# Procedure

| Procedure Name | ***Responsible Conduct of Research – Addressing Allegations of Policy Breaches by Researchers*** | | |
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| **Procedure #** | RI 2.1 | **Parent Policy** | RI 2.0 |
| **Policy Owner** | Vice President Academic | **Effective Date** | June 17, 2026 |
| **Procedure Owner** | AVP Industry Solutions | **Review Date** | June 17, 2031 |
| **Approved by** | AVP Industry Solutions | **Approval Date** | June 17, 2026 |

## 1.0 Purpose/ Background

NAIT will manage disclosures and investigate allegations related to responsible conduct in research in alignment with the Tri-Agency Framework: Responsible Conduct of Research ("Framework") (2021), which "sets out the responsibilities and corresponding policies for researchers, institutions, and the Agencies that together help support and promote a positive research environment" (Framework, 2021, sec. 1.1).

**1.1** Researchers shall strive to follow the best research practices honestly, accountably, openly and fairly in the search for and in the dissemination of knowledge. Research integrity requires that researchers subscribe to the following responsibilities (2.1.2).

1.1.1 Rigour: In proposing and performing research, in recording, analyzing, and interpreting data, and in reporting and publishing data findings.
1.1.2 Record keeping: Keeping complete and accurate records of data, methodologies and findings.
1.1.3 Accurate referencing: Referencing and, where applicable, obtaining permissions.
1.1.4 Authorship: Including as authors, with their consent, all of those and only those who have made a substantial contribution to, and who accept responsibility for the contents.
1.1.5 Acknowledge the works of others, whether published or unpublished, through appropriate citation.
1.1.6 Conflict of interest management: Appropriately identifying and addressing any real, potential or perceived conflicts of interest.
1.1.7 Seeking approval from NAIT's Research Ethics Board in all protocols involving human subjects.
1.1.8 Seeking the approval of the Institute Animal Care Committee in all protocols involving animals for either teaching or research.

## 2.0 General Principles

**2.1** NAIT is committed to upholding the principles of natural justice and providing an environment in which the rights of all are respected, authorities act without bias, Complainants and Respondents are provided with a fair process, and proceedings are carried out in good faith.

**2.2** NAIT is committed to the principle of confidentiality that protects the privacy of Complainants and Respondents as far as is possible.

**2.3** In the case that an allegation of Breach is determined to be unfounded, NAIT will make every effort to protect or restore the reputation of those wrongly subjected to an allegation.

**2.4** To the extent possible, NAIT will protect any individual making an allegation in good faith from Reprisals in a manner consistent with relevant legislation.

## 3.0 Definitions

| Term | Definition |
|---|---|
| **Breach** | Conduct, behaviour, actions, or omissions which are inconsistent with or violate Policy RI 2.0, this Procedure RI 2.1, or the Framework. Innocent errors and oversights may constitute a Breach, but intention will be considered in regard to any penalty, discipline or other measures taken following an Investigation. A Breach may include, without limitation, the specific breaches set forth in Appendix A to this Procedure RI 2.1. |
| **Chair** | Chair of the Investigation Committee. |
| **Committee** | The Investigation Committee appointed by the Designated Officer as contemplated by this Procedure RI 2.1. |
| **Complainant** | Any person making a Disclosure, including:<br>(i) any member of NAIT community, including Researchers;<br>(ii) representatives of Funding Agencies;<br>(iii) editor of a journal, magazine, conference proceedings, book or other publication;<br>(iv) Researchers at other institutions; and<br>members of the general public. |
| **Designated Officer** | A NAIT employee who is a senior administrator assigned to manage Investigations and be the central point of contact for receipt of Disclosures. The Designated Officer will take reasonable steps to educate the NAIT community on Policy RI 2.0, this Procedure RI 2.1, and the |
| **Disclosure** | An allegation or complaint that Policy RI 2.0, this Procedure RI 2.1, or the Framework has been or is likely to be breached. |
| **Framework** | Tri-Agency Framework: Responsible Conduct of Research Framework (2021). |
| **Funding Agency** | A government agency, foundation, or a private or corporate sponsor of Research at NAIT, including the Tri-Council Agencies. |
| **Inquiry** | The initial review of a Disclosure contemplated by this Procedure RI 2.1, to determine whether an allegation is a Responsible Allegation, the particular Institute or Funding Agency policy or policies that may have been breached, and whether an Investigation is warranted based on the information provided in the allegation. |
| **Inquiry Report** | A report on the outcome of an Inquiry, prepared by the Designated Officer or their delegate pursuant to subsection 4.3.2 of this Procedure RI 2.1. |
| **Investigation** | An investigation into an alleged Breach, in accordance with this Procedure RI 2.1. |
| **Investigation Report** | A final report on the outcome of an Investigation, prepared by a Committee pursuant to subsection 4.5.6 of this Procedure RI 2.1. |

| Term | Definition |
|---|---|
| **Preliminary Report** | A preliminary report on the findings of an Investigation, prepared by a Committee pursuant to subsection 4.5.5 of this Procedure RI 2.1. |
| **Representative** | (i) In the case of a student, a student advocate from the NAIT Student Association, a member of the NAIT community not receiving payment for appearing, a member of the student's immediate family or other support person as may be appropriate;<br>(ii) In the case of a unionized employee, a union representative or support person as may be appropriate; and<br>In all other cases, a lawyer or support person as may be appropriate. |
| **Reprisal** | Any of the following measures, taken against a person because they have sought advice about making a Disclosure, made a good-faith Disclosure, or cooperated in an Investigation:<br>(i) discipline;<br>(ii) academic penalties (in the case of students);<br>(iii) demotion;<br>(iv) termination of employment;<br>(v) termination of an academic appointment;<br>(vi) any other measure which significantly adversely affects his or her working conditions or educational experience; or<br>(iii) a threat to take any of the measures referred to above. |
| **Research** | An undertaking intended to extend the knowledge through a disciplined inquiry or systematic investigation. [TCPS 2(2022)] |
| **Researcher** | Anyone at NAIT who engages in Applied Research or Scholarly Activity, whether or not they are in a formal research or academic teaching role. |
| **Respondent** | Researcher alleged to have committed a Breach. |
| **Responsible Allegation** | An allegation that is based on facts which have not been the subject of a previous Investigation, and which falls within the definition of a "Breach" under this Procedure RI 2.1. |
| **SRCR** | The Secretariat on Responsible Conduct of Research for the Tri-Council Agencies and institutions that receive Tri-Council Agency funding. |
| **Tri-Council Agencies** | The Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council of Canada (NSERC), and the Social Sciences and Humanities Research Council of Canada (SSHRC). |
| **Work** | All original literary, dramatic, musical, and artistic works, performances, communication signals, and sound recordings, in any media, capable of protection under the *Copyright Act* (Canada), as amended from time to time. |

## 4.0 Procedures

### 4.1 Receiving allegations by the Designated Officer

4.1.1 The Designated Officer at NAIT is the Vice President Academic.

4.1.2 The Designated Officer will:

a. Receive confidential enquiries, allegations of Breaches, and information related to allegations.

b. Hold the official file regarding all Disclosures and Investigations, and manage the file in accordance with NAIT's policies on records management.

c. Provide reporting as required by the Framework; and

d. Communicate with the Respondent(s) that a Disclosure has been received and provide them with a copy of the Disclosure, Policy RI 2.0 Academic Integrity and Responsibility in Research, Procedure RI 2.1 Responsible Conduct of Research – Addressing Allegations of Policy Breaches by Researchers, and the Framework.

4.1.3 If the Designated Officer is unable to fulfill their responsibilities under this Procedure RI 2.1 with respect to a particular Disclosure, or the subject matter of a Disclosure is such that it would be inappropriate for the Designated Officer to manage the matter, for reason of conflict of interest or any other reason, the Designated Officer will ask the President to appoint an interim Designated Officer to manage the particular Disclosure, who may be:

a. Any Associate Vice-President; or

b. Any other senior administrator of NAIT who is deemed appropriate by the President.

4.1.4 The Designated Officer may delegate some or all of their responsibility under this Procedure RI 2.1, either generally or with regard to a particular Disclosure. Any delegation under subsection 4.1.3 regarding a particular Disclosure shall be made with notice to the Complainant and the Respondent.

4.1.5 Where the allegation is related to conduct that occurred at another institution (whether as an employee, a student or in some other capacity), the Designated Officer will contact the other institution and determine with that institution's designated point of contact which institution is best placed to conduct the inquiry and investigation, if warranted. NAIT will communicate with the Complainant and Respondent as to which institution will be the point of contact for the allegation.

### 4.2 Disclosures

4.2.1 An individual considering making a complaint under Policy RI 2.0 may seek advice from the Designated Officer about making a Disclosure.

4.2.2 Disclosures to the Designated Office must be in writing and contain the following information:

a. The name of the Complainant.

b. Contact information for the Complainant.

c. A description of the alleged Breach, including supporting evidence.
d. The approximate date(s) of the alleged Breach.
e. The names of the individuals suspected of the Breach (i.e. the Respondent(s)).

4.2.3 The Designated Officer will advise the relevant Tri-Council Agency or the Secretariat on Responsible Conduct of Research (SRCR) immediately if any allegations are received that are related to activities funded by a Tri-Council Agency that may involve significant financial, health and safety, or other risks. The notification will include the name of the Respondent and the nature of the allegation.

4.2.4 The Designated Officer will consider anonymous allegations if accompanied by sufficient information to enable the assessment of the allegation, and the credibility of the facts and evidence on which the allegation is based, without the need for further information from the Complainant.

4.2.5 NAIT may independently, or at the Tri-Council Agency's request in exceptional circumstances, take immediate action to protect the administration of Tri-Council Agency funds. Immediate actions could include freezing grant accounts, requiring a second authorized signature from an institutional representative on all expenses charged to the Researcher's grant accounts, or other measures, as appropriate.

**4.3 Inquiry related to Disclosures**

4.3.1 Upon receipt of a Disclosure, the Designated Officer will conduct an initial Inquiry to establish whether the allegation(s) described within the Disclosure are Responsible Allegation(s), determine which Institute or Funding Agency policy or policies may have been breached, and determine whether an Investigation is warranted. As part of the Inquiry, the Designated Officer must provide the Respondent an opportunity to respond to the Disclosure either in writing or in person within ten (10) days of the Designated Officer's receipt of the Disclosure. The Designated Officer may do any or all of the following:

a. Personally inquire into the allegation further.
b. Request that the relevant unit of NAIT review the allegation, or some aspect of the allegation, and report to the designated officer.
c. Appoint an individual to review the allegation, or some aspect of the allegation, and report to the designated officer.

4.3.2 At the conclusion of the initial Inquiry, and no later than two (2) months following the receipt of the Disclosure, the Designated Officer must complete an Inquiry Report summarizing:

a. The specific allegation(s), the findings, and the rationale for any related decisions.
b. The process and timeline for the inquiry.
c. The respondent's response to the allegation, and if applicable, any steps taken to rectify any breach.
d. The Designated Officer's decision to dismiss the allegation, or some aspect of the allegation, if applicable.

e. The Designated Officer's decision that an Investigation is warranted for the allegation, or some aspects of the allegation, if applicable.

4.3.3 The Inquiry Report will be shared with the Complainant and Respondent. If the SRCR has been advised of an allegation, the Designated Officer will also advise the SRCR as to whether or not NAIT is proceeding with an Investigation of the allegation.

4.3.4 In consultation with the SRCR where necessary, the time to complete the Inquiry may be extended beyond two (2) months of receipt of the allegation.

**4.4 Investigation Committee**

4.4.1 If the Designated Officer decides that an Investigation is warranted for the allegation or some aspects of the allegation, the Designated Officer will appoint a minimum of three (3) individuals to form a committee to conduct the Investigation. The Committee will select a Chair for the Committee from among its members.

4.4.2 In appointing the Committee, the Designated Officer will consider the skills necessary to conduct the particular Investigation and the potential for any conflict of interest. The Committee shall include members who have the necessary expertise and who are without conflict of interest, whether real or apparent. At a minimum, the Committee members will comprise:

a. A minimum of two (2) individuals employed at NAIT.

b. A minimum of one (1) individual who has no current affiliation with NAIT.

4.4.3 If a committee member is unwilling or unable to fulfill their duties, the Committee may continue its work so long as the Committee has at least three (3) members, the majority of the members are employed at NAIT, and the Committee continues to comply with any applicable Funding Agency requirements. If necessary, the Designated Officer may add a replacement member to a committee provided such addition will not materially impact the ability of the committee to continue its work.

**4.5 Investigation Process**

4.5.1 Upon appointment, the Chair will write to the Respondent to advise that:

a. An Investigation is proceeding in accordance with Policy RI 2.0 Academic Integrity and Responsibility in Research, this Procedure RI 2.1 Responsible Conduct of Research – Addressing Allegations of Policy Breaches by Researchers, and the Framework. The written notice will include details of the matter being investigated and advise the Respondent of any applicable collective agreement and other NAIT policy or NAIT procedure that may be relevant;

b. A Committee has been appointed along with the names of the Committee members, with a request that the Respondent identify immediately if there is any challenge for cause of any member of the Committee, including the Chair. Such cause may include a current teacher-student relationship, bias or reasonable apprehension of bias, or any factor reasonably likely to prejudice a fair

consideration of the Disclosure. Such challenges will be considered by the Chair or, if the Chair is the member being challenged, by the Designated Officer, and alternate committee members may be proposed. The decision of the Chair or Designated Officer is final;

c. The Committee will conduct an Investigation, and the Respondent will be given an opportunity to respond to the allegations. Failure of the Respondent to respond by a reasonably specified date will result in the matter being considered by the Committee without the Respondent's response;

d. The Respondent may seek advice and representation of their choice from a Representative in responding to allegations.

4.5.2 The Committee may conduct the Investigation in any manner the Chair considers appropriate, taking into account the nature of the particular Disclosure, the seriousness of the issues involved, and any admissions made during the Investigation. This may include some or all of the following:

a. Interviewing witnesses (including the Respondent and the Complainant), in person or via electronic means.

b. Asking questions of witnesses in writing, including by email.

c. Reviewing relevant documents and physical evidence.

d. Consulting with relevant NAIT departments.

4.5.3 The Committee will conduct the Investigation in accordance with the principles of procedural fairness and natural justice. Without limiting the foregoing, the Committee will ensure that:

a. The Complainant is provided with an opportunity to explain and provide evidence in support of the Disclosure.

b. The Respondent is informed of the details of the alleged Breach, and any evidence provided by others which the Committee intends to rely on.

c. The Respondent is provided with an opportunity to respond to the allegations.

4.5.4 In all cases, the Investigation will be completed meeting the minimum requirements stipulated in the Framework. All persons involved in the Investigation must ensure confidentiality, ensure adequate record-keeping, and be free from Reprisal. This includes anyone involved in providing evidence.

4.5.5 At the conclusion of the Investigation process, a Preliminary Report, including an accounting of the alleged breach(es) and the Respondent's response and a summary of the investigation process, will be shared with the Complainant and Respondent, and the Complainant and Respondent will be allowed seven (7) days to provide a written response.

4.5.6 Following receipt of the Complainant and Respondent responses to the Preliminary Report or following the expiry of the seven (7) day response period if no response is received, the Committee shall prepare an Investigation Report on the outcome of the Investigation, in accordance with subsection 4.6 of this Procedure RI 2.1.

4.5.7 The Committee must issue the Investigation Report to the Designated Officer no later than four (4) months following the completion of the initial Inquiry, which must be no later than six (6) months following the receipt of the Disclosure.

**4.6 Report on Investigation**

4.6.1 The Investigation Report will contain, at a minimum, the following:

a. A summary of the Disclosure and the alleged Breach.
b. A summary of the process and key timelines in the Investigation.
c. A summary of the key evidence obtained through the Investigation, including any response from the Respondent.
d. An indication of which key evidence was considered credible and reliable.
e. A conclusion as to whether a Breach has or is likely to have been committed, including identifying which individuals caused or contributed to the Breach, or that no Breach has been found.
f. A summary of the reasons for the conclusion.
g. A summary of any remedial measures taken regarding a Breach, if applicable (as of the date of the Investigation Report).
h. A recommendation to the Designated Officer regarding recourse to be taken by the Institute, taking into account the severity of the Breach, if applicable.

4.6.2 The Investigation Report will not contain personal information about the Respondent, Complainant, or any other person that is not material to the Committee's findings or SRCR reporting.

4.6.3 An Investigation Report must be supported by the majority of the members of a committee. Should a committee be unable to reach such consensus, the Chair will advise the Designated Officer, who will:

a. Constitute a new Committee to initiate a new Investigation; or
b. Abandon the Investigation.

In either case, the same parties as would normally receive the Investigation Report will be notified.

4.6.4 Within ten (10) days following receipt of the Investigation Report from the Committee, the Designated Officer shall:

a. Provide a copy of the Investigation Report to the Respondent.
b. Subject to applicable law, including privacy laws, provide a summary or an appropriate version of the Investigation Report (either in original or redacted form) to:
    1. The Complainant.
    2. All such individuals (including external to NAIT) as the Designated Officer believes necessary to decide upon and implement discipline, mitigation steps, or remedial measures in the event a Breach is found, pursuant to subsection 4.8.1 of this Procedure RI 2.1.

3. All such individuals as the Designated Officer believe it is necessary to implement due diligence to prevent similar or related Breaches in the future.
4. All such individuals as the Designated Officer believe it is necessary to protect or restore the reputation of the Respondent pursuant to subsection 4.8.2 of this Procedure RI 2.1, in cases where the Respondent is found to have been wrongly subjected to allegations of causing or contributing to a Breach.
5. Any other person as may be required to comply with legal, regulatory, or contractual obligations.
6. Where necessary pursuant to the requirements of any applicable Funding Agency, to the relevant Funding Agency and/or the SRCR.

4.6.5 Subject to applicable law, including privacy laws, any summary or report provided to a Funding Agency and/or the SRCR pursuant to subsection 4.6.4 b.6 of this Procedure RI 2.1 shall include the matters set forth in subsections 4.6.1 a-h of this Procedure RI 2.1, and, if applicable, any actions taken by the Institute in response to any Breach. Such summary or report shall not include any information that is not specifically related to the applicable Funding Agency's funding or policies.

4.6.6 In cases where an Inquiry or Investigation relates to activities funded by a Tri-Council Agency, NAIT and the Respondent may not enter into confidentiality agreements or other agreements that prevent the Institute from reporting to the SRCR.

4.6.7 In consultation with the SRCR where necessary, the time to complete the Investigation and report to the relevant Funding Agency and/or the SRCR may be extended if circumstances warrant, with periodic updates provided to the SRCR until the Investigation is complete.

**4.7 Appeals**

4.7.1 In the event that an Investigation results in a finding that a Breach has occurred, the Respondent will have the right to appeal the finding of a Breach. A request for an appeal must be made in writing to the Designated Officer within ten (10) days of release of the Investigation Report to the Respondent and must include the rationale for the appeal.

4.7.2 Upon review of the appeal, and after consultation with such others as the Designated Officer considers necessary, the Designated Officer shall either allow the appeal and overturn the finding of a Breach or dismiss the appeal and uphold the finding of a Breach. The Designated Officer shall provide the Respondent with written notification of the Designated Officer's decision on the appeal, and the reasons for the decision, within ten (10) days of receipt of the Respondent's appeal request. The Designated Officer's decision shall be final.

4.7.3 Where a summary or version of the Investigation Report has been provided to a Funding Agency and/or the SRCR pursuant to subsection 4.6.4 b.6 of this Procedure RI 2.1 and a finding of a Breach is subsequently overturned on appeal pursuant to subsection 4.7.2 of this Procedure RI 2.1, the Designated Officer shall provide the Funding Agency and/or the SRCR, as applicable, with written notice that the decision has been overturned, in any event no later than five (5) months following the completion of the initial Inquiry and no later than seven

(7) months following receipt of the Disclosure.

**4.8 Remedial and Restorative Measures**

4.8.1 In the event that an Investigation results in a finding that a Breach has occurred, the SRCR then engages their processes including seeking clarifications as required, and presenting the file to the PRCR. The PRCR makes recommendations to the Agency President. The Agency President makes final decisions in recourse and communicates the final decision to the Respondent and Institution. In addition to the Agency President's final decision, NAIT may also make decisions regarding discipline, mitigation steps, or remedial measures in connection with the Breach and in accordance with NAIT's policies and procedures, any collective agreements to which NAIT is a party, and applicable law, taking into account the severity of the Breach and any other relevant factors.

4.8.2 In the event that an Investigation results in a finding that the Respondent has been wrongly subjected to allegations of causing or contributing to a Breach, the Designated Officer shall consult with the Respondent to formulate an action plan to restore the Respondent's reputation, including "setting the record straight" through communications with recipients of the false or unsubstantiated allegations and through positive messaging.

**4.9 Storage of Information**

4.9.1 The Designated Officer will compile and keep an official record of all materials generated during the Investigation. The Designated Officer shall retain copies of such materials in accordance with NAIT's policies on records management. At the competition of the Investigation, any hard copy or electronic files generated during the Inquiry or Investigation Processes other than those that form the official record will be destroyed.

**4.10 Annual Report**

4.10.1 The Designated Officer will post an Annual Report on the NAIT public website that includes:

a. De-identified data regarding the number and types of Breaches found; and

b. Other relevant information which may further the implementation of the RI 2.0 Responsible Conduct of Research Policy and this Procedure RI 2.1.

4.10.2 The Designated Officer will report annually to the SRCR on the total number of Disclosures received involving Tri-Council Agency funds, the number of confirmed Breaches and the nature of those Breaches, subject to applicable laws, including privacy laws.

## 5.0 Exceptions to the Procedure

Exceptions to this Procedure RI 2.1 must be documented and formally approved by the Procedure Owner. Procedure exceptions must include:

- The nature of the exception;
- A reasonable explanation for why the procedure exception is required;
- Confirmation that the exception aligns with the general principles; and
- Any risks created by the procedure exception and how they will be managed.

## 6.0 Related Documentation

**6.1** Collective Agreements (various)

**6.2** Copyright Act, RSC 1985, c C-42

**6.3** GE 2.0 Code of Ethics and Conduct Policy

**6.4** IR 11.0 Student Rights and Responsibilities in the Conduct of Research

**6.5** RI. 2.0 Academic Integrity and Responsibility in Research Policy

**6.6** RI 4.0 Conflict of Interest in Research Policy

**6.7** SR 1.0 Student's rights and responsibilities Policy

**6.8** Tri-Agency Framework: Responsible Conduct of Research (2021)

***Document History***

| *Date* | *Action/ Change* |
|---|---|
| September 1, 2019 | Procedure replaces previous version, clarifying processes and enhancing alignment with the Tri-Agency Framework: Responsible Conduct of Research 2016. |
| June 2026 | Updated the procedure to align with the 2021 Tri-Agency Framework and clarify key definitions, roles, and responsibilities. Strengthened requirements for allegations, investigations, reporting, appeals, confidentiality, natural justice, and protection against reprisals. |

## Appendix A: Examples of Breaches

***Breach of Agency Policies or Requirements for Certain Types of Research***

Failure to meet Funding Agency policy requirements or to comply with relevant policies, laws or regulations, for the conduct of certain types of research activities; failure to obtain appropriate approvals, permits or certifications before conducting these activities.

***Breach of Agency Review Processes***

Non-compliance with the "Conflict of Interest and Confidentiality Policy of the Federal Research Funding Organizations"; participating in a Funding Agency review process while under Investigation.

***Copyright Breach***

Failure to obtain permission for the use of all Works, in accordance with the applicable copyright law and NAIT's policies, procedures, guidelines, and rules related to copyright.

***Destruction of Records***

Failure to keep complete and accurate records of methodologies, data and findings, including destroying them in a manner which does not comply with NAIT's policies regarding records management.

***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 and/or laws, regulations, and professional or disciplinary standards.

***Fabrication***

Forging data, source material, methodologies or findings, including graphs and images.

***Falsification***

Manipulating, changing, or omitting data, source material, methodologies or findings, including graphs and images, without acknowledgment and which results in inaccurate findings or conclusions.

***Inadequate Acknowledgment***

Failure to appropriately recognize contributors who have materially or conceptually contributed to the contents.

***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.

***Mismanagement of Conflict of Interest***

Failure to appropriately identify and address any real, potential or perceived conflict of interest, preventing one or more objectives of section 1.3 of the Tri-Agency Framework: Responsible Conduct of Research (2016) from being met.

***Mismanagement of Grants or Award Funds***

Using grant or award funds for purposes inconsistent with the policies of the Funding Agencies; misappropriating grants and award funds; contravening a Funding Agency's financial policies, including the Tri-Agency Financial Administration Guide, Funding Agency grants and awards guides; or providing incomplete, inaccurate or false information on documentation for expenditures from grant or award accounts.

***Misrepresentation in an Agency Application or Related Document***

Providing incomplete, inaccurate or false information in a grant award application or related document, such as a letter of support or progress report; applying for and/or holding a Funding Agency award when deemed ineligible by NSERC, SSHRC, CIHR or any other research funding organization world-wide for reasons of breach of responsible conduct of research policies such as ethics, integrity or financial management policies; and/or listing of co-applicants, collaborators or partners without their agreement.

***Non-Compliance***

Failure to obtain all necessary approvals or conduct the Research in accordance with NAIT's policies (including research ethics approvals), the requirements of Funding Agencies, the rules of professional governing bodies, and all relevant laws.

***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, if required, without permission.

***Redundant Publication or Self-plagiarism***

The re-publication of one's own previous published work or part thereof, including data, in any language, without adequate acknowledgment of the source, or justification.