Official Memorandum of Action – MOA-16/07
Revised Research Misconduct Policy

Name of Council/Committee: Research Policies Council
Date of Meeting: 8 October 2015

RECOMMENDATION:

The Research Policies Council, with the assistance of the Office of the Vice President for Research, recommends changes to the Research Misconduct Policy (see attached).

[Signature]
Paul Ciccarelli, Chair, Research Policies Council
Date: 8 October 2015

☐ Approve
☐ Disapprove
☐ Return to council/committee

Comments:

[Signature]
C. Dennis Simpson, Faculty Senate President
Date: 3-3-16

☐ Approve
☐ Disapprove
☐ Other action

Comments:

[Signature]
Timothy J. Greene, Provost and Vice President for Academic Affairs
Date: 3/16/16

☐ Approve
☐ Disapprove
☐ Other action

Comments:

[Signature]
John M. Dunn, WMU President
Date: 3/16/2016
Official Memorandum of Action – MOA-16/07
Recommendations for Changes to the Research Misconduct Policy

Background
WMU's Research Misconduct Policy was last reviewed and revised in 2006. Since that time, the policy and procedures for addressing charges of research misconduct have been applied by staff in the Office of the Vice President for Research (OVPR), as well as faculty members and administrators serving on inquiry and investigative committees. Over time, these individuals suggested that components of the policy document were unclear, redundant, and or required an excessive amount of time to implement. Given these issues, OVPR leadership gathered input from individuals engaged previously in the policy's implementation, reviewed Federal requirements for research misconduct policy and the research misconduct policies of five other Michigan universities, and engaged the services of Dr. Thomas VanValey (emeritus professor of sociology considered an expert in research ethics) to propose revisions to WMU’s research misconduct policy and procedures.

WITH REVISIONS IN BOLD AND DELETIONS WITH STRIKETHROUGH

RESEARCH MISCONDUCT POLICY AND PROCEDURES
APPROVED 2006
REVISED 2015

POLICY

INTRODUCTION
Research rests on a foundation of public support and mutual trust. Therefore, any allegation of research misconduct, irrespective of discipline, is a serious matter to be dealt with deliberately. This is necessary to reassure the public and ourselves that our traditional standards are upheld, for the integrity of Western Michigan University (WMU), those associated with it, and the discipline involved, itself. This policy is designed to comply with federal regulations. Health and Human Services policies can be found at: http://www.orihhs.gov/ and to reassure the public and ourselves that our traditional standards are upheld. This document contains the University’s Research Misconduct Policy and specifies the procedures and appropriate safeguards for handling investigations responding to allegations of research misconduct.

This policy and procedures conform are designed to comply with federal regulations. Policies and regulations specific to the Public Health Service (PHS), Department of Health and Human Services 42 CFR Parts 50 and 93 Public Health Service Policies on Research Misconduct, Final Rule. The exact language for this final rule (HHS) can be found at: http://ori.dhhs.gov/documents/42_cfr_parts_50_and_93_2005.pdf

POLICY

It is the policy of WMU that research misconduct as defined by this document is prohibited. Researchers shall comply with all applicable laws, regulations and guidelines, University policies, and contractual and grant requirements. The research misconduct policy applies to all persons affiliated with WMU, including but not limited to, faculty, students, trainees, and all members of the research staff. Cases of research misconduct involving students are subject to the normal disciplinary rules governing students, but will be reviewed, as appropriate, under this policy. The policy applies to: (a) the conduct of research and/or related activities, whether or not the research is externally funded; (b) the presentation and/or publication of results; (c) the process of applying for funds; (d) the expenditure of project funds; and (e) the fiscal reporting on the use of project funds. Persons found to have committed research misconduct are subject to discipline, up to and including discharge or expulsion. In addition, the findings will, where
appropriate, be reported to external entities or authorities and the external entity or authority may take additional action. Disciplinary action proceedings shall be in accordance with applicable University policies, codes, procedures, and/or collective bargaining agreements.

DEFINITION OF RESEARCH MISCONDUCT

Research according to the relevant federal regulations, research misconduct is defined as fabrication, falsification, plagiarism, or other practices that seriously deviate from those commonly accepted within the academic community for proposing, performing, reviewing, or in reporting research results. Research misconduct is to be distinguished from honest error and differences of interpretation (§ 93.103, 42 CFR Part 93). A finding of research misconduct made under this part requires that: a) there is a significant departure from accepted practices of the relevant research community; b) the misconduct is committed intentionally, knowingly, or recklessly; and c) the allegation is demonstrated by a preponderance of the evidence. (§ 93.103, 42 CFR Part 93)

A. There be a significant departure from accepted practices of the relevant research community; and
B. The misconduct be committed intentionally, knowingly, or recklessly; and
C. The allegation be proven by a preponderance of the evidence.

Research Misconduct at WMU includes, but is not limited to the following: definitions:

A. Fabrication: Making up data or results and recording or reporting them.
B. Falsification: 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.
C. Plagiarism: The appropriation of another person’s ideas, processes, results, or words without giving appropriate credit.
D. Abuse of confidentiality, including use of ideas and preliminary data gained from:
   1. Access to privileged information through the opportunity for editorial review of manuscripts submitted to journals, and
   2. The peer review of proposals being considered for external funding or by internal committees, such as the Human Subjects Institutional Review Board (HSIRB), Faculty Research and Creative Activities Support Fund (FRACASF), or Institutional Animal Care and Use Committee (IACUC).
E. Misuse of data or failure to comply with policies on human subjects, radiation use or animal care and use committee policies.
F. Misuse of data, including the reporting of incomplete results where the reporting of all results would influence any conclusions that might be drawn.
F. Failure to comply with policies on human subjects, radiation use, or animal care and use.
F. Financial misconduct: The use of grant or other research funds in a fashion not authorized by the grant and/or for a purpose not authorized by or in furtherance of the grant and/or research; the failure to properly manage the grant and/or research funds including the failure to exercise proper oversight; and/or the failure to properly account for the expenditure of grant and/or research funds.

CONDITIONS

At WMU, research misconduct as defined by this document is prohibited. Researchers shall comply with all applicable local, state, and federal laws, regulations and guidelines, and University policies, as well as contractual and grant requirements.

This policy applies to all persons affiliated with WMU - including, but not limited to, faculty, students, trainees, and all members of the research staff. In addition, allegations of research misconduct involving students are subject to the normal disciplinary rules governing students, but will be reviewed, as appropriate, under this policy.

The policy applies to: (a) the conduct of research and/or related activities, whether or not the research is externally funded; (b) the presentation and/or publication of research results; and (c) the process of applying for research funds. Persons found to have committed research misconduct are subject to discipline, up to and including discharge or expulsion. In addition, the findings will, where appropriate, be reported to external entities or authorities.
and the external entity or authority may take additional action. Disciplinary action proceedings shall be in accordance with applicable University policies, code, procedures, and/or collective bargaining agreements.

This policy is limited to research misconduct occurring within six years of the date on which the institution Vice President for Research (VPR) receives the an allegation of misconduct. Exceptions to the six year limit include renewed allegations of misconduct and those having substantial effect on the health or safety of the public.

CONFIDENTIALITY OF RESPONDENTS AND COMPLAINANTS
To Once an allegation of academic misconduct has been received by the VPR, to the extent possible, the University shall maintain the identity of Respondent(s) and Complainant(s) securely and confidentially and shall not disclose any identifying information except to:

A. Those who need to know in order to carry out a thorough, competent, objective and fair research misconduct proceeding.
B. If appropriate, the Office of Research Integrity (ORI) as it conducts its review of the research misconduct proceedings and any subsequent proceedings. For research involving human subjects, to the extent allowed by law, records or evidence obtained during the research misconduct proceeding that might identify the subjects of research shall be maintained securely and confidentially and shall not be disclosed, except to those who need to know in order to carry out the research misconduct proceeding or as otherwise required by law.

PROCEDURES

PHASES
The proceedings consist of four phases. In the event an allegation of research misconduct is reported to the VPR, the ensuing procedure consists of two primary phases:

A. Preliminary Assessment of Allegations—a

B. Inquiry — a preliminary review to determine whether the accusations constitute good faith allegations of research misconduct (See 93.200) and an initial review of the evidence to determine if the criteria for conducting an investigation have been met. (See 93.212)

C. Investigation — an Investigative Committee is appointed to determine whether it is more likely than not that research misconduct has occurred and, if so, to make recommendations with respect to the imposition of disciplinary sanctions. (See 93.215)

D. Disciplinary or Reputation Restoration — where appropriate.

PRELIMINARY ASSESSMENT

A. Inquiry
The Vice President for Research (VPR), who is the university’s research integrity officer (RIO), initially assesses the reported incident to determine if it constitutes a good faith allegation of research misconduct. This initial assessment involves research records specified in 42 CFR Section 93.102(b); and,

C. The allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified. If it is concluded by the VPR that a good faith allegation of research misconduct has been made, the misconduct procedure enters its inquiry phase. The Preliminary Assessment shall be completed within 30 business days of the receipt of the report or the event giving rise to the Preliminary Assessment unless report. In the event circumstances prevent the VPR from completing the assessment within that time frame, in which event the VPR shall document the reasons for the delay and complete the assessment as soon as is practical.

After receiving an allegation of research misconduct, the VPR, in consultation with the appropriate University official(s), shall assess the allegation to determine if it meets the
definition of research misconduct, and also that the allegation is sufficiently credible and specific so potential evidence of the alleged research misconduct may be identified.

If the VPR determines that continuing an Inquiry is not warranted, the VPR shall so inform the Complainant(s) and Respondent(s) in writing. Employees who report, in, and the matter is closed (subject to section 1e below). If it is concluded by the VPR that a good faith, documented, reliable information about unethical conduct are assured they may so do without fear of retaliation. If the VPR determines that an inquiry, allegation of research misconduct has been made and continuing an Inquiry is warranted, the VPR initiates the inquiry a process, beginning with the notification of the Complainant(s) and Respondent(s), which must be completed within 60 calendar days of the inquiry’s initiation. The purpose of an inquiry, this part of the Inquiry, is to conduct an initial review of the available evidence to determine whether an allegation warrants an investigation, and what additional records may be needed for the inquiry and subsequent investigations.

1. Notification of Complainant(s) and Respondent(s), will determine sanctions from those listed in the Western Michigan University Student Code and Maintenance and Custody of Research Records and Evidence. The VPR will notify the Complainant(s) and Respondent(s) in writing that an Inquiry has been initiated. The Respondent(s) will also be provided with the institutional policies and procedures for the handling of research misconduct allegations.

The VPR shall take the following specific steps to obtain, secure, and maintain the pertinent research records and evidence pertinent to the research misconduct proceeding:

a. Either before or when the University notifies respondent the Respondent(s) of the allegation inquiry or investigation Inquiry, the VPR shall promptly take all reasonable and practical steps to obtain custody of all research records and evidence needed to conduct the a complete research misconduct proceeding, inventory those materials, and sequester them in a secure manner. In those cases where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments themselves.

b. Confidentiality of the research records and evidence will be maintained as described in IV.

c. When appropriate, the Respondent(s) will be given copies of, or reasonable, supervised access to the research records.

d. The University shall undertake every reasonable and practical effort to take custody of additional research records and evidence that are discovered during the course of the research misconduct proceeding, including any new allegations as these may arise, from the initial stages of inquiry and throughout the investigation, subject to the exception for scientific instruments (in section A1 above).

e. The University shall maintain all records of the research misconduct proceeding, as defined in 42 CFR Section §93.317(a), for seven years after completion of the proceeding, or any ORI or HHS proceeding under Subparts D and E of 42 CFR Part 93, whichever is later, unless the VPR has transferred custody of the records and evidence to HHS, or ORI has advised the University that the VPR no longer needs to retain the records.

2. Appointment of the Inquiry Committee

The VPR will appoint an Inquiry Committee and designate the chair within 10 business days of notifying the initiation Respondent of the inquiry. The Inquiry Committee should consist of three individuals who do not have real or apparent conflicts of interest in the case, are unbiased, and have the necessary expertise. They will evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, and conduct the inquiry, balance of the Inquiry, and prepare a report of their findings. These individuals may be subject matter experts, administrators, lawyers, or other qualified persons.

3. Notification to Respondent(s) of Committee Members

The VPR will notify the Respondent(s) of the proposed committee membership. The Respondent(s) then has seven business days to challenge, in writing, the committee’s membership, based on bias or conflict.
of interest. The VPR will determine whether the evidence of perceived bias or conflict warrants replacement of the challenged member.

4. Inquiry Report
The inquiry report shall contain the following information:
   a. The name and position of the Respondent(s);
   b. A description of the allegation of research misconduct;
   c. If appropriate, the grant support involved, including, for example, grant numbers, grant applications, contracts, and publications listing grant support;
   d. Description of data reviewed and interviews;
   e. If applicable, the basis for recommending that the alleged actions warrant an investigation;

The Inquiry Committee will provide the Respondent(s) seven business days to comment on the draft Inquiry Report. The Inquiry Committee may either attach the comments to the report and/or make the corrections in the final report as necessary. The VPR may grant additional time to respond if circumstances warrant.

In its final report, the Inquiry Committee will make include a written determination of whether an investigation is warranted, based on the Inquiry Report and the Federal guidelines Sec. 93.307. The VPR shall notify the Respondent(s) of the result of the Inquiry and attach to the notification copies of the final Inquiry Report and these institutional policies and procedures for the handling of research misconduct allegations.

If the Committee determines that an investigation is warranted, the investigation VPR shall begin an Investigation within 30 calendar days of that determination.

B. Investigation
After determination that an investigation is warranted, but not later than 30 calendar days after that determination, the VPR shall constitute an Investigative Committee.

1. Appointment of the Investigative Committee
The VPR shall select those individuals constituting the Investigative Committee conducting the investigation on the basis of pertinent research expertise that is pertinent to the matter and who do not have personal, professional, or financial conflicts of interest with the Respondent(s), Complainant(s) or others involved in the matter. Any such conflict which a reasonable person would consider to demonstrate potential bias shall disqualify the individual from selection. The Investigative Committee differs depending upon the Respondent-The members of the Investigative Committee shall select the member to Chair the committee. It is the responsibility of the Chair to issue all required communications, and to schedule all necessary meetings, interviews, and other events.

A. In the case of The composition of the Investigative Committee differs depending upon the status of the Respondent(s).
   a. In the case of bargaining unit faculty members, the Investigative Committee will be constituted from tenured WMU faculty, and contain at least three members.
   b. In the case of other academic researchers (e.g., visiting scholars, post-doctorate fellows, professional researchers, non-faculty academics), the VPR appoints an Investigative Committee that will include a member of the researcher's relevant peer group plus one or two tenured faculty.
   c. In the case of a student, the VPR appoints an Investigative Committee of will include from one to three tenured faculty members and a designee from the Office of the Associate Dean of Students. The committee shall select the chair of the committee. It is the responsibility of the chair to issue all required communications and to schedule all necessary meetings, interviews, and other events.

In all cases, the VPR will notify the Respondent(s) in writing that an investigation is being undertaken, will inform him/her of the composition of the allegations that are under investigation, as well as of the composition of the Investigative Committee and the procedures that will be followed by the VPR in the
course of the Investigation. The Respondent(s) has seven business days to challenge, in writing, the committee’s membership of the Investigative Committee, based on bias or conflict of interest. The VPR will determine whether the evidence of bias or conflict of interest warrants replacement of the challenged member(s).

The Investigation phase must be completed within 120 calendar days from the appointment of the Investigative Committee, unless circumstances warrant a longer period. This time frame includes conducting the investigation, preparing a draft report of findings, the appeal process, and sending the final report to ORI, if appropriate. If the investigation stage is extended beyond 120 calendar days, the reasons for doing so must be documented. This time period does not apply to any disciplinary hearings.

The VPR shall instruct the Investigative Committee to:

a. Use diligent efforts to ensure that the Investigation is both thorough and sufficiently documented, and that it includes examination of all research records and evidence relevant to reaching a decision on the merits of the allegations.
b. Pursue diligently all significant issues and leads discovered that are determined relevant to the Investigation, including any evidence of additional instances of possible research misconduct, and continue the investigation to completion.
c. Use all reasonable steps to ensure an impartial and unbiased research misconduct proceeding to the maximum extent practicable.
d. Interview each Respondent, Complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the Respondent(s). When interviewing, the committee should record and transcribe each interview, provide the recording and transcript to the interviewee for correction of transcription errors, and include both the recording and transcript in the record of the Investigation. The Respondent(s) shall be notified in writing no less than five business days in advance of the scheduling of his/her interview in the investigation and may arrange Investigation and has the option of arranging for the attendance of legal counsel, if the Respondent wishes. In the event the Respondent intends to have legal counsel present at the interview, the Respondent shall inform the VPR of her/his intent no later than two business days before the interview.

2. The Investigative Report
When the Investigation Report is completed, the Chair of the Investigative Committee shall prepare, and submit to the VPR, a written draft report of the results, reviewing the facts, and stating the committee’s findings. The VPR shall make the draft report available to the Respondent(s) for comment. In a separate communication to the VPR, the Investigative Committee shall offer its recommendations with respect to disciplinary sanctions, if any. The final investigation report shall:

The draft Investigative Report shall:

a. Describe the nature of the allegations of research misconduct.
b. Describe and document the any grant support including, for example, any grant numbers, grant applications, contracts and publications listing grant support, if appropriate.
c. Describe the specific allegations of research misconduct considered in the investigation.
d. Include the institutional policies and procedures under which the investigation was conducted if not already provided to ORI.
e. Identify and summarize the research records and evidence.
f. Identify any evidence taken into custody, but not reviewed. The report should also describe any relevant records and evidence not taken into custody and explain why.
g. Provide a finding as to whether research misconduct did or did not occur for each separate allegation of research misconduct identified during the Investigation, and, if misconduct was found, identify it as falsification, fabrication, plagiarism or other, and determine whether it was intentional, knowing, or in reckless disregard
h. Summarize the facts and the analysis supporting the conclusion, and consider including consideration of the merits of any reasonable explanation by the Respondent(s) and as well as any evidence that rebuts the Respondent(s) any explanation by the Respondent(s).

i. Identify any publications that need correction or retraction; identify the person(s) responsible for the misconduct and list any current support or known applications or proposals for support that the Respondent(s) has pending.

The subject Respondent(s) shall have 21 calendar days to submit to the VPR comments on the investigative report—draft Investigative Report and any new evidence. The committee Investigative Committee shall subsequently include and consider any comments made by the Respondent and Complainant on and any new evidence provided by the Respondent(s) in the Final Investigative Report which it submits to the VPR. In a separate communication to the VPR, draft investigation report. When the Investigative Committee report and the Respondent’s response have shall offer its recommendations with respect to disciplinary sanctions, if any.

When the Final Investigative Report has been received, the VPR will meet with the appropriate administrative officials to discuss the report’s findings so that either the disciplinary phase of the process or the restoration of reputation aspect phase of the process can begin.

If appropriate and/or required, the VPR will communicate the committee’s findings to relevant agencies external to the university.

PRELIMINARY ASSESSMENT

INQUIRY

INVESTIGATION

REPORTING TO FEDERAL AGENCIES

When federal funding is involved, the pertinent agency will be informed by the VPR that an investigation will be initiated within 30 calendar days of the submission of the inquiry report to VPR final Inquiry Report that an Investigation will be initiated. When it is required by federal agencies, such as (e.g., NSF, ORI or DHHS, an HHS), any extension of the Investigation beyond 120 calendar days must be requested in writing from the relevant agency. The extension request must include an explanation for the delay, an interim report on the progress to date, an outline of what remains to be done, and an estimated date of completion. If an Investigation is terminated before its completion, a report of the planned termination, including the reasons for such an action, must be made to those federal funding agencies that require it. (the Office of Research Integrity of DHHS, for example).

A. Notification to Federal Agency

The VPR will notify relevant federal funding agencies if, during the course of the investigation, facts are disclosed that may affect current or potential federal funding for any individual(s) under investigation or that the federal agency needs to know to ensure the appropriate use of funds, and otherwise protect the public interest. The VPR shall maintain, and provide to ORI the agency upon request, all relevant research records and records of our the research misconduct proceeding, including results of all interviews and the transcripts or of the recordings.

The University will follow the regulations or the relevant federal funding agency requirements in preparing its report. The final report to the ORI-relevant agency must describe the policies and procedures under which the investigation was conducted, how and from whom information was obtained, the findings, and the basis for the findings, as well as a description of any sanctions taken by the University. Documentation to substantiate an investigation’s the Investigation’s findings will also be made available to the Director of ORI. The University will cooperate with and assist ORI and HHS, the relevant agency as needed to carry out any administrative actions HHS that may impose be imposed as a result of a final finding of research misconduct by HHS.

B. Protection of Public Health and Resources
At any time during a research misconduct proceeding, the University shall take appropriate interim action to protect public health, federal funds and equipment, and the integrity of the grant-supported research process. The necessary actions will vary according to the circumstances of each case, but examples of actions that may be necessary include: delaying the publication of research results, providing for closer supervision of one or more researchers, requiring approval for actions relating to the research that did not previously require approval, auditing pertinent records, or taking steps to contact other institutions that might be affected by an allegation of research misconduct.

C. Notification to ORI
At any time during a research misconduct proceeding, the VPR shall notify ORI immediately if the VPR has reason to believe that any of the following conditions exist:
1. Health or safety of the public is at risk, including an immediate need to protect human or animal subjects.
2. HHS resources or interest are threatened.
3. Research activities should be suspended.
4. There is a reasonable indication of violations of civil or criminal law.
5. Federal action is required to protect the interest of those involved in the research misconduct proceeding.

RESTORATION OF REPUTATION
WMU shall undertake all reasonable, practical and appropriate efforts to protect and restore the reputation of any person alleged to have engaged in research misconduct, but against whom no finding of research misconduct was made. Such efforts might include:
A. Notifying those individuals involved in or officially notified about the Investigation regarding the final outcome;
B. Publicizing the final outcome in any forum in which the Investigation of research misconduct was previously publicized;
C. Expunging all reference to the allegation and Investigation from the personnel file of the Respondent(s).

In order for WMU to undertake such efforts, the Respondent or his/her legal counsel or other authorized representative requests that the VPR do so—
to initiate those efforts.

WMU shall undertake all reasonable and practical efforts to protect the position and reputation of any Complainant, witness, or committee member and also to counter potential or actual retaliation against those Complainants, the Complainant(s), witnesses and committee members.

DISCIPLINARY PROCEDURES
WMU shall take appropriate administrative actions against individuals only when an allegation of research misconduct has been formally substantiated. WMU shall take appropriate administrative actions against the individual(s). The University has a number of sanctions and disciplinary actions available:
A. Research Sanctions – Research sanctions may include but are not limited to:
   1. Withdrawal or correction of all pending or published abstracts and papers emanating from the research where research misconduct was found
   2. Removal of the responsible person(s) from the particular project
   3. Restricting or prohibiting future grant submissions and/or reviewing grant proposals for agencies
   4. Special monitoring of future research publication

B. Disciplinary Actions – Employee related disciplinary actions may include:
   1. Discipline by documentation, including letters of reprimand
   2. Suspension
   3. Salary reduction
   4. Initiation of steps leading to possible rank reduction or termination of employment
   5. Restitution of funds as appropriate.

2. Actions for student researchers may include:
a. Loss of credit for research
b. Loss of assistantship
c. Suspension
d. Expulsion from the University.
3. Bargaining-unit employees:
C. Other Disciplinary Procedures
In the case of bargaining unit faculty member(s), the processing of charges will proceed in accordance with the provisions of Article 22, Progressive Review and Discipline for Cause, of the Agreement between WMU and the WMU Chapter of the **AAUP-American Association of University Professors**, or its successor. Disciplinary sanctions against members of other bargaining units will proceed in accordance with the appropriate collective bargaining agreement.

**In the case of non-student, non-bargaining unit employees (staff), the researcher shall be notified in writing of the intent to initiate disciplinary action, and is invited to respond to the proposed discipline in a personal conference with the appropriate University official.** The researcher and the appropriate University official shall each be entitled to bring a representative of their choice to such a conference.

1. If the University official and the researcher arrive at a mutually agreeable settlement, the matter is disposed of in accordance therewith.
2. If discipline is to be imposed upon the researcher pursuant to the settlement, or if there is no settlement, but the researcher has informed the University official that he/she does not intend to contest the proposed discipline, the university may thereupon impose such discipline.
3. If discipline is imposed without the agreement of the researcher, the researcher may use any of the dispute resolution services described in the WMU Department of Human Resources Employee Handbook.

**For students, the University also has a number of sanctions and disciplinary actions available. Actions for student researchers may include:**

1. Loss of credit for research
2. Loss of assistantship
3. Suspension
4. Expulsion from the University.

If, in the case of a student, the Investigative Committee makes a finding of research misconduct, its report, the student's response, and the recommendation of the VPR as to appropriate conduct sanctions, if any, are forwarded to the Office of Student Conduct, which will determine sanctions from those listed in the Western Michigan University Student Code.