making an Allegation based on a genuinely held but mistaken belief that Research Misconduct occurred is not considered to be deliberately misleading.

- 11.2 If the University determines that a deliberately misleading Allegation of Research Misconduct was made, the Research Integrity Officer will, in consultation with the office responsible for addressing the conduct of the Complainant, consider appropriate action.

12.0 RETALIATION

- 12.1 Retaliation is unacceptable and prohibited conduct that will be taken seriously by the University and may result in discipline. An Allegation of Retaliation can be made at any time and should be made to the Research Integrity Officer.
- 12.2 The University reserves the right to address an Allegation of Retaliation under any University policy, process, or collective agreement, or by any external process that the University deems relevant and appropriate to the circumstances.
- 12.3 The University recognizes the unique power imbalance inherent in the relationship between a graduate student and their supervisor. Retaliation against a graduate student Complainant by their supervisor may have severe ramifications for the Complainant. Where a graduate student makes an Allegation against their supervisor, and should Retaliation occur, it may be necessary for the University to take additional corrective measures to address the situation.

APPENDIX A - DEFINITIONS - RESPONSIBLE CONDUCT OF RESEARCH

Date
May 25, 1995

Number
R60.01

**Date of Last
Review/Revision**

**Mandated
Review**
_____, 2026

Policy Authority: Vice-President, Research and International

Parent Policy: Responsible Conduct of Research (R60.01)

1.0 PURPOSE

- 1.1 The definitions in this Appendix define the words used in the Responsible Conduct of Research policy (R60.01) (the “Policy”) and in the Procedures to Address Allegations (“the Procedures”).

2.0 DEFINITIONS

- 2.1 **Allegation** means a declaration, statement, or assertion communicated in writing that there has been, or continues to be, a Breach of the Responsible Conduct of Research Policy, the validity of which has not been established.
- 2.2 **Breach** means any conduct, behaviour, actions, or omissions that are inconsistent with or violate the Policy. A Breach includes innocent errors and oversights. The Respondent’s intention is a factor that is considered before imposing sanctions or taking other measures following an Investigation.
- 2.3 **Complainant** means a person who makes an Allegation. The University reserves the right to assume the role of Complainant.
- 2.4 **Conflict of Interest** means a situation in which the private interests of a Member or related party compromise, or have the appearance of compromising, the Member’s independence and objective judgment in actions or decisions taken by the Member on behalf of the University, including in the performance of their teaching, research, service, or other obligations to the University. In the research context, this includes influencing an investigator’s professional judgment in conducting or disseminating research. A conflict of interest can be real, potential, or perceived.
- 2.5 **Funding Organization** means a government agency, a foundation, or a private or corporate sponsor of Research at the University. This includes Canada’s three federal granting agencies (also referred to as the “Tri-Agency”).

- 2.6 **Inquiry** means the process of reviewing an Allegation to determine whether it has a sufficient factual basis, whether the facts would, if established on a balance of probabilities, constitute a Breach of the Policy, and whether an Investigation is warranted.
- 2.7 **Investigation** means a systematic process conducted by the designated Investigation Committee to consider an Allegation, to collect and examine evidence related to the Allegation, and to determine whether, on a balance of probabilities, a Breach of a policy has occurred.
- 2.8 **Investigation Committee (“Committee”)** is a group appointed by the Vice-President, Research and International (“VPRI”), or the VPRI’s delegate, authorized to conduct an Investigation to determine whether a Breach has occurred.
- 2.9 **Member** means any person who teaches, conducts Research, or works at or under the auspices of the University, including, but not limited to, any person acting their capacity as part- or full-time faculty, staff or student, post-doctoral fellows, and any other persons while they are acting on behalf of or at the request of the University.
- 2.10 **Procedural Fairness** means the process of decision making based on the following principles: the presumption of innocence, the right of the Respondent to be heard, the right of the Respondent to know the case against them, decisions issued with reasons, and the application of Conflict of Interest processes (including independence and lack of bias) to the decision-makers.
- 2.11 **Representative** means a person chosen by the Respondent, or by the Complainant, to accompany them to meetings or other processes under the Procedures, which may be a member or staff employee of an employee group to which they belong.
- 2.12 **Research** means an undertaking intended to extend knowledge through a disciplined inquiry and/or systematic investigation. For the purposes of the Responsible Conduct of Research Policy and its associated procedures, Research includes applying for and managing research funds, performing research, and disseminating results, but does not normally include research carried out by students that is not intended for publication.
- 2.13 **Research Integrity Officer (“RIO”)** is an academic staff member designated by the Vice-President Research and International, responsible for implementing the Procedures to Address Allegations.
- 2.14 **Research Misconduct** means conduct that breaches the standards and practice generally accepted within the relevant research/scholarly field and may include but is not limited to: fabrication or falsification, destruction of research records, plagiarism, self-plagiarism, invalid authorship, inadequate acknowledgement, mismanagement of conflict of interest, misrepresentation, mismanagement of research funds, failure to comply with the requirements of funding applications, agreements and related policies, and failure to obtain the necessary approvals before commencing work with human participants. Research Misconduct does not include situations of conflicting, though valid, data, valid differences in experimental design, or differences in interpretation or evaluation of information. See Appendix B to the Policy for examples of Research Misconduct.
- 2.15 **Respondent** means a Member or Members against whom an Allegation is directed, or who may be implicated in an Allegation (for example, co-authors or co-investigators or other members of a research team), or who become the subject of an Investigation. Respondent also includes a past

Member against whom an Allegation is directed with respect to Research activities conducted while a Member.

- 2.16 **Retaliation** means an adverse action or threatened action, direct or indirect, taken or made through any means, against a person who invoked the Policy or its procedures in good faith, or against a person who participated or cooperated in good faith in a University process addressing an Allegation. Retaliation is prohibited conduct
- 2.17 **Secretariat on the Responsible Conduct of Research (“SRCR”)** means the body, external to the University, that provides substantive and administrative support for the Panel on Research Ethics (“PRE”), the Panel on Responsible Conduct of Research (“PRCR”), and for the Tri-Agency with respect to the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*, 2nd edition, and the *Tri-Agency Framework: Responsible Conduct of Research*.
- 2.18 **University** means Simon Fraser University, also referred to as SFU.

APPENDIX B - RESPONSIBLE CONDUCT OF RESEARCH POLICY - EXAMPLES OF RESEARCH MISCONDUCT

Date
May 25, 1995

Number
R60.01

**Date of Last
Review/Revision**

**Mandated
Review**
_____, 2026

Policy Authority: Vice-President, Research and International

Parent Policy: Responsible Conduct of Research (R60.01)

1.0 PURPOSE

- 1.1 This Appendix to the Responsible Conduct of Research Policy (R60.01) provides examples of Research Misconduct under that policy which may be the subject of investigation and sanction pursuant to the Procedures to Address Allegations. The examples provided below are not exhaustive.

2.0 EXAMPLES OF RESEARCH MISCONDUCT

- 2.1 **Fabrication:** making up data, source material, methodologies, or findings, including graphs and images.
- 2.2 **Falsification:** manipulating, changing, or omitting data, source material, methodologies, or findings, including graphs and images, without acknowledgement and which results in inaccurate findings or conclusions.
- 2.3 **Destruction of research records:** the destruction of one's own or another's research data or records to specifically avoid the detection of wrongdoing or in contravention of the applicable funding agreement, institutional policy, laws, regulations, and/or standards accepted in the relevant discipline or field of scholarship.
- 2.4 **Plagiarism:** presenting and using another's published or unpublished work, including theories, concepts, data, source material, methodologies, or findings, including graphs and images, as one's own, without appropriate referencing and/or, if required, without permission.
- 2.5 **Self-Plagiarism:** the re-publication of one's own previously published work or part thereof, including data, in any language, without adequate acknowledgement of the source, or without justification.

- 2.6 **Invalid authorship:** inaccurate attribution of authorship, including attribution of authorship to persons other than those who have made a substantial contribution to, and who accept responsibility for, the contents of a publication or document.
- 2.7 **Inadequate acknowledgement:** failure to appropriately recognize contributors, including undergraduate and graduate students.
- 2.8 **Mismanagement of conflict of interest:** failure to appropriately identify, disclose, and address any real, potential, or perceived conflicts of interest in accordance with the University's policy on Conflicts of Interest and Conflicts of Commitment (GP 37).
- 2.9 **Misrepresentation in a grant application or related document:** providing incomplete, inaccurate, or false information in a grant application or award document; applying for or holding research funding when deemed ineligible for reasons of breach of research-related policies such as ethics or financial management; listing co-applicants, collaborators, or partners without their agreement.
- 2.10 **Mismanagement of grant or award funds:** use of grant or award funds for purposes inconsistent with policies of the University or the funder; contravening financial policies; or providing misleading, inaccurate, or false information on expenditure and related documentation.
- 2.11 **Breach of University or Funding Organization's policies or requirements:** failing to comply with relevant policies or requirements applicable to certain types of research, such as research involving human participants or animals.

RESPONSIBLE CONDUCT OF RESEARCH: Procedures to Address Allegations

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- 1.2 This procedure will be updated on an ongoing basis to reflect changes in disciplinary standards or practices, in coordination with the most current version of the *Tri-Agency Framework on the Responsible Conduct of Research*.

2.0 DEFINITIONS

- 2.1 See Appendix A to the Responsible Conduct of Research (R60.01) policy for definitions of words used in the policy and in these procedures.

3.0 GENERAL

- 3.1 The University will exercise its authority and discretion under these procedures in conformity with the principles of Procedural Fairness in the university context.
- 3.2 The Respondent, Complainant, or any other party involved in an Inquiry or Investigation under these procedures may have a representative or support person present. Members of unions and employee associations have the right to representation that their collective agreement confers.
- 3.3 The University respects the sensitive nature of the information that individuals may receive under these procedures. Such information will only be disclosed in accordance with these procedures or as otherwise authorized by law.

4.0 MAKING AN ALLEGATION

- 4.1 An Allegation, confidential enquiries, and information related to an Allegation must be directed in writing to the [Research Integrity Officer](#) ("RIO").

- 4.2 The RIO will act in accordance with the protection of identity principles contained in the University's Protected Disclosure Policy (GP 41).
- 4.2.1 The University will take reasonable steps to protect the identity of the person(s) making the Allegation, recognizing that disclosure may be required in order for the University to investigate the matter or to take disciplinary or other actions.
- 4.2.2 The University will take reasonable steps to protect Complainants from Retaliation, and to address Retaliation where it falls within the authority of the University to do so.
- 4.3 In order to be accepted as an Allegation under this policy, the submission:
- 4.3.1 must be based on facts. All facts known to the complainant should be stated precisely and clearly, and be accompanied by relevant documentation;
- 4.3.2 must be novel and, to the best of the complainant's knowledge, never previously investigated;
- 4.3.3 must be applicable to some aspect of the life-cycle of a research project;
- 4.3.4 must include sufficient information to enable the RIO to assess the Allegation and the credibility of the facts and evidence on which the Allegation is based. Anonymous Allegations will only be considered if they meet this standard and will not require further information from the Complainant.
- 4.4 If the RIO is named in, or associated with, the Allegation, then the Associate Vice-President Research will normally assume the role of the RIO.
- 4.5 In the case of multiple Allegations involving the same Respondent(s), the RIO may consolidate the Allegations.
- 4.6 Where an Allegation is related to conduct that occurred at another institution, the University will contact the other institution and determine together which institution is best placed to conduct, if warranted, the Inquiry and Investigation. SFU, as the institution that received the Allegation, must communicate to the Complainant which institution will address the Allegation.

5.0 RESPONDING TO AN ALLEGATION: INITIAL INQUIRY

- 5.1 Upon receiving an Allegation, the Research Integrity Officer will undertake an initial Inquiry to determine whether it appears to be based on facts that would, if true, constitute a Breach. The Inquiry may include interviewing the Respondent(s) and examining or analyzing relevant records.
- 5.2 The RIO will report the findings of the Inquiry to the Vice-President, Research and International ("VPRI") or delegate.
- 5.3 If a Breach has been substantiated during the Inquiry and the Respondent assumes responsibility for the Breach, the matter will not proceed to Investigation.
- 5.3.1 The RIO will complete the reporting requirements and other actions detailed in Section 7.
- 5.3.2 The VPRI or delegate will take the role of the committee in Section 7 and determine the appropriate sanctions or actions, if any.

- 5.4 If a Breach has been substantiated during the Inquiry and the Respondent denies or contests responsibility for the Breach, the matter will proceed to Investigation.
- 5.5 If other issues are identified during the Inquiry that could constitute a Breach, such as finding other individuals in addition to the Respondent involved or other possible Breaches suspected, the matter will proceed to investigation.
- 5.6 If the Inquiry has not established whether a Breach did or did not occur, the VPRI or delegate will decide if an investigation is warranted.
- 5.7 If the VPRI or delegate determines that the alleged Breach is not based on facts that would, if true, constitute a Breach, the Allegation will be dismissed, the Complainant will be informed, and the matter will conclude.
- 5.8 If the VPRI or delegate determines that an Investigation is warranted, the RIO shall send a notice to the Respondent and shall normally enclose a full copy of the signed Allegation and an invitation to respond to it in writing.
- 5.9 If the VPRI is named in, or associated with, the Allegation, then the Provost and Vice-President Academic will normally assume the role of the VPRI.
- 5.10 The Inquiry, reporting, decision and notification will normally be completed within two months.

6.0 INVESTIGATING AN ALLEGATION

Investigation Committee

- 6.1 If the VPRI or delegate determines that an Investigation is warranted, the VPRI will instruct the RIO to appoint an Investigation Committee consisting of a minimum of three members, excluding the chair. The RIO will normally chair the Investigation Committee and will vote only to break a tie.
- 6.2 The Investigation Committee will include members who have the necessary expertise to assess the Allegation and to conduct the Investigation, and who are without Conflict of Interest.
- 6.3 The Investigation Committee shall include at least one external member with no current affiliation with the University.
- 6.4 The Investigation Committee members must sign a privacy and confidentiality agreement prior to serving.

Investigation Process

- 6.5 The mandate of the Investigation Committee is to investigate the Allegation(s), to make findings of fact, and to determine on a balance of probabilities whether a Breach has occurred. If a Breach has occurred, the Investigation Committee will determine the severity and extent of the Breach and the degree of intent on the part of the Respondent and will make recommendations for actions or sanctions. The Investigation Committee's determinations will be made by majority vote.
- 6.6 In every Investigation, the Respondent will:

- 6.6.1 be informed of the Allegation;
 - 6.6.2 be given a reasonable opportunity to examine the evidence received by the Investigation Committee;
 - 6.6.3 be given a reasonable opportunity to respond to the Allegation and to the evidence.
- 6.7 Subject to section 6.6 and to the principles of Procedural Fairness within the university context, the Investigation Committee will investigate the Allegation(s) promptly, fairly, and judiciously, using methods appropriate in the circumstances and its members will, to the best of their ability, respect the confidentiality of all parties. Within this framework, the Investigation Committee will develop procedures and practices appropriate to the case under investigation and will not be constrained by strict rules of procedure and evidence. This includes but is not limited to seeking further information and evidence by:
- 6.7.1 interviewing the Respondent and the Complainant, each of whom shall be informed in advance of their right to have a support person or representative present;
 - 6.7.2 interviewing witnesses;
 - 6.7.3 consulting with other University offices;
 - 6.7.4 seeking impartial expert opinions or advice;
 - 6.7.5 obtaining written or electronic materials relevant to the Allegation(s) such as laboratory notebooks, manuscripts, files and records of other University committees such as the Research Ethics Board and the Animal Care Committee;
 - 6.7.6 requesting an audit of relevant research accounts;
 - 6.7.7 conducting a hearing; or
 - 6.7.8 pursuing other relevant avenues of investigation.
- 6.8 The Investigation Committee's investigation and reporting will normally be completed within four months.

7.0 INVESTIGATION COMMITTEE'S REPORT AND RECOMMENDATIONS

- 7.1 After considering all the evidence the Investigation Committee shall reach a decision and prepare a written report ("Report").
- 7.2 The Report shall include:
- 7.2.1 a copy of the Allegation;
 - 7.2.2 the written response from the Respondent, if any;
 - 7.2.3 a summary of relevant documents and other materials reviewed;
 - 7.2.4 the Investigation Committee's findings of fact based on the information gathered during the Investigation;
 - 7.2.5 the Investigation Committee's decision as to whether a Breach occurred with a statement of reasons for the finding;
 - 7.2.6 if a Breach occurred, the Investigation Committee's determination as to its severity and extent and the degree of intent of the Respondent; and

- 7.2.7 the Investigation Committee's recommendations for actions or sanctions to be taken, which may include but are not limited to:
- a. actions to remedy the results of the Breach;
 - b. sanctions against a Respondent found to have breached the policy;
 - c. actions to protect or restore the reputation of the Respondent if the Allegation was not substantiated;
 - d. actions to address a Complainant found to have made a deliberately misleading Allegation;
 - e. preventative measures to avoid recurrence of such a Breach.
- 7.3 The sanctions recommended by the Investigation Committee, if any, will depend on the nature and severity of the Breach and relevant mitigating factors such as what the Respondent ought to have known, the Respondent's level of research experience, any past Breaches, and the Respondent's intent (to the extent that it can be determined). Sanctions may include reprimand, suspension, and/or dismissal, or other action provided under this or other University policies, applicable collective agreements, and applicable law.
- 7.4 If sanctions or actions against a student Respondent or Complainant are recommended, the Research Integrity Officer will:
- 7.4.1 provide that student with the Investigation Committee's Report, redacted as required to meet the privacy requirements of British Columbia law and SFU policy;
 - 7.4.2 provide the Investigation Committee report to the Registrar, who will utilize the procedures of the Student Academic Integrity Policy (S10.01) to address the recommendations; and
 - 7.4.3 provide the Vice-President Research and International with the Investigation Committee's Report.
- 7.5 If sanctions or actions against a non-student Respondent or Complainant are recommended, the Research Integrity Officer will:
- 7.5.1 provide the Respondent or Complainant with the Investigation Committee's Report, redacted as required to meet the privacy requirements of British Columbia law and SFU policy; and
 - 7.5.2 provide the Vice-President Research and International with the Investigation Committee's Report.
- 8.0 CONSIDERATION BY THE VICE-PRESIDENT, RESEARCH AND INTERNATIONAL**
- 8.1 Where the Investigation Committee has recommended sanctions or actions in regard to a non-student, the Vice-President Research and International will consider the recommendations of the Investigation Committee and may accept, reject or modify them.
- 8.1.1 If the VPRI determines that sanctions or actions should be taken, the VPRI will communicate that decision in writing to the Complainant or the Respondent, with reasons.

- 8.1.2 Any sanctions or actions will be imposed by the body designated by the relevant university policy, collective agreement, or by legislation. In such cases, the VPRI will transmit the Report to that other person, with a recommendation for action.

9.0 APPEAL

- 9.1 A student Respondent who wishes to appeal the Investigation Committee's findings or recommendations must do so pursuant to and in accordance with the processes in the Student Academic Integrity Policy (S10.01).
- 9.2 A non-student Respondent may choose to file an appeal or grievance as appropriate, according to the appeal or grievance mechanism available to that person. If no other such mechanism is available, an appeal may be filed with the President as follows.
- 9.3 The grounds for an appeal with regard to a finding of a Breach and any related sanctions or actions are:
- 9.3.1 procedural deficiencies occurred of sufficient magnitude that it may reasonably be said to have affected the fairness of the process or altered the outcome of the case;
 - 9.3.2 a factual error of sufficient magnitude was made that it may reasonably be said to have altered the outcome of the case; or
 - 9.3.3 new evidence has arisen that was not previously available and may reasonably be said to have altered the outcome of the case.
- 9.4 The Respondent must file their appeal in writing within fifteen University business days of receiving the VPRI's decision. The appeal must include a clear statement of the grounds for the appeal, how the grounds apply to this case, and any evidence being relied upon in support of the appeal.
- 9.5 If the President or delegate determines that the grounds for appeal do not have merit under these Procedures, then the appeal will be dismissed. The final decision will be communicated to the Respondent, in writing with reasons.
- 9.6 If the President or delegate determines that the grounds for appeal have merit, then the matter will be returned to the RIO or another individual determined by the President. The President's decision will be communicated to the Respondent, in writing with reasons.
- 9.7 The President or delegate will normally complete the appeal within fifteen University business days of receipt.

10.0 REPORTING

- 10.1 When the case is concluded, and subject to applicable privacy law, the Research Integrity Officer shall inform all affected parties, in a timely manner, of the final decision reached and any sanctions or actions to be taken as a result. Privacy law restricts the type and scope of information that the University can provide to Complainants and others.
- 10.2 In cases where the Allegation is related to a funding application submitted to the Tri-Agency or an activity funded by the Tri-Agency, once the appeal period has passed the Research Integrity

Officer shall produce a report and transmit it to the Secretariat on Responsible Conduct of Research (“SRCR”). Subject to applicable privacy and other laws, the report shall contain:

- 10.2.1 the specific Allegation(s);
 - 10.2.2 the process and timelines followed for the Inquiry and/or Investigation;
 - 10.2.3 the Respondent’s response to the Allegation, to the Investigation Committee’s Report and findings, and if appropriate, any measures the Respondent has taken to rectify the Breach;
 - 10.2.4 a summary of the Investigation Committee’s findings and reasons for the finding(s);
 - 10.2.5 the Investigation Committee’s decision and recommendations, and
 - 10.2.6 the actions to be taken by the University.
- 10.3 The Research Integrity Officer’s report to the SRCR shall not contain:
- 10.3.1 information that is not related specifically to Tri-Agency funding and policies; or
 - 10.3.2 personal information about the Respondent, or any other person, that is not material to the institution's findings and its report to the SRCR.
- 10.4 Where Tri-Agency funding is involved, the SRCR and the Panel on Responsible Conduct of Research (“PRCR”) will review the Research Integrity Officer’s report to determine if it meets Agency requirements and may follow up with the Research Integrity Officer for clarification.
- 10.5 The PRCR may recommend recourse, if appropriate.
- 10.6 The University may not enter into confidentiality agreements or other agreements related to an Inquiry or Investigation that prevents the University from reporting to the Tri-Agency through the SRCR.
- 10.7 If the research involved projects funded in whole or in part by any non-Tri-Agency Funding Organization and a Breach was found to have occurred, a copy of the Research Integrity Officer’s report will be transmitted to that Funding Organization by the RIO as detailed in Sections 10.2 and 10.3.
- 10.7.1 If an Allegation is dismissed or otherwise determined to have been unfounded, and the Funding Organization is known to be aware or is likely to be aware of the Allegation, the Research Integrity Officer will so inform the Funding Organization.
- 10.8 Subject to the *Access to Information and Protection of Privacy Act*, the University will publish annual anonymized reports on its website, setting out the number and general nature of confirmed Breaches of Policy R60.01.
- 10.9 The University will also provide anonymized reports annually to the SRCR for confirmed Breaches of this Policy that involve Tri-Agency funds, and to the US Office of Research Integrity for Breaches that involve US federal agency funding.
- 11.0 DELIBERATELY MISLEADING ALLEGATIONS**
- 11.1 Making a deliberately misleading Allegation of Research Misconduct is prohibited conduct that is subject to a range of corrective and disciplinary measures. Making an Allegation based on a genuinely held but mistaken belief that Research Misconduct occurred is not considered to be deliberately misleading.

- 11.2 If the University determines that a deliberately misleading Allegation of Research Misconduct was made, the Research Integrity Officer will, in consultation with the office responsible for addressing the conduct of the Complainant, consider appropriate action.

12.0 RETALIATION

- 12.1 Retaliation is unacceptable and prohibited conduct that will be taken seriously by the University and may result in discipline. An Allegation of Retaliation can be made at any time and should be made to the Research Integrity Officer.
- 12.2 The University reserves the right to address an Allegation of Retaliation under any University policy, process, or collective agreement, or by any external process that the University deems relevant and appropriate to the circumstances.
- 12.3 The University recognizes the unique power imbalance inherent in the relationship between a graduate student and their supervisor. Retaliation against a graduate student Complainant by their supervisor may have severe ramifications for the Complainant. Where a graduate student makes an Allegation against their supervisor, and should Retaliation occur, it may be necessary for the University to take additional corrective measures to address the situation.

APPENDIX A - DEFINITIONS - RESPONSIBLE CONDUCT OF RESEARCH

Date
May 25, 1995

Number
R60.01

**Date of Last
Review/Revision**

**Mandated
Review**
_____, 2026

Policy Authority: Vice-President, Research and International

Parent Policy: Responsible Conduct of Research (R60.01)

1.0 PURPOSE

- 1.1 The definitions in this Appendix define the words used in the Responsible Conduct of Research policy (R60.01) (the “Policy”) and in the Procedures to Address Allegations (“the Procedures”).

2.0 DEFINITIONS

- 2.1 **Allegation** means a declaration, statement, or assertion communicated in writing that there has been, or continues to be, a Breach of the Responsible Conduct of Research Policy, the validity of which has not been established.
- 2.2 **Breach** means any conduct, behaviour, actions, or omissions that are inconsistent with or violate the Policy. A Breach includes innocent errors and oversights. The Respondent’s intention is a factor that is considered before imposing sanctions or taking other measures following an Investigation.
- 2.3 **Complainant** means a person who makes an Allegation. The University reserves the right to assume the role of Complainant.
- 2.4 **Conflict of Interest** means a situation in which the private interests of a Member or related party compromise, or have the appearance of compromising, the Member’s independence and objective judgment in actions or decisions taken by the Member on behalf of the University, including in the performance of their teaching, research, service, or other obligations to the University. In the research context, this includes influencing an investigator’s professional judgment in conducting or disseminating research. A conflict of interest can be real, potential, or perceived.
- 2.5 **Funding Organization** means a government agency, a foundation, or a private or corporate sponsor of Research at the University. This includes Canada’s three federal granting agencies (also referred to as the “Tri-Agency”).

- 2.6 **Inquiry** means the process of reviewing an Allegation to determine whether it has a sufficient factual basis, whether the facts would, if established on a balance of probabilities, constitute a Breach of the Policy, and whether an Investigation is warranted.
- 2.7 **Investigation** means a systematic process conducted by the designated Investigation Committee to consider an Allegation, to collect and examine evidence related to the Allegation, and to determine whether, on a balance of probabilities, a Breach of a policy has occurred.
- 2.8 **Investigation Committee (“Committee”)** is a group appointed by the Vice-President, Research and International (“VPRI”), or the VPRI’s delegate, authorized to conduct an Investigation to determine whether a Breach has occurred.
- 2.9 **Member** means any person who teaches, conducts Research, or works at or under the auspices of the University, including, but not limited to, any person acting their capacity as part- or full-time faculty, staff or student, post-doctoral fellows, and any other persons while they are acting on behalf of or at the request of the University.
- 2.10 **Procedural Fairness** means the process of decision making based on the following principles: the presumption of innocence, the right of the Respondent to be heard, the right of the Respondent to know the case against them, decisions issued with reasons, and the application of Conflict of Interest processes (including independence and lack of bias) to the decision-makers.
- 2.11 **Representative** means a person chosen by the Respondent, or by the Complainant, to accompany them to meetings or other processes under the Procedures, which may be a member or staff employee of an employee group to which they belong.
- 2.12 **Research** means an undertaking intended to extend knowledge through a disciplined inquiry and/or systematic investigation. For the purposes of the Responsible Conduct of Research Policy and its associated procedures, Research includes applying for and managing research funds, performing research, and disseminating results, but does not normally include research carried out by students that is not intended for publication.
- 2.13 **Research Integrity Officer (“RIO”)** is an academic staff member designated by the Vice-President Research and International, responsible for implementing the Procedures to Address Allegations.
- 2.14 **Research Misconduct** means conduct that breaches the standards and practice generally accepted within the relevant research/scholarly field and may include but is not limited to: fabrication or falsification, destruction of research records, plagiarism, self-plagiarism, invalid authorship, inadequate acknowledgement, mismanagement of conflict of interest, misrepresentation, mismanagement of research funds, failure to comply with the requirements of funding applications, agreements and related policies, and failure to obtain the necessary approvals before commencing work with human participants. Research Misconduct does not include situations of conflicting, though valid, data, valid differences in experimental design, or differences in interpretation or evaluation of information. See Appendix B to the Policy for examples of Research Misconduct.
- 2.15 **Respondent** means a Member or Members against whom an Allegation is directed, or who may be implicated in an Allegation (for example, co-authors or co-investigators or other members of a research team), or who become the subject of an Investigation. Respondent also includes a past

Member against whom an Allegation is directed with respect to Research activities conducted while a Member.

- 2.16 **Retaliation** means an adverse action or threatened action, direct or indirect, taken or made through any means, against a person who invoked the Policy or its procedures in good faith, or against a person who participated or cooperated in good faith in a University process addressing an Allegation. Retaliation is prohibited conduct
- 2.17 **Secretariat on the Responsible Conduct of Research (“SRCR”)** means the body, external to the University, that provides substantive and administrative support for the Panel on Research Ethics (“PRE”), the Panel on Responsible Conduct of Research (“PRCR”), and for the Tri-Agency with respect to the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*, 2nd edition, and the *Tri-Agency Framework: Responsible Conduct of Research*.
- 2.18 **University** means Simon Fraser University, also referred to as SFU.

APPENDIX B - RESPONSIBLE CONDUCT OF RESEARCH POLICY - EXAMPLES OF RESEARCH MISCONDUCT

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Policy Authority: Vice-President, Research and International

Parent Policy: Responsible Conduct of Research (R60.01)

1.0 PURPOSE

- 1.1 This Appendix to the Responsible Conduct of Research Policy (R60.01) provides examples of Research Misconduct under that policy which may be the subject of investigation and sanction pursuant to the Procedures to Address Allegations. The examples provided below are not exhaustive.

2.0 EXAMPLES OF RESEARCH MISCONDUCT

- 2.1 **Fabrication:** making up data, source material, methodologies, or findings, including graphs and images.
- 2.2 **Falsification:** manipulating, changing, or omitting data, source material, methodologies, or findings, including graphs and images, without acknowledgement and which results in inaccurate findings or conclusions.
- 2.3 **Destruction of research records:** the destruction of one's own or another's research data or records to specifically avoid the detection of wrongdoing or in contravention of the applicable funding agreement, institutional policy, laws, regulations, and/or standards accepted in the relevant discipline or field of scholarship.
- 2.4 **Plagiarism:** presenting and using another's published or unpublished work, including theories, concepts, data, source material, methodologies, or findings, including graphs and images, as one's own, without appropriate referencing and/or, if required, without permission.
- 2.5 **Self-Plagiarism:** the re-publication of one's own previously published work or part thereof, including data, in any language, without adequate acknowledgement of the source, or without justification.

- 2.6 **Invalid authorship:** inaccurate attribution of authorship, including attribution of authorship to persons other than those who have made a substantial contribution to, and who accept responsibility for, the contents of a publication or document.
- 2.7 **Inadequate acknowledgement:** failure to appropriately recognize contributors, including undergraduate and graduate students.
- 2.8 **Mismanagement of conflict of interest:** failure to appropriately identify, disclose, and address any real, potential, or perceived conflicts of interest in accordance with the University's policy on Conflicts of Interest and Conflicts of Commitment (GP 37).
- 2.9 **Misrepresentation in a grant application or related document:** providing incomplete, inaccurate, or false information in a grant application or award document; applying for or holding research funding when deemed ineligible for reasons of breach of research-related policies such as ethics or financial management; listing co-applicants, collaborators, or partners without their agreement.
- 2.10 **Mismanagement of grant or award funds:** use of grant or award funds for purposes inconsistent with policies of the University or the funder; contravening financial policies; or providing misleading, inaccurate, or false information on expenditure and related documentation.
- 2.11 **Breach of University or Funding Organization's policies or requirements:** failing to comply with relevant policies or requirements applicable to certain types of research, such as research involving human participants or animals.