



DEPARTMENT OF THE NAVY

OFFICE OF NAVAL RESEARCH
875 NORTH RANDOLPH STREET
ARLINGTON VA 22203-1995

IN REPLY REFER TO:

ONRINST 5041.2B
ONR 00B2
6 Nov 2025

ONR INSTRUCTION 5041.2B

From: Chief of Naval Research

Subj: POLICY FOR HANDLING ALLEGATIONS OF SCIENTIFIC RESEARCH
MISCONDUCT

Ref: (a) Federal Register, Volume 65, page 76262, December 6, 2000, "Federal Policy on Research Misconduct"
(b) DOD Instruction 3210.7 of 14 May 2004
(c) SECNAVINST 12752.1A CH-1 of 06 Nov 2016
(d) Uniform Code of Military Justice (UCMJ)
(e) NAVINSGEN Investigations Manual of May 2024

Encl: (1) Office of Naval Research Scientific Research Misconduct Definitions
(2) Roles and Responsibilities

1. Purpose.

a. To assign responsibilities and establish the processes and procedures for handling allegations of Scientific Research Misconduct (SRM) under Office of Naval Research (ONR) sponsored or managed science and technology (S&T) awards (e.g., grants, contracts, and cooperative agreements).

b. This instruction has been substantially revised and should be reviewed in entirety.

2. Cancellation. ONRINST 5041.2A.

3. Definitions. See enclosure (1).

4. Applicability. This instruction applies to all civilian and military personnel assigned to the Office of Naval Research (ONR) Headquarters, ONR Regions, Naval Research Laboratory (NRL), ONR Global (ONRG), Low Observable/ Counter Low Observable Policy, Technology, and Advanced Projects (PMR—51), and any agency, institution, person, or other entity, that is a recipient of ONR sponsored or ONR managed research.

5. Policy. To ensure the highest ethical standards are implemented when conducting ONR sponsored and ONR managed research, this instruction establishes roles, responsibilities, and procedures for responding to SRM allegations.

It is ONR policy that:

a. All individuals working on ONR sponsored or ONR managed research at intramural Navy research facilities will report SRM allegations and forward all relevant documentation to the ONR Office of Inspector General (IG) or their respective command's IG.

b. All individuals working on ONR sponsored or ONR managed research at extramural research facilities (universities, colleges, industrial laboratories, and other research institutes, centers, or organizations) will report SRM allegations and forward all relevant documentation to the ONR IG or their respective organization's office for handling research integrity issues. Should any inquiry or investigation identify any issues concerning the ethical treatment of human or animal subjects, then the investigator will forward these issues to the appropriate governing bodies in these domains (e.g., Department of the Navy Human Research Protection Program (DON HRPP) and the Navy Bureau of Medicine and Surgery (BUMED), Director, N24 Veterinary Affairs, respectively). This instruction does not alter existing reporting procedures for DON HRPP or the Animal Use Oversight Office.

c. All parties, including intramural and extramural research institutions, will protect a complainant's confidentiality to the maximum extent permitted by law or regulation.

d. All parties conducting SRM inquiries and/or investigations will act in accordance with reference (a)'s Guidelines for Fair and Timely Procedures by:

(1) Limiting disclosure of allegations to official purposes (or as otherwise required by law), ensuring a prompt and thorough inquiry and/or investigation and affording subjects the opportunity to comment on relevant allegations, findings, and/or supporting evidence.

(2) Ensuring that the mere filing of an allegation of research misconduct will not bring the subject's research to a halt or be the basis for other disciplinary or adverse action, absent other compelling reasons.

(3) Providing subjects with (a) timely written notification of the allegations made against them and a description of those allegations; (b) reasonable access to the data and other evidence supporting the allegations; and (c) the opportunity to respond to allegations, the supporting evidence and the proposed findings of research misconduct (if any).

(4) Providing complainants with a confidential means to report SRM allegations and protecting complainants from reprisal when allegations are made in good faith.

e. Individuals conducting inquiries and investigations must have appropriate expertise and no unresolved conflicts of interest to ensure fairness throughout all phases of the process.

f. All awardees and awardee institutions will protect the interests of the U.S. government and the public.

g. All extramural research institutions, intramural research institutions, and ONR IG will investigate SRM allegations in accordance with this instruction.

h. All parties conducting SRM inquiries and/or investigations will avoid undue influence, by not delaying proposal reviews and other routine pre-award and post-award administrative actions; and not require that the reviewers or panelists be notified of allegations or ongoing inquiries or investigations when an allegation of SRM is pending inquiry or investigation. However, the ONR IG may determine that such notifications are appropriate under exigent circumstances. In such cases, ONR IG will work with the responsible program officer, ONR Office of Counsel, ONR's Contracts, Grants, and Acquisitions Directorate, and the Assistant Chief of Naval Research (ACNR), the adjudicating official, to determine whether interim actions are appropriate.

i. When determining appropriate corrective actions or assessing an intramural or extramural institution's proposed corrective actions, the ACNR, with concurrence from ONR Office of Counsel, will consider the seriousness of the finding of misconduct, including but not limited to, the degree to which the misconduct was knowing, intentional, or reckless; was an isolated event or part of a pattern; or had significant impact on the research record, research subjects, other researchers, institutions, or the public welfare. Available administrative actions include, but are not limited to:

- (1) Appropriate steps to correct the research record;
- (2) Letters of reprimand;
- (3) Imposition of special certification or assurance requirements to ensure compliance with applicable regulations or the terms of an award;
- (4) Suspension or termination of an active award;
- (5) Referral to the Acquisition Integrity Office (AIO) for consideration of suspension and debarment actions against the researcher and/or institution; and
- (6) For instances where civilian Navy staff are found to have committed SRM, actions may include those discussed in reference (c). For Navy military members that are found to have committed SRM, remedial actions may include actions discussed in reference (d).

6. Responsibilities. See enclosure (2)

7. Background. In accordance with references (a) and (b) agencies and research institutions share responsibility and accountability for the research process. Federal agencies have ultimate oversight authority for Federally funded research; however, research institutions bear primary responsibility for prevention and detection of research misconduct and for the inquiry, investigation, and adjudication of research misconduct allegedly to have occurred in association with their own institution.

8. Appeals. Appeals may be made to the ONR Executive Director in accordance with this instruction.

9. Records Management.

a. Records created as a result of this instruction, regardless of media and format, must be maintained and dispositioned according to the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at: <https://portal.secnav.navy.mil/>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the DON/AA DRMD program office.

10. Forms and Reports. The reporting requirements contained within this instruction are exempt from reports control per SECNAV Manual 5214.1, part IV, paragraph 7n.



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Releasability and distribution:

This instruction is cleared for public release and is available electronically via ONR Issuances Web site, <https://www.onr.navy.mil/onr-issuances>.

ONR SCIENTIFIC RESEARCH MISCONDUCT DEFINITIONS

1. Adjudication: The final stage in responding to allegations of research misconduct when the outcome of the investigation is reviewed, and appropriate corrective action(s), if any, are determined. Corrective actions generally will be administrative in nature (e.g., termination of awards), suspension or debarment, special approvals, or correction of the research record).
2. Awardee or Awardee Institution: Person, institution, agency, and/or any other entity conducting research that is managed or sponsored (e.g., funded) by the Office of Naval Research.
3. Extramural Research Institution: Any institution of higher education, independent research institution, or federally funded R&D center where ONR-funded R&D is conducted. Extramural research institutions do not include Navy or DoD-laboratories or other laboratories that are owned and operated by the Federal Government.
4. Fabrication: Making up data or results and recording or reporting them.
5. 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.
6. Finding Research Misconduct: The conclusion, proven by a preponderance of the evidence, that there was research misconduct and that such misconduct represented a significant departure from accepted practices of the relevant research community and has been committed intentionally, knowingly, or recklessly.
7. Inquiry: The stage in the response to an allegation of research misconduct when an assessment is made to determine whether the allegation has substance and an investigation is warranted.
8. Intramural Research Institution: A facility conducting R&D operated by or on behalf of the Navy.
9. Investigation: The stage in the response to an allegation of research misconduct when the factual record is formally developed and examined to determine whether to dismiss the case, recommend for a finding of research misconduct, and/or take other appropriate remedies.
10. ONR Managed Research: Research administered by an organization under ONR or has an ONR Program Officer assigned as the technical manager, even if the research is funded by an entity other than ONR.

11. ONR Sponsored: S&T research funded by ONR.
12. Plagiarism: The appropriation of another person's ideas, processes, results, or words without giving appropriate credit.
13. Research Misconduct: Fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. Research misconduct does not include honest error or differences of opinion.
14. Research Record: The record of data or results that embodies the facts resulting from scientific inquiry. It includes, but is not limited to, research proposals, laboratory records, progress reports, abstracts, theses, oral presentations, internal reports, and journal articles, whether in physical or electronic form.
15. Subject: Researcher(s) against whom an allegation of scientific misconduct is made (sometimes also referred to as a respondent).
16. Day(s): Days means calendar days, unless otherwise specified. The period begins the day after the triggering event and includes the last day, except when the last day falls on a Saturday, Sunday, or Federal holiday, in which case the period extends to the next business day.

ROLES AND RESPONSIBILITIES

1. Intramural and Extramural Research Institutions.

a. General Requirements. Research institutions have the primary responsibility for preventing, detecting, and adjudicating scientific research misconduct alleged to have occurred in association with their own institution. Accordingly, ONR IG will forward all allegations of scientific research misconduct to the relevant institution(s) for action. ONR IG may conduct an inquiry and/or investigation in response to an allegation of research misconduct made to it or to the research institution if ONR IG determines that:

(1) The research institution is unable to conduct a thorough and unbiased inquiry and investigation.

(2) It is in the public interest of the Department of Navy to conduct an inquiry and investigation; or

(3) The allegation involves a small organization or an individual that cannot reasonably be expected to respond.

b. To effectively address allegations of scientific research misconduct, research institutions will establish policies that promote the following:

(1) Appropriate separation of responsibilities for individuals conducting inquiries/investigations from individuals adjudicating the results of those inquiries/investigations.

(2) Efficient and effective inquiry and/or investigation of all allegations of scientific research misconduct.

(3) Objectivity.

(4) Due process.

2. Whistleblower protections from reprisal, as described under 10 U.S.C. § 4701, which include protections from retaliation or harm to their positions or reputations for making a good faith allegation.

a. Confidentiality; and

b. Timely resolution.

3. Confidentiality Requirements.

a. Except as indicated in paragraph (b) below, research institutions will keep the identity of complainants, witnesses, and subjects confidential to the maximum extent practicable, subject to

the conditions of the Freedom of Information Act (FOIA), Privacy Act, and other applicable laws and regulations. Research institutions will explain to complainants that their information may be disclosed under certain circumstances in accordance with these laws.

b. Research institutions will disclose all information regarding complainants, witnesses, and subjects to the ONR IG upon request. In addition, the subject's identity must be disclosed in all investigation reports with substantiated allegations.

c. Notification Requirements.

(1) Research institutions will provide written notification to complainants of scientific research allegations (a) within 10 days of receiving an allegation to acknowledge receipt; and (b) within 10 days of completing the investigation to inform the complainant that the case is closed. The complainant notification regarding case closure will also provide details on how to obtain redacted copies of the completed inquiry and/or investigation reports.

(2) Research institutions will notify ONR IG within 10 days of receiving an allegation of scientific research misconduct that involves ONR funded or ONR managed research.

(3) Research institutions will notify ONR IG within 10 days of completing an inquiry report. The notification must include a copy of the inquiry report and a recommendation for or against proceeding with a full investigation.

(4) If the research institution decides that proceeding with an investigation is appropriate, then the research institution must notify the subject within 10 days of making that decision. The subject notification should clearly state all allegations against the subject and reference the applicable laws, regulations, and/or policies.

(5) When the investigation is complete, the research institution will notify the subject and request the subject's response to all findings and conclusions in the investigation report. The notification will include a copy of the investigation report and instructions on how the subject may review any relevant evidence and/or testimony that is not included in the investigation report. The subject must have at least 10 days to provide a response.

(6) The research institution must immediately notify ONR IG if the inquiry or investigation determines the following:

- (a) Public health or safety is at risk;
- (b) The research institution's resources or interests are threatened or at risk;
- (c) Research activities are to be suspended because of the inquiry into or investigation of the allegation;
- (d) There is reasonable suspicion of civil or criminal law violations;

(e) Action to protect the interests of those involved in the inquiry into or investigation of the allegation is required from the DoD Component.

(f) A premature public disclosure of the inquiry into or investigation of the allegation may compromise the process; or

(g) The broader research community or public should be informed.

4. Inquiry Phase.

a. The initial step to resolving an allegation of scientific research misconduct is the inquiry. During the inquiry phase the investigator, amongst other things, clarifies the allegations with the complainant, collects readily available evidence (i.e., evidence that can be collected without alerting the subject that the subject is under investigation), confirming that the research in question is ONR funded or ONR managed research, and develops a list of witnesses and evidence to be collected to determine whether further investigation is warranted. The inquiry phase does not include interviewing the subject.

b. Within 10 days of completing the inquiry, the research institution will forward a copy of the inquiry report to ONR IG with a recommendation for or against further investigation. If ONR IG disagrees with the research institution's recommendation, then ONR IG may conduct its own inquiry or investigation. ONR IG is not bound by the research institution's recommendation. The research institution will make its staff and records available to ONR IG for any ONR IG inquiry or investigation.

5. Investigation Phase.

a. If the research institution determines an investigation is warranted, then the research institution will proceed with the investigation and provide ONR IG monthly status updates until the investigation is concluded. The investigation is concluded when ONR IG receives the research institutions final investigations report.

b. The research institution will notify the subject within 10 days of the decision to proceed with an investigation. The subject notification should clearly state all allegations against the subject and reference the applicable laws, regulations, and/or policies.

c. When the investigation is complete, the research institution will notify the subject and request the subject's response to all findings and conclusions in the investigation report. The notification will include a copy of the investigation report and instructions on how the subject may review any relevant evidence and/or testimony that is not included in the investigation report. The subject must have at least 10 days to provide this response.

d. Research institutions are expected to complete investigations within 180 days of receiving the allegation.

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If the research institution cannot complete the investigation within 180 days, then the research institution must notify ONR IG within 10 days of the 180-day deadline and the notification will include (1) the reasons for not completing within 180 days and (2) the proposed completion date.

(1) When the investigation is completed, the research institution will provide ONR IG with copies of the following documents:

- (2) The final investigation report;
- (3) The evidentiary record;
- (4) Recommendations made to the research institution's adjudicating official;
- (5) The subject's written response to the investigation report; and
- (6) Actions taken by the research institution in response to the investigation.

6. Documentation Requirements.

For at least 3 years following the date of the final investigation report, the research institution will maintain copies of the following documents:

- a. Written statement of original allegation;
- b. Formal notification to subject;
- c. Written inquiry report that includes decision to proceed or not proceed with an investigation;
- d. Written investigation report that includes evidentiary record, the methods and procedures used to evaluate the allegation, the outcome of each allegation (i.e., substantiated or not substantiated), and supporting documents; and
- e. If applicable, a statement of recommended corrective actions and the research institution's response, including corrective action plans and progress towards completing those corrective actions.

7. Institutional Requirements.

Research institutions will maintain effective policies to promote:

- (a) A reprisal-free climate;
- (b) Protections under 10 U.S.C. § 4701; and
- (c) Fair and objective procedures.

Enclosure (2)

8. Appeals.

To request an appeal for a scientific research misconduct investigation outcome, the appellant will send a letter directly to the ONR Executive Director within 30 days of the adjudicating official's final decision. The letter should include all relevant evidence and testimony and explain why the initial decision is incorrect or inconsistent with applicable laws, regulations, and/or policies.

9. Responsibilities within ONR.

a. Assistant Chief of Naval Research (ACNR).

(1) ACNR will serve as the adjudication official for SRM investigations conducted by ONR IG and will make final determinations on recommended actions for those investigations. If the ACNR determines that a research institution's investigation or inquiry was not conducted in accordance with the principles or procedures contained in this instruction, then ACNR may task ONR IG to conduct an independent inquiry and/or investigation. Upon completion of ONR IG's inquiry and/or investigation, the ACNR may take appropriate administrative action in accordance with applicable laws, regulations, or policies.

(2) ONR IG will notify the subject(s) and, if applicable, the institution regarding ACNR's final determination and disposition of the case. ACNR's findings of research misconduct and administrative actions may appeal to the ONR Executive Director pursuant to the applicable procedures set forth in this instruction.

(3) In addition, based on any inquiry report or allegation, ACNR will determine whether ONR needs to take, or cause to be taken, any interim actions to protect Federal resources or guard against continuation or any suspected or alleged SRM. Interim actions may include but are not limited to special certifications, assurances, administrative actions, or remedies permitted by the Federal Acquisitions Regulations (FAR). The ACNR may implement interim actions at any stage of the process, including during inquiry, investigation, or adjudication.

b. ONR IG will:

(1) Coordinate and oversee all inquiries and investigations in response to allegations of SRM. This includes analyzing allegations of research misconduct and ensuring all proceedings are objectively conducted with a focus on SRM rather than the validity of science. In addition, ONR IG will consult with ONR Office of Counsel throughout the inquiry and investigative process.

(2) Provide training and guidance to awardee institutions regarding SRM policy implementation and reviewing awardee institutions' investigations of alleged research misconduct.

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(3) Lead ONR's internally conducted inquiries and/or investigations. ONR IG will generally refer SRM complaints to the relevant research institution unless ONR IG determines:

(a) The research institution is not able to conduct an unbiased and thorough inquiry and/or investigation. ONR IG may make this determination based on any relevant facts, including but not limited to, the quality of the institution's current or prior inquiry or investigative reports, the size of the institution in terms of the availability of objective and unbiased staff to conduct an inquiry or investigation, or any other relevant facts and circumstances.

(b) It is in the public interest, including public health and safety, for ONR IG to conduct the inquiry and/or investigation; or

(c) The allegation involves a small organization or an individual that cannot reasonably be expected to respond.

(4) Upon receiving an SRM allegation, ONR IG will request ONR Contracts, Grants and Acquisitions Directorate (Code 02) to identify potentially implicated awards or proposals. When conducting SRM investigations, ONR IG will follow reference (e) to the extent practicable. ONR IG will utilize SMEs, as needed, for each SRM investigation. At a minimum, ONR IG will ensure:

(a) Complainant information is kept confidential to the maximum extent practicable, provided that such confidentiality shall be consistent with obligations under FOIA, Privacy Act, and other applicable laws and regulations.

(b) Notify complainants when an allegation is received and when the investigation is completed. The complainant notification regarding case closure will also provide details on how to obtain a redacted copy of the report.

(c) Subjects are notified of the allegations against them within 10 business days of determining that an investigation is warranted. If an investigation substantiates any allegations against a subject, then the subject must be provided clearly describing all the allegations, evidence, and findings regarding the allegations against the subject. The subject shall have reasonable access to the data and other supporting evidence related to the allegation, except as otherwise prohibited by law or regulation.

(d) ONR IG will allow subjects at least 10 business days to provide a written response to the allegation and incorporate the subject's response into the investigation report.

(5) In addition, ONR IG may:

(a) Inform the awardee institution of the alleged SRM and task it to conduct an inquiry;

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(b) Defer to inquiries or investigations conducted by the awardee institution or federal agency; or

(c) Proceed with its own inquiry and/or investigation if the ONR IG deems it appropriate at any time, regardless of any pending inquiries or investigations by the research institution.

(d) Utilize templates provided in reference (e) for the notices described in paragraph (5)(a) and (5)(b). Unless timelines are otherwise stated in this instruction, ONR IG will follow the timelines stated in reference (e).

(e) Refer SRM cases to the Naval Criminal Investigative Service (NCIS) prior to initiating any inquiry when the ONR IG determines the alleged SRM involves potential criminal violations.

10. ONR Office of Counsel. Will support ONR IG upon notification of an allegation of research misconduct. The designated Associate/Assistant Counsel will provide guidance to ensure compliance with applicable laws and regulations.

11. ONR Directors, Department Heads, and Program/Project Officers. Will make appropriate staff available to serve as subject matter experts (SME) upon request from ONR IG. As a general practice, ONR IG will seek independent SMEs to opine on matters pertaining to scientific practices and norms. These SMEs will be provided by ONR Directorates and NRL and will have sufficient education and research experience to comprehend, knowledgably navigate, and evaluate research studies performed on behalf of ONR. SMEs will be selected based on their experience in the scientific field(s) relevant to the investigation.

12. ONR Contracts, Grants, and Acquisitions Directorate (ONR Code 02). Will advise ONR IG on acquisition and procurement matters related to SRM.

13. ONR Executive Director. The ONR Executive Director will serve as the appellate official and will review the adjudicating official's final decision.

