Research Complaints and Investigations Procedure

Section 1 - Preamble

(1) Australian Catholic University (ACU – the "University") is committed to maintaining the highest standards in research integrity. The Research Code of Conduct (the "RCoC") provides a behavioural framework to support this commitment, promotes a positive research culture, and allows ACU to meet its obligations to stakeholders, regulators and society at large.

(2) In furthering this commitment, ACU also has a responsibility to prevent, detect, investigate and address complaints pertaining to the conduct of research. This Procedure complements the RCoC by detailing ACU's framework for receiving complaints and managing investigations into alleged breaches of the RCoC.

Section 2 - Definitions

(3) For the purposes of the Procedure, the following terms carry the meanings set out below:

Term	Meaning
Balance of Probabilities	The civil standard of proof which requires that, on the weight of evidence, it is more probable than not that a breach has occurred.
Breach	Failure to comply with, or deviation from, the RCoC and any associated legislation, policies or guidelines, constitutes a breach of the RCoC.
Complaint	A complaint occurs when a complainant identifies a potential breach of the RCoC.
Complainant	Group or individual making a complaint, alleging a potential breach/es of the Code, against another group or individual.
Disciplinary Action	In accordance with the ACU Staff Enterprise Agreement 2022-2025: 'Disciplinary action' means action taken by the University to discipline a member of staff formally for unsatisfactory performance, misconduct or serious misconduct. Formal disciplinary action may only be taken by the Vice-Chancellor and President in line with the Procedures for disciplining a staff member set out in this Agreement. Formal disciplinary action may include but is not limited to one or more of the following: 1. Formal censure or counselling; and / or 2. Demotion by one or more classification levels or increments; and/or 3. Lateral transfer to another position; or, 4. Termination of employment (except in the case of misconduct). For any groups of individuals falling under the scope of this Procedure but not covered by the ACU Staff Enterprise Agreement 2022-2025, i.e. non-staff members, disciplinary action will only be taken in consultation with the relevant University authority. NB: Under the ACU Staff Enterprise Agreement 2022-2025, the term 'misconduct' has a different meaning and application to that used in this Procedure.
Fabrication	The creation of unsubstantiated source material, data or results, to suit a research purpose or aim or to facilitate an agenda.
Falsification	Manipulation, misrepresentation or omission of source material, data or results, to suit a research purpose or aim or to facilitate an agenda.

Term	Meaning
Investigation	The act of a panel investigating an alleged breach of the RCoC.
Panel	Panel, consisting of a chair and two or more other members, established for the purpose of overseeing an investigation.
Plagiarism	The act of appropriating pre-existing words, research data, results or ideas and presenting them as one's own, without appropriate acknowledgement. For the purposes of the RCoC, plagiarism also includes: • Self-Plagiarism; the act of appropriating one's own research publications or words and presenting them as new research, and; • Duplicate Publication; the act of publishing the same research (i.e. by the same author/s) in multiple forums.
Research	Creative and systematic work undertaken in order to increase the stock of knowledge, including knowledge of humankind, culture and society, and to devise new applications of available knowledge.
Respondent	Group or individual against whom a complaint, alleging a potential breach/es of the RCoC, has been made.
Support Person	A person, selected by a party to a complaint, to accompany and provide support to that party, during dealings with institutional role holders.

Section 3 - Application of Procedure

Scope

(4) This Procedure includes coverage for any and all deviations from, or non-compliance with, the RCoC, as described under Section 6. Accordingly, and as with the RCoC, it applies to all research activity, and all groups or individuals engaged in research activity (henceforth referred to collectively as "researchers") under the auspices of, on behalf of, or in collaboration with, ACU. This includes but is not limited to:

a. academic and professional staff (regardless of employment type);
b. honorary, adjunct, emeritus and visiting academics;
c. undergraduate and postgraduate students;
d. staff of other organisations collaborating on ACU research;
e. external members of ACU committees; and
f. consultants, independent contractors and external entities.

Exemptions

(5) Certain activities and/or groups or individuals are not covered by, or may be exempt from, the RCoC and consequently this Procedure. This includes, but is not limited to:

a. activities that do not meet the definition of research, as outlined under clause (3)a. of the RCoC;
b. groups or individuals bound by another organisation's corresponding code or policies; and
c. activities and/or groups or individuals covered by a contract or agreement that exempts them from, or otherwise nullifies, application of the RCoC.

(6) In cases where groups or individuals are bound by another organisation's corresponding code or policies, or by multiple codes or policies, ACU will recognise and aim to work with all relevant jurisdictions. In cases where it is unclear if the RCoC applies, advice should be sought from the Research Ethics and Integrity Unit (REIU).

(7) Any student misconduct unrelated to research, i.e. relating to teaching or coursework, or otherwise not meeting the definition of research as outlined under clause (3)a. of the RCoC, does not fall under the purview of the RCoC, and is instead covered by the Student Conduct Policy and the Student Academic Integrity and Misconduct Policy.

(8) Furthermore, certain behaviours or conduct, while considered undesirable, may not qualify as a breach of the RCoC, or even fall within the scope of research integrity. Where such conduct is alleged, it should be referred to the appropriate institutional process.

Section 4 - Procedural Fairness

(9) Procedural fairness (sometimes referred to as natural justice) is a framework borrowed from administrative law which aims to ensure fair processes and decision making. ACU is committed to managing and investigating potential breaches of the RCoC in a manner consistent with the rules and principles of procedural fairness, as outlined below:

Rules

(10) For the purposes of this Procedure, procedural fairness comprises three rules, as follows:

Bias Rule

(11) The bias rule (sometimes referred to as the 'rule against bias') requires that decision-makers be impartial and, where possible, disinterested in the matter being decided. The basis for the bias rule is the need to maintain confidence in the decision-making process.

Evidence Rule

(12) The evidence rule (sometimes referred to as the 'no evidence rule') requires that decisions be based on the balance of logically probative evidence. This ensures that decisions are well founded and defensible.

Hearing Rule

(13) The hearing rule requires that a process affords any parties who may be adversely affected by a decision the opportunity to respond to a case against them, and to present their own case. This ensures that decision-makers have considered submissions from all interested parties.

Principles

(14) In support of the rules outlined under Section 4, the following principles, adapted from the principles of procedural fairness outlined in the Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research 2018 (the "Guide"), must be adhered to in managing and investigating potential breaches of the RCoC:

Proportionality

(15) The response to an alleged breach of the RCoC must be proportional to the seriousness of that proposed breach.

Fairness

(16) This Procedure must be applied in a manner consistent with the rules and principles of natural justice and procedural fairness.

Impartiality

(17) Those who, under this Procedure, hold an administrative or decision-making role, must be impartial and be

perceived to be impartial, and must disclose and manage any interests which do, may or may be perceived to affect their impartiality.

Timeliness

(18) Complaints and investigations should be managed in a timely manner, so as to avoid undue delays and mitigate the impact of the complaint or investigation upon the interested parties.

Transparency

(19) This Procedure (together with the RCoC) must be current and readily available to all researchers.

(20) Furthermore, in managing complaints and investigations, interested parties should be furnished with information that may have a bearing upon the matter, except where doing so would be inconsistent with or disproportional to that party's' interest in the complaint or investigation, would breach the confidentiality of other parties or processes, or place ACU at risk.

Confidentiality

(21) All information pertaining to a complaint or investigation must be treated as confidential and must not be disclosed, except where necessary and permissible under this Procedure.

Section 5 - Roles and Responsibilities

Institutional Roles

(22) For the purposes of this Procedure, ACU has adopted the institutional roles outlined in the Guide, with the below-outlined appointments:

Role	Description	Appointee
Responsible Executive Officer (REO)	A senior officer in an institution who has final responsibility for receiving reports of the outcomes of processes of assessment or investigation of potential or found breaches of the Australian Code for the Responsible Conduct of Research, 2018 (the Code) and deciding on the course of action to be taken.	Deputy Vice-Chancellor (Research and Enterprise) (DVCRE)
Designated Officer	A senior professional or academic institutional officer or officers appointed to receive complaints about the conduct of research or potential breaches of the Code and to oversee their management and investigation where required.	Associate Director, Research Operations
Assessment Officer (AO)	A person or persons appointed by an institution to conduct a preliminary assessment of a complaint about research.	Manager, Research Ethics and Integrity
Research Integrity Advisor (RIA)	A person or persons with knowledge of the Code and institutional processes nominated by an institution to promote the responsible conduct of research and provide advice to those with concerns or complaints about potential breaches of the Code.	Various. See Section 15 of the RCoC.
Research Integrity Officer	Staff with responsibility for management of research integrity at an institution.	REIU
Review Officer	A senior officer with responsibility for receiving requests for a procedural review of an investigation of a breach of the Code.	Provost and Deputy Vice-Chancellor (Academic)

(23) If the Responsible Executive Officer, Designated Officer, Assessment Officer or Review Officer is absent, discloses a conflict of interest (CoI) that is deemed unmanageable, or their appointment gives rise to a reasonable perception of bias, a suitable replacement will be identified and appointed to that role for the duration of the matter at hand. Note,

while the roles of Designated Officer and Assessment Officer may be performed by the same individual in any one matter, the role of Responsible Executive Officer must be performed by a different individual.

Institutional Responsibilities

(24) ACU recognises its obligation to support the responsible conduct of research and promote a positive research culture by addressing concerns or complaints pertaining to the responsible conduct of research and, where appropriate, investigating potential breaches of the RCoC. In fulfilling this obligation, the REIU has the following, specific responsibilities:

a. act in accordance with the Code and RCoC, as well as any associated policies, procedures and guidelines;
b. maintain an open and transparent process for the seeking of guidance and lodging of complaints pertaining to the responsible conduct of research;
c. handle complaints confidentially and sensitively, to avoid adverse consequences for complainants and/or respondents;
d. conduct thorough preliminary assessments;
e. ensure those involved in the management of complaints and investigations, including panel members, have the necessary skills and expertise and are appropriately resourced;
f. implement corrective actions resulting from complaints or investigations;
g. at all stages of the procedure, consider the welfare of, and provide support to, complainants and respondents;
h. address any systemic or cultural issues relating to research integrity;
i. regularly review the effectiveness of this Procedure; and
j. in all matters covered by this Procedure, uphold procedural fairness, as outlined under Section 4.

(25) For more information on the institutional responsibilities, see clause (9) – (10) of the RCoC.

Researcher Responsibilities

(26) It is the responsibility of researchers to maintain the highest standards in research integrity and promote the responsible conduct of research. In addition to the Responsibilities of Researchers outlined in the Code (see R14-29 of the Code for further detail), ACU researchers must:

a. comply with all ACU policies, processes, guidelines and requirements pertaining to the conduct of research; and
b. seek to conduct research in such a way that does not bring the University into disrepute, or place it in legal, compliance or financial risk.

(27) Where deviations from, or non-compliance with, the Code is uncovered, researchers also have a responsibility to participate in, and cooperate with, the processes described in this document.

(28) For more information on researcher responsibilities, see clause (11) of the RCoC.

Section 6 - Non-Compliance

(29) In accordance with the Code, the University recognises the importance of upholding the integrity and quality of its research. To this end, all forms of non-compliance are deemed contrary to the spirit of the Code and RCoC and will be addressed accordingly.

(30) It is noted that non-compliance can occur at any stage of the research lifecycle. This includes but is not limited to:

a. Peer review;

b. Confirmation of candidature;
c. Grant applications;
d. Ethics applications;
e. Research contracts/agreements;
f. Mandatory reporting;
g. Data collection; and
h. Data analysis.

Breaches

(31) Failure to comply with, or deviation from, the RCoC and any associated legislation, policies or guidelines, constitutes a breach of the RCoC. Examples of breaches include but are not limited to:

a. Conducting research prior to securing necessary approvals, permits, licenses or other compliances;
b. Non-compliance with, or avoidable failures to adhere to, conditions of approvals, permits, licenses, compliances, laws or regulations applying to research;
c. Risking the safety of human participants or researchers, and the well-being of animals or the environment, in conducting research;
d. Failure to appropriately manage research data;
e. Breaches of privacy and/or confidentiality;
f. Failure to conduct peer review responsibly;
g. Failure to appropriately ascribe authorship or give acknowledgement;
h. Fabrication, falsification, misrepresentation and plagiarism;
i. Misappropriation of research funding;
j. Misappropriation of intellectual property;
k. Failure to provide appropriate supervision of researchers;
l. Failure to manage conflict of interest, also known as a 'competing interest' – See clause (133) – (134) of this Procedure for further information);
m. Wilful concealment or facilitating non-compliance; and
n. Interference with, or obstruction of, an investigation into non-compliance.

Questionable Research Practice

(32) Certain conduct, known as questionable research practices (QRPs), while not expressly prohibited, is considered contrary to best practice and should, in most cases, be avoided. While instances of these practices may not in and of themselves be considered a breach of the RCoC, they may still result in review and corrective action. In addition, egregious QRPs, and/or a pattern or history of QRPs, may be elevated to the level of a breach. Examples of QRPs include but are not limited to:

a. Failure to appropriately ascribe authorship or give acknowledgement, including ghost writing, gift authorship and guest authorship;
b. Failure to acknowledge funders or partners in publications;
c. Self-plagiarism, duplicate publication and salami slicing;
d. Selective data collection/reporting;
e. General carelessness or negligence in the handling of research results;
f. Rounding of values; and
g. Confirmation bias.

(33) For more information on QRPs associated with authorship and publication, see the Research Authorship Policy and Research Publication Policy respectively.

Research Misconduct

(34) Serious breaches may meet the definition of research misconduct, as follows:

a. Research misconduct is a serious breach of the RCoC which is also intentional or reckless or negligent.
b. Repeated or persistent breaches, even those that individually are deemed to be minor, may also constitute research misconduct. Honest errors and differences in judgement do not generally constitute research misconduct, except where they result from recklessness and/or negligence. Finding that a breach or breaches meets the definition of 'research misconduct' can assist in determining the appropriate course of action, and trigger associated processes, including disciplinary action (as defined under Section 2 of this Procedure).

Breach Spectrum

(35) Breaches of the RCoC occur on a spectrum, from minor (less serious) to major (more serious). The Breach Spectrum Figure, adapted from Figure 2 in the Guide, illustrates the breach spectrum, and where certain conduct sits on the spectrum.

(36) Several factors must be taken into consideration when assessing the seriousness of a breach. This includes, but is not limited to:

a. the degree of departure from accepted practice;
b. the actual or potential consequences of the breach, including harm to human participants, animal subjects, the environment or society at large, and damage to ACU's reputation or prospects;
c. the degree to which it affects the trustworthiness of ACU's research, or research in general;
d. the respondent's level of experience;
e. the respondent's history of research conduct, and whether the breach represents an isolated or repeated incident;
f. whether institutional failings have led, or contributed to, the breach; and
g. any other mitigating factors.

Section 7 - Complaints

(37) Complaints may be dismissed at any stage for a variety of reasons, including if the complaint appears to have been made in bad faith or is vexatious. Alternatively, a complaint may trigger other processes or require immediate action if corrupt or criminal behaviour is potentially involved, see clause (123) of this Procedure, or if it relates to an activity that could harm humans, animals or the environment.

Receipt

(38) A complaint occurs when a complainant identifies a potential breach of the RCoC. Any group or individual with knowledge, or well-founded suspicion, that a breach of the RCoC has occurred (including any group or individual external to ACU) is encouraged to act as a complainant and to formally lodge that complaint with the REIU. This can be done in one of the following ways;

a. through an RIA, via phone, in writing or in-person;
b. through the REIU, via phone, in writing or in-person, and;
c. through a line-manager, via phone, in writing or in-person.

(39) In some cases, a group or individual may become aware of information that they believe, but are not certain, pertains to a breach of the RCoC. In such cases, it is recommended that advice be sought through an RIA.

(40) Upon receipt of a complaint, the receiving party, whether an RIA or the REIU, will encourage the complainant/s to provide any additional information, including supporting documentation, which may be pertinent to the complaint. Where complaints are lodged with an RIA, they will be referred to the REIU, who may seek further engagement with the complainant/s.

(41) If, upon its receipt of a complaint, the REIU believes that there is a clear and imminent threat to the safety and/or wellbeing of researchers or research participants, in this case meaning human participants, animal subjects or the environment, it will take immediate steps to address that threat, as appropriate.

(42) In addition to the above-outlined mechanisms of receipt, complaints may be received as referrals from other institutional processes, namely those described under ACU's complaints management or protected disclosures frameworks.

For more information on ACU's complaints management framework see the Staff Complaints Management Policy. For more information on ACU's protected disclosures framework, see the Protected Disclosures Policy and Protected Disclosures Procedure.

Management

(43) Both RIAs and the REIU must document any complaints received. Following receipt of a complaint (and in the case of receipt by an RIA, referral to the REIU), the REIU prepares a brief, including any additional information supplied by the complainant, for the review of the Designated Officer.

(44) The Designated Officer reviews the REIU's brief with the aim of determining whether the complaint pertains to a potential breach of the RCoC and, consequently, the outcome of the complaint. Possible outcomes include (wholly or in part):

a. dismissal;
b. local resolution;
c. referral for preliminary assessment (PA); and
d. referral to other institutional processes.

(45) In some cases, it may be necessary for the Designated Officer to dismiss the complaint on the basis that there is insufficient evidence on which to proceed. In these instances, records of the complaint will be maintained, in the event that more information becomes available at a later date.

Anonymity

(46) Noting that the receipt of anonymous complaints may complicate subsequent steps in the Procedure (particularly with respect to collection of supporting documentation and ongoing engagement with complainants), it is generally accepted, and a hallmark of many whistle-blower protections, that the risk of identification and potential reprisal discourages complainants from coming forward. For this reason, and in keeping with ACU's protected disclosures framework, the REIU will accept complaints that have been lodged anonymously, both in the sense of complainants being anonymous to the REIU and in the sense of complainants being known to the REIU but requesting that their name or any other identifying information not appear in the formal record. While the REIU will take all reasonable steps to protect the identities of complainants (i.e. all complainants, not just those who present anonymously), it should be noted that anonymity cannot be guaranteed. Examples of instances where anonymity may be compromised include but are not limited to:

a. ACU being compelled, through mandatory reporting obligations, audit, appeal or other administrative process, to share information pertaining to a complaint or investigation with funding bodies or the Australian Research Integrity Committee (ARIC);
b. ACU being compelled, through court order or other legislative process (e.g. search warrant or subpoena), to share information under court order pertaining to a complaint or investigation with lawmakers; and
c. The nature of a complaint being such that it becomes clear to a respondent who the complainant may have been.

Abandoned Complaints

(47) In the event that a complainant chooses not to proceed with lodging a complaint or, after initiating an interaction with an RIA or the REIU, ceases to engage, the REIU may nevertheless assess the available information to determine whether and how best to proceed under the Procedure.

Engagement

(48) In engaging with complainants, the REIU will consider the complainant's interest in the matter, i.e. the degree to which they may be affected by the outcome of their complaint. Complainants deemed to have a direct interest should be provided with as much information as possible. Conversely, complainants who have an indirect interest, or no interest other than wanting to see a research integrity concern addressed, should receive minimal feedback.

(49) Whatever their interest, it is important to engage with complainants in such a way as to make them feel comfortable, and to seek to understand their concerns and desired outcomes. Not only is this approach likely to result in a more cooperative and forthcoming engagement, it also assures complainants that their concerns are being taken seriously and builds trust in the Procedure.

(50) The REIU also has a duty to ensure that the complaints process does not become onerous or place undue pressure on the complainant. Noting that the conduct or incident leading to the complaint, the lodging of the complaint, ongoing engagement with the REIU during its management and investigation of the complaint, awaiting the complaint outcome and the outcome itself may prove challenging experiences and consequently, impact the complainant's welfare, it is important to ensure that they are appropriately supported throughout the process.

(51) For more information on support, see clauses (112) – (114) of this Procedure.

Bad Faith or Vexatious Complaints

(52) If, in the view of the Designated Officer, a complaint has been made in bad faith, that complaint will be dismissed. In addition, and where warranted, steps may also be taken to address the matter with the complainant. In the most extreme cases, or where a complainant is deemed to have made multiple bad-faith complaints, that conduct may itself be viewed as non-compliant with the RCoC or Code of Conduct for Staff.

(53) Regardless of whether a complaint is genuine or is made in bad faith, some complaints or complainants may be, or may over time become, vexatious. Complainants who, attempt to circumvent or compromise the Procedure may be labelled 'Unreasonable Complainants'. Similarly, complainants who engage in abusive or aggressive behaviour with those in intuitional roles, or other parties to the complaint, may be labelled 'Unreasonable Complainants'. While the labelling of a complainant as unreasonable will not prevent a complaint from being managed as per the Procedure, it provides scope for the REIU to limit, or altogether cease, its engagement with that complainant.

Section 8 - Preliminary Assessment (PA)

Purpose

(54) The purpose of a PA is to gather and assess information pertinent to a complaint, with the aim of determining the best mechanism for managing that complaint. Specifically, the PA seeks to understand whether the complaint, if upheld, would constitute a breach of the RCoC.

Conduct

(55) The Designated Officer, having determined that the complaint pertains to a potential breach of the RCoC, directs the AO to conduct a PA. The AO leads the PA and is responsible for ensuring that it is conducted in a manner consistent with the Procedure. In conducting the PA, the AO may draw on REIU support and resources.

(56) The AO gathers any and all information which may be pertinent to the complaint through a variety of sources. This includes but is not limited to:

a. Institutional records;
b. External records (e.g. public domain);
c. Records sequestration – see clauses (115) – (118) of this Procedure;
d. Consultation with the complainant;
e. Consultation with the respondent;
f. Consultation with other parties to the complaint, and;
g. Consultation with an expert – see clauses (119) - (120) of this Procedure.

(57) The time taken to complete a PA may vary significantly, depending on the nature of the complaint. Upon completion, the AO prepares a preliminary assessment report (PAR) for the DO's review. This report should include:

a. a summary of, and background to, the complaint;
b. a summary of the AO's undertakings;
c. a summary of the information gathered, including copies of records sourced;
d. an assessment of the complaint, with respect to the RCoC (and any other applicable institutional policies and procedures, as well as legislation or regulations); and
e. recommendations for further action.

Outcome

(58) Following review of the PAR and, based on the information contained therein, the Designated Officer determines the outcome of the PA. Possible outcomes include (wholly or in part):

a. dismissal;
b. local resolution;
c. referral for investigation, and;
d. referral to other institutional processes.

(59) Where the Designated Officer refers a complaint for investigation, the REIU must notify People and Capability (P&C) accordingly. While it is deemed appropriate for P&C to be aware of, and provide advice on, investigations into potential breaches of the RCoC, it should be noted that P&C will not, at this stage in the process, act independently on information supplied by the REIU. The only exception to this being that P&C may act on information pertaining to conduct outside the scope of the Procedures, e.g. breaches of the Code of Conduct for Staff.

(60) At the conclusion of the PA, and only at the DO's discretion, the REIU may notify the complainant as to the

outcome of the PA.

Engagement

(61) In some cases, it may be possible or, given the nature of the complaint, prudent for the AO to prepare a PAR without alerting the respondent to the complaint made against them. Reasons for not alerting a respondent at this early stage in the process are as follows:

a. In the event that the complaint is dismissed following PA, notification will have caused the respondent undue concern;
b. In the event that the Designated Officer directs local resolution, referral for investigation or referral to other institutional processes, early notification will prolong the impact of the complaint upon the respondent; and
c. Where the Designated Officer determines that there is a strong possibility of reprisal against the complainant.

(62) As a rule however, and to best ensure that all available information is considered, the AO will seek to engage with the respondent at the PA stage. In these cases, it is important to engage with the respondent in a transparent, sensitive and supportive manner. Specifically, the initial notification of complaint should be made in writing, and include:

a. an outline of the complaint;
b. an indication of the status of the complaint;
c. any request for information;
d. an invitation to respond to the complaint in writing, and to provide additional evidence, within ten business days;
e. referral to the Procedure, and;
f. referral to support services.

(63) Should the notification of complaint result in an in-person or remote meeting, the respondent must be afforded the opportunity to be accompanied by a support person.

(64) In engaging with the respondent, and noting the potential impact of alerting the respondent to a complaint made against them, the AO has a duty to ensure that this engagement does not become onerous, place undue pressure on the respondent, and that the respondent is appropriately supported throughout the process.

(65) For more information on support, see clauses (112) – (114) of this Procedure.

Section 9 - Investigation

Purpose

(66) The purpose of an investigation is to make findings of fact, with the aim of determining whether a breach of the RCoC has occurred and if so, assessing the extent of that breach.

Notification

(67) When a complaint is referred for investigation, the REIU must notify the respondent accordingly and in a timely manner. Excepting cases where the respondent has been engaged at the PA stage, this will be the REIU's first interaction with the respondent, and it is important to engage with the respondent in a transparent, sensitive and supportive manner. Specifically, the initial notification should be made in writing, and include:

a. an outline of the complaint;

b. an indication of the status of the complaint;
c. a summary or, at the DO's discretion, copy of the PAR;
d. an invitation to respond to the PAR in writing, and to provide additional evidence, within ten business days;
e. referral to the RCoC and Procedure, and;
f. referral to support services.

(68) If the respondent choses to provide a response within the ten working days offered, this response will form part of the evidence considered by the Panel during its investigation. If the respondent chooses not to respond, the investigation continues in their absence, as described under clause (111) of this Procedure.

(69) At the same time as the respondent is notified that an investigation is to be conducted, they will be made aware of their obligation to maintain confidentiality with respect to all aspects of the investigation, as outlined under clauses (130) – (132) of this Procedure. Confidentiality agreements are intended to protect the parties to an investigation, as well as the integrity of the investigation process. While all ACU employees are bound by a common law obligation of confidentiality, acceptance of a confidentiality agreement is viewed as an important step in ensuring that the respondent understands their rights and obligations with respect to confidentiality. Importantly, if a respondent refuses to sign a confidentiality agreement, this may be viewed as interference with, or obstruction of, an investigation into non-compliance, which may in and of itself constitute a breach of the RCoC.

(70) For more information on confidentiality, see clauses (130) – (132) of this Procedure.

Panel

(71) Investigations are conducted by investigation panels, comprised of a chair and members appointed by the Designated Officer. In selecting panel members, the Designated Officer will typically draw on RIAs, Human Research Ethics Committee (HREC) members and researchers (both from ACU and other research institutions) but may also draw from other sources, and will take several factors into consideration. These include but are not limited to:

a. seniority;
b. qualifications;
c. impartiality;
d. diversity;
e. knowledge of the discipline to which the complaint pertains;
f. knowledge of the responsible conduct of research, the Code and RCoC; and
g. knowledge of this Procedure, or similar legal or administrative processes.

(72) At a minimum, the Designated Officer will appoint three members (including a chair) to each panel. In so doing, the Designated Officer should aim to appoint at least one member who has previously sat on an investigation panel or has cognate experience. Once a panel has been identified, its members will be made aware of their obligation to maintain confidentiality with respect to all aspects of the investigation, as outlined under clauses (130) – (132) of this Procedure.

(73) In forming a panel, the Designated Officer may enlist the help of the REIU.

(74) For more information on confidentiality, see clauses (130) – (132) of this Procedure.

Preparation

(75) The REIU, under the direction of the Designated Officer, will prepare Terms of Reference (ToR) for each investigation. ToR serve to limit the scope of, and provide direction for, an investigation, and must include:

a. a summary of, and background to, the complaint;
b. details of the complainant (where appropriate);
c. details of the respondent;
d. details of panel members;
e. details of institutional role holders, including the REIU;
f. a summary of the DO's determinations with respect to the PAR, and;
g. a detailed outline of the scope and objectives for the investigation.

(76) Only when the respondent and all panel members have signed confidentially agreements, will they be furnished with a draft of the ToR for their review. At this stage, they will be afforded five business days in which to review and raise any concerns regarding the ToR, as well as disclose any actual, potential or perceived CoI and biases, and any pre-existing relationships with respect to the other parties to the investigation (including institutional role holders). The Designated Officer will review any returned disclosures and deem them manageable, or not. In the event that there are no disclosures, or that disclosures are deemed manageable, the REIU, under the direction of the Designated Officer, will ratify the ToR, taking into consideration any concerns raised by the respondent or panel members. In the event that a disclosure concerning a panel member or institutional role holder is deemed unmanageable, that individual should be removed from their role and a suitable replacement found.

(77) Once the ToR have been ratified, panel members are provided with a formal letter of appointment, outlining their roles and responsibilities, as follows:

a. act in accordance with the Code and RCoC, as well as any associated policies, procedures and guidelines;
b. act in accordance with the investigation ToR;
c. act impartially;
d. observe procedural fairness;
e. consider the welfare of complainants and respondents;
f. complete the investigation in a timely manner;
g. maintain confidentiality;
h. prepare a written report, for the review of the REO; and
i. in the case of the panel chair, guide the work of the panel and act as liaison between the panel and the REIU.

(78) In addition to the panel's responsibilities, the letter of appointment outlines ACU's obligations to the panel, including to support and resource the panel's investigation, and to indemnify the panel against loss or damage in the event of legal action resulting from the investigation.

(79) Following formal appointment and prior to commencement of the investigation proper, the REIU should provide panel members with the following documentation:

a. Instruction on the management of investigations;
b. Ratified ToR (including disclosures);
c. PAR; and
d. PAR Response.

(80) Concurrently, the REIU should provide the respondent with a copy of the Ratified ToR.

Scope

(81) At all times, the panel's investigation should remain in keeping with the original complaint and subsequent PA, and remain within the bounds of the ToR. Should the investigation result in findings or complaints that are unrelated,

or additional, to those outlined in the ToR, these should be referred to the Designated Officer, for their review.

(82) If, in conducting its investigation, the panel identifies a new matter, i.e. which are not covered by the ToR but which may constitute non-compliance with the RCoC, it should refer this matter to the Designated Officer. Depending on the panel's request, the Designated Officer may decide to amend the investigation scope or ToR. Should this occur, the respondent (and any other relevant parties, as determined by the DO) should be notified of, and afforded an opportunity to respond to, the amendments in question.

Conduct

(83) The REIU will arrange panel meetings and provide meeting support as directed by the panel chair. In conducting investigations, panels are encouraged to meet in person, so that members can become familiar with one another and properly dedicate their time and attention to the task at hand. The first meeting of a panel should be used to review and discuss the ToR, PAR and PAR Response, as well as to develop an investigation plan.

(84) In undertaking its investigation, the panel has a duty to conduct a thorough review of any and all information which may be pertinent to the complaint. Accordingly, the panel may ask the REIU to source additional information through a variety of sources. This includes but is not limited to:

a. Institutional records;
b. External records (e.g. public domain);
c. Records sequestration;
d. Interview of the complainant;
e. Interview of the respondent;
f. Interview of other parties to the complaint;
g. Interview of the Designated Officer, and;
h. Consultation with an expert.

(85) Noting its responsibility to complete an investigation in a timely matter, the panel should hold as many meetings and deliberate for as long as required to achieve its objectives. Accordingly, the time taken to complete an investigation may vary from panel to panel, and will be subject to several factors, including the nature of the complaint.

Interviews

(86) In making a request to interview the respondent, a complainant and/or other parties to the complaint, panels, in consultation with the REIU, must consider the following:

a. the need for confidentiality and the need for confidentiality agreements;
b. the level of information to be made available to interviewees;
c. any disclosures of CoI, bias and pre-existing relationships, and;
d. the need to record interviews.

(87) All parties attending an interview with the panel, whether in-person or remotely, must be afforded the opportunity to be accompanied by a support person. In addition, the panel and REIU have a duty to ensure that the interview does not become onerous, place undue pressure on the interviewee, and that the interviewee is appropriately supported throughout the process.

(88) In the event that a panel does not deem it necessary to interview the respondent, the respondent must still be afforded the opportunity to appear before the panel and present their case, in-person. The respondent will be notified of this option if and when the panel decides against interview, and be granted five business days in which to confirm

their decision to meet with the panel, or not.

(89) For more information on support, see clauses (112) – (114) of this Procedure.

Investigation Report

(90) Upon completion of its investigation, the panel, with support from the REIU, prepares a draft report investigation report (IR) for the DO's review. This report should include:

a. a summary of, and background to, the complaint;
b. the investigation ToR;
c. a summary of the PAR;
d. a summary of the panel's undertakings;
e. a summary of the additional information gathered during the investigation, including copies of records sourced;
f. a summary of any interviews conducted;
g. the findings of fact reached by the panel;
h. conclusions as to whether the complaint constitutes a breach of the RCoC and the seriousness of that breach, including whether the threshold for 'research misconduct' has been met;
i. recommendations for further action; and
j. identification of any procedural challenges.

(91) Any conclusions drawn by the panel should be based on findings of fact and the balance of probabilities (as described under Section 2 of this Procedure). With regards to any recommendations for further action, these should be well-reasoned and may include one or more of the following:

a. dismissal of all or part of the complaint and/or subsequent findings;
b. referral of all or part of the complaint and/or subsequent findings to other institutional, or external, processes;
c. where potential research integrity matters, outside the scope of the investigation, have been identified, referral to the Designated Officer; and
d. corrective action and/or or recommendation for disciplinary action.

(92) The taking of disciplinary action against an ACU staff member is wholly a P&C matter and, as with all other recommendations, the panel is simply presenting a case, and suggestions, for disciplinary action.

(93) In all its deliberations, the panel is encouraged to come to a consensus. In the event of dissenting views amongst panel members, all views should be recorded in the draft report, noting that these may be viewed not just by the Designated Officer and REO, but by the respondent, complainant and other parties to the complaint.

Outcome

(94) On completion of its investigation the Panel provides its IR to the Designated Officer, who conducts a review of the information contained therein with the aim of determining whether the panel has satisfied the investigation ToR. Should the Designated Officer have any concerns, they may return the IR to the panel with a request for these to be addressed. If there are no concerns, a copy or, at the Designated Officer's discretion, summary of the IR must be provided to the respondent, and the respondent afforded ten business days in which to provide comment.

(95) Following receipt of the respondent's comments, if any, the IR is deemed 'complete'. The Designated Officer will consider the information contained therein and may choose to prepare a covering letter, outlining additional considerations or recommendations, prior to submitting the completed IR to the REO, for their review. Should the views of the Designated Officer differ from those of the panel, explanation should be provided.

(96) Following review of the IR, the REO determines whether to accept the findings and recommendations of the panel and Designated Officer. Once made, the REO should communicate their response to the Designated Officer in writing. Where the REO's findings and decisions on actions required differ from those of the panel and Designated Officer, explanation should be provided. It is the role of the Designated Officer to action the decisions of the REO, if any, including to make referrals to other institutional or external processes. In actioning investigation outcomes, the Designated Officer may enlist the help of the REIU.

Communication of Outcomes

(97) Prior to actioning the REO's decisions, the Designated Officer must provide the respondent with formal notification of the investigation outcomes. At the same time, the Designated Officer must notify P&C of the investigation outcome, including the REO's recommendations.

(98) With regards to the complainant, the Designated Officer must at the very least provide formal notification that the complaint has been resolved. At the REO's discretion, the complainant may also be provided with other details, including the investigation outcome. The level of detail provided to the complainant should be proportional to their interest in the investigation outcome. At this stage, it is also important to consider whether other parties to the complaint should be notified and if so, what level of detail should be provided.

(99) In communicating investigation outcomes, the Designated Officer must also make parties aware of their right to appeal.

(100) For more information on appeals, see Section 10.

Engagement

(101) The panel, or the REIU on the panel's behalf, may be required to engage with the respondent, either in writing or in-person, at various stages during the conduct of its investigation. The REIU should maintain a record of all such engagements and, where appropriate, furnish the respondent with copies of these records in a timely manner. In cases of requests for information, the panel must afford the respondent a minimum of ten business days in which to respond.

(102) Noting the potential impact of the complaint and investigation upon the respondent, the panel and REIU have a duty to ensure that these engagements do not become onerous, place undue pressure on the respondent, and that the respondent is appropriately supported throughout the process.

(103) Where it is considered necessary and/or appropriate, the panel may, with a view to ensuring procedural fairness, make adjustments to the Procedure and/or grant certain allowances. Such adjustments/allowances could include but are not limited to:

a. granting extensions to deadlines, e.g. request for information deadlines;
b. postponing in-person interviews;
c. conducting interviews remotely rather than in-person; and
d. relying on records and written evidence in place of interviews.

(104) For more information on support, see clauses (112) – (114) of this Procedure.

Section 10 - Appeal

(105) Once an investigation has been completed, and where a party is unsatisfied with its conduct, that party may request a review of the investigation. Requests for review can be made by either a respondent or complainant, and

should be submitted to the REIU within ten business days of receiving the formal notification of investigation outcomes. Requests for review will only be considered on the grounds of procedural fairness (as outlined under Section 4) and should be presented accordingly. The REIU will present any requests for review to the RO, for their consideration. The role of the RO is to determine whether procedural fairness has been observed and consequently, whether the investigation outcomes should be upheld. Where the RO determines that there is no cause for review, the requesting party is notified accordingly with no further action required. Where the RO believes that review is justified, they will determine the best mechanism for that review. This includes but is not limited to:

a. referral of the matter to the REO, for re-consideration of all or part of the investigation outcomes;
b. referral of the matter to the Designated Officer, for re-review of all or part of the panel findings and recommendations;
c. referral of the matter to the Panel, for re-investigation of all or part of the complaint; and
d. a complete re-investigation of the complaint, including the formation of a new panel.

(106) In addition to the internal appeals process described above, parties may also submit a request for review to the ARIC, a body jointly administered by the Australian Research Council (ARC) and the National Health and Medical Research Council (NHMRC), with the express purpose of reviewing institutional processes employed in managing and investigating potential breaches of the Code.

(107) For more information on ARIC and its processes, see the Australian Research Integrity Committee Framework 2019.

Section 11 - Additional Considerations

Admissions

(108) Admission on the part of the respondent to having committed a breach of the RCoC, as outlined in the complaint made against them, should not necessarily be viewed as a resolution to that complaint. At the DO's discretion, it may still be deemed necessary to finalise the PA or investigation, with the aim of assessing the extent of the breach, understanding the involvement of other parties, and making recommendations for corrective, disciplinary or other actions.

Internal Complaints

(109) In some cases, it may be an institutional role holder, as outlined under clause (22) of this Procedure, that identifies a potential breach of the RCoC. When this occurs, it becomes necessary for the individual in question to report the potential breach, and to disclose and manage any potential CoI, including those presented by wearing multiple Procedure "hats", e.g. their institutional role, plus that of complainant.

(110) For more information on CoI, see clauses (133) - (134) of this Procedure.

Absent or Disengaged Respondents

(111) In cases where a respondent ceases their employment with ACU while the management of a complaint is ongoing, ACU may have a continuing obligation to see the Procedure through and action outcomes accordingly. This may include referring complaints, or providing notification of outcomes, to a respondent's new employer. Where such action is being considered, the REIU will seek the advice of P&C, the Office of General Counsel (OGC) and Privacy Coordinator, to ensure any disclosure to a third party is both appropriate and lawful. The same is true for cases where a respondent is still employed by ACU but chooses not to engage with the Procedure, noting that failure to cooperate with the management of a complaint into non-compliance, may in and of itself qualify as a breach.

Support

(112) It is recognised that the Procedure can present difficulties for, and impact the welfare of, all parties involved. Accordingly, all institutional role holders, as well as panels, have a responsibility to monitor the welfare of all other parties to a complaint and, where appropriate, make referrals to P&C or other support mechanisms/services, including the Staff Assistance, Support and Representation Policy, the Employee Assistance Program and, where the party is a member, the National Tertiary Education Union. Particular care should be taken to provide support in matters where a power imbalance exists, such as when complaints are brought by students, or staff in junior positions, against their supervisors or staff in more senior positions.

(113) In addition to the above, for all dealings with institutional role holders or panels, the complainant, respondent and other parties to the complaint must be afforded the opportunity to be accompanied by a support person. The role of this individual is to provide moral or emotional support only, and not to act as an advocate or legal representative, or to speak on the party's behalf. Accordingly, the support person cannot be a practising barrister or solicitor. Where the party chooses to be accompanied by a support person, notification of this decision, including the support person's name, should be provided to the REIU prior to the meeting.

(114) For more information on ACU's support mechanisms and services, see the Staff Assistance, Support and Representation Policy.

Records Sequestration

(115) Where the AO or Designated Officer believes that a respondent or other party to a complaint holds records (including records of communications) which may inform a PA or investigation, and which may be at risk of destruction or manipulation if an open request for those records is made, it may be prudent to sequester those records without the knowledge of the respondent.

(116) In the case of digital records stored on ACU infrastructure or systems, Information Technology (IT) is able to facilitate sequestration, without alerting the party from whom the records are being sequestered. A request for sequestration of digital records will be drafted by the AO and approved by the Designated Officer, before being submitted to the Chief People Officer and Chief Information and Digital Officer, for actioning.

(117) In the case of physical records stored on-site at ACU premises, P&C is able to facilitate sequestration, and will notify the party from whom the records are being sequestered accordingly. A request for sequestration of physical records will be drafted by the AO and approved by the Designated Officer, before being submitted to the Chief People Officer for actioning.

(118) In accordance with the ICT Acceptable Use Policy, ACU is the owner of, amongst other things, email messages created by its employees in the course of their employment, and reserves the right to monitor its IT infrastructure or systems. Regardless, it is acknowledged that the sequestration of records is not a preferred approach and should only be employed as necessary to mitigate the risk of destruction or manipulation of records. Accordingly, requests for sequestration of records must be clear and well-justified. In addition, the AO should seek to narrow the scope of requests as much as possible, so as to minimise the risk of accessing information unrelated to the complaint being investigated.

Expert Advice

(119) In conducting a PA or investigation it may be necessary for the AO or panel to seek expert advice. Expert advice can be any advice which the AO or panel feels is required in order to progress the PA or investigation. This includes, but is not limited to:

a. administrative or procedural advice, e.g. from P&C, IT the ARC or NHRMC;

b. legal advice, e.g. from OGC or external lawyers, and;
c. discipline specific knowledge, e.g. from internal or external academics.

(120) In seeking expert advice, it is important to consider the impartiality, as well as the perception of impartiality, of that advice, and to engage internal or external advisors accordingly. Where possible, requests for advice should be framed in a general way, so as to limit the exposure of a complaint and/or protect the integrity of any ongoing investigations. Where it necessary to reveal specific details in order to elicit accurate advice, care must be taken to ensure confidentiality is maintained and that the rights of all parties to the complaint are upheld. Accordingly, expert advisors will be made aware of their obligation to maintain confidentiality with respect to all aspects of the complaint or investigation, as outlined under clause (130) – (132) of this Procedure.

Ongoing Work Arrangements

(121) If at any point following receipt of a complaint it becomes apparent that there is actual or potential risk to the safety of human participants, animal subjects, the environment or society at large, and/or to ACU's reputation, the decision may be taken to suspend, or place limitations on, all or part of the associated research activity. Any decision to impose and/or lift such suspensions or limitations will be made at the DO's discretion and in consultation with P&C, and may trigger other institutional responsibilities and processes, including reporting to external bodies, e.g. WorkSafe in the case of safety matters.

(122) Exemptions to work restrictions will be considered on a case-by-case basis, particularly where certain activities are deemed critical to the continuation of a project or the meeting of higher degree research student timelines, and where risks are deemed manageable.

Corrupt or Criminal Conduct

(123) If at any point following receipt of a complaint it becomes apparent that corrupt and/or criminal conduct may have occurred, the Designated Officer will refer the matter to an appropriate external agency, e.g. a crime commission and/or the police. Where external agencies choose to investigate the conduct in question, the REIU should seek advice from OGC as to whether the internal management of the complaint should continue.

New Lines of Inquiry

(124) If at any point following receipt of a complaint new lines of inquiry present themselves, these should be referred by the managing party, e.g. either the REIU, AO or panel, to the Designated Officer, for their review. Examples of new lines of inquiry include but are not limited to:

a. potential respondent/s, i.e. additional to the respondent/s identified by the complainant/s or investigation ToR;
b. potential breach/es of the RCoC, i.e. additional to the potential breach/es identified by the complainant/s or investigation ToR; and
c. additional complaint/s, i.e. a complaint/s pertaining to the same potential breach/es of the RCoC and or respondent/s as those identified in the original complaint or investigation ToR.

(125) The Designated Officer will review referrals to determine the best mechanism/s for managing any new lines of inquiry. Possible outcomes include:

a. dismissal;
b. local resolution;
c. referral for PA;
d. incorporation into an existing PA or investigation; and/or
e. referral to other institutional processes.

Overlapping Complaints

(126) Overlapping complaints, i.e. multiple allegations made against the same respondent, can present a number of challenges, namely a question as to whether or not such allegations should be dealt with as one or multiple complaints and, if the latter, whether and which parties to a complaint should be made aware of the other complaints. Given these challenges, the REIU will have scope to evaluate overlapping complaints, and determine the best method for managing such complaints, on a case-by-case basis. REIU's evaluation should take into account the nature of the overlapping complaint, the potential for increased burden on respondents, and institutional obligations to conduct timely investigations.

Collaborative Research

(127) Research is increasingly an inter-disciplinary, multi-institutional and multi-national endeavour; a dynamic that can present challenges when managing potential breaches of the Code. Accordingly, the REIU will have scope to evaluate complaints pertaining to collaborative research, and determine the best method for managing such complaints, on a case-by-case basis. This will include consideration of several factors, including how multiple institutions/regulators might collaborate, which institution should take lead, where the complaint was lodged, contractual arrangements or where the potential breach/es occurred. A key goal in this process is to avoid multiple, concurrent investigations into the same potential breach/es of the Code.

Mandatory Reporting Obligations

(128) It is a requirement of some funding bodies, namely the NHMRC and ARC, that they be notified in the event of a recipient of funding either being investigated for an alleged breach of the Code or having a complaint against them upheld. Following the DO's decision to progress a complaint to a PA, the AO should conduct a review of any research funding associated with the respondent and determine what, if any, reporting obligations apply.

(129) For more information on ARC and NHMRC reporting obligations, see the ARC Research Integrity Policy and NHMRC Research Integrity & Misconduct Policy respectively.

Privacy & Confidentiality

(130) In managing complaints and conducting investigations it is important to protect the privacy of the parties to that complaint, as well as the integrity of the investigation itself. Accordingly, the REIU will aim to ensure that complainants, respondents, advisory experts, panel members and support persons are aware of their obligation to maintain confidentiality with respect to all aspects of the complaint or investigation. In the case of ACU staff members, this will take the form of a lawful and reasonable direction to maintain confidentiality, while non-staff members will be required to review and sign confidentiality agreements. Typically, complainants will not be asked to sign confidentiality agreements, but at the DO's discretion, and depending on the complainant's interest in the matter, as well as their level of ongoing engagement, the Designated Officer may ask them to do so. In the case of complainants breaching confidentiality, the AO may label them 'Unreasonable Complainants' (as outlined under clauses (52) – (53) of this Procedure. In the case of respondents either refusing to sign a confidentiality agreement or breaching confidentiality, the Designated Officer will need to consider whether these actions qualify as interference with, or obstruction of, an investigation into non-compliance, noting that either may constitute a breach of the RCoC. In the case of panel members or institutional role holders breaching confidentiality, an institutional role holder of appropriate seniority must review the circumstances and determine whether it is appropriate for the offending party to continue in their role.

(131) A secondary mechanism for ensuring privacy and confidentiality is for the REIU to observe safe and secure data management practices and, as much as possible, limit knowledge of complaints and investigations, and exposure of associated records and documentation.

(132) In order to ensure the integrity of its processes, and regardless of whether complaints are made in line with ACU's protected disclosure framework or not, the REIU is committed to protecting the identity of complainants. This is considered key to minimising any potential negative consequences associated with the lodging of a complaint, including possible reprisals, and in ensuring that complainants feel safe and secure in bringing their complaints to the REIU in the first instance. Accordingly, the REIU will take all reasonable and necessary steps to protect the identity of the complainant from the respondent, including but not limited to the redacting of identifying information in records and documents supplied to the respondent throughout the Procedure. The above notwithstanding, and as outlined under clause (46) of this Procedure, it must be recognised that the complainant's anonymity can never be guaranteed.

Conflict of Interest

(133) In line with the Code, it is paramount that inquiries be conducted in a manner that is procedurally fair. This includes, amongst other things, ensuring that panel members and those in institutional roles do not hold any conflicts of interest or biases. For the purposes of the Procedure, a conflict of interest is defined as a connection between a panel member or institutional role holder and any other party to the investigation, which would present a competing interest (i.e. between the individual's interests and those of the investigation) and prevent them from, or reasonably be perceived to prevent them from, performing their defined role in an objective manner. Conflicts may relate to a financial interest, but could also include conflicts posed by personal or professional relationships. For this reason, and as outlined under clauses (75) – (80) of this Procedure, all parties to an investigation will be asked to disclose any actual, potential or perceived CoIs, biases or pre-existing relationships. The Designated Officer or, where a disclosure implicates the Designated Officer, an institutional role holder of appropriate seniority, will review all disclosures to assess the risk posed and make determinations as to whether conflicts are able to be managed. Note that simply making a disclosure, or being the subject of another individual's disclosure, will not prevent a party's participation in proceedings.

(134) Note that the above section describes CoIs and their management only as they pertain to the Procedure, which is distinct from CoI as a form of non-compliance, as outlined under clause (31) of this Procedure. For more information on CoIs as a form of non-compliance, including detailed guidance on the identification and management of CoI, see the Declaration of Interest Policy - Staff and Affiliates and Declaration of Interest Procedure - Staff and Affiliates.

Process Inconsistency

(135) To the extent of any tangible inconsistencies between the Procedure and the Code, or where process steps are unclear, those administering the Procedure will defer to the Code, or consult with the ARC and/or NHMRC.

Correction of the Record

(136) Where an investigation finds that a breach of the Code is deemed to have affected the accuracy or trustworthiness of research, all efforts should be made to correct the public record of that research. In the case of scholarly publications, and depending on the nature and context of the inaccuracy, mechanisms for correction include corrigendum, erratum and retraction.

(137) For more information on corrections of the record, see the Research Publication Policy.

Freedom of Speech

(138) The University recognises the open and honest exchange of diverse views as central to its Mission within the Catholic intellectual tradition. In accordance with Statute 13 - Freedom of Speech, Intellectual Freedom and Academic Freedom, the University will uphold the rights of University members to enjoy freedom of speech and intellectual freedom inside and outside the University, without fear of penalty or adverse action by the University. The exercise of freedom of speech or intellectual freedom by a member of staff in accordance with Statute 13 - Freedom of Speech, Intellectual Freedom and Academic Freedom will not constitute poor performance or misconduct and will not attract

penalty or other adverse action.

Section 12 - Process Steps

Process Step			Action	Responsible Party
Stage	**Step**	**Description**		
Complaint	1.	Lodge Complaint	Complainant lodges complaint, through RIA, REIU or line-manager, via phone, in writing or in-person.	Complainant
	2.	Refer Complaint	Where complaint has been lodged with RIA or line-manger, complaint is referred to REIU.	RIA or Complainant's Line-Manager
	3.	Confirm Receipt	REIU confirms receipt and reviews complaint.	REIU
	4.	Immediate Actions	Where necessary, REIU takes action to manage any immediate risks.	REIU
	5.	Log Complaint	REIU logs the complaint, and gathers additional information, as required.	REIU
	6.	Prepare Brief	REIU prepares brief for review of Designated Officer.	REIU
	7.	Review Brief	Designated Officer reviews brief to assess whether complaint pertains to potential breach and determine complaint outcome (see options 8. [a]-[d] below).	Designated Officer
	8. (a)	Dismissal	Designated Officer dismisses complaint. At DO's discretion, Respondent informed of complaint outcome. Process ends here.	Designated Officer
	8. (b)	Local Resolution	Designated Officer makes referral for local resolution, e.g. at school or faculty level. Process ends here.	Designated Officer
	8. (c)	Referral to Other Processes	Designated Officer refers complaint to other institutional processes. Process ends here.	Designated Officer
	8. (d)	Referral for PA	Designated Officer directs AO to conduct PA.	Designated Officer
Preliminary Assessment	9.	Conduct PA	AO conducts PA, gathering information and evidence pertinent to complaint (see options 11. [a]-[d] below).	AO
	10. (a)	Sequester Records	Where necessary, sequester digital and/or physical records.	AO and Designated Officer
	10. (b)	Consult Expert	Where necessary, seek advice from relevant expert.	AO and Advisory Expert
	10. (c)	Notify Respondent	Where necessary, seek information from Respondent.	AO and Respondent
	10. (d)	Identify Reporting Obligations	AO identifies any mandatory reporting obligations. Reporting obligations actioned at mandated point in process.	AO
	11.	Prepare PAR	AO, with assistance from REIU, prepares PAR.	AO, with REIU support
	12.	Review PAR	Designated Officer reviews PAR to assess whether complaint, if upheld, would constitute breach, and determine PA outcome (see options 13. [a]-[d] below).	Designated Officer
	13. (a)	Dismissal	Designated Officer dismisses complaint. At DO's discretion, Respondent informed of PA outcome. Process ends here.	Designated Officer
	13. (b)	Local Resolution	Designated Officer makes referral for local resolution, e.g. at school or faculty level. Process ends here.	Designated Officer
	13. (c)	Referral to Other Processes	Designated Officer refers complaint to other institutional processes. Process ends here.	Designated Officer
	13. (d)	Referral for Investigation	Designated Officer directs REIU to arrange investigation.	Designated Officer
	14.	Inform P&C	REIU informs P&C of complaint and pending investigation.	REIU

Process Step			Action	Responsible Party
Stage	Step	Description		
	15.	Notification of Complaint	REIU provides Respondent with formal notification of complaint.	REIU
	16.	Respond	Respondent provides written response to Notification of Complaint.	Respondent
	17.	Prepare ToR	REIU, under direction of Designated Officer, prepares investigation ToR.	REIU and Designated Officer
	18.	Panel Selection	Designated Officer identifies potential investigation panel members.	Designated Officer
	19.	Contact Panel	REIU contacts panel members and, where relevant, provides confidentiality agreements.	REIU
	20.	Return Confidentiality Agreements	Where relevant, panel members return signed confidentiality agreements to REIU.	Panel Members
	21.	Provision of ToR	REIU furnishes Respondent and panel members with ToR, inviting review and disclosure of CoI.	REIU
	22.	Feedback and Disclosure	Respondent and panel members raise any concerns with ToR and disclose any CoIs.	Respondent and Panel Members
	23.	Review Feedback	Designated Officer reviews concerns raised by respondent and panel and, where relevant, directs AO to make changes.	Designated Officer and AO
	24.	Review Disclosures	Designated Officer reviews any disclosures of CoI to determine whether manageable (see options 26. [a]-[b] below).	Designated Officer
	25. (a)	Ratify ToR	If no disclosures of CoI, or where disclosures of CoI deemed manageable, REIU ratifies ToR. Proceed to Step 27.	REIU
	25. (b)	Panel Re-Selection	Where disclosure deemed unmanageable, remove conflicted panel member/s and identify replacement. Return to Step 20.	Designated Officer
	26.	Appoint Panel	REIU provides panel members with formal letters of appointment.	REIU
	27.	Return Appointment Letters	Panel members return signed appointment letters.	Panel Members
	28.	Provide Investigation Documents	REIU provides Respondent and Panel with investigation documents.	REIU
Investigation	29.	First Meeting	Panel meets to review investigation documents and plan investigation.	Panel, with REIU support
	30.	Conduct Investigation	Panel conducts investigation, gathering information and evidence pertinent to complaint (see options 32. [a]-[d] below).	Panel, with REIU support
	31. (a)	Consult Expert	Where necessary, Panel directs REIU to seek advice from relevant expert.	Panel, REIU and Advisory Expert
	31. (b)	Gather Additional Information	Where necessary, Panel directs REIU to gather additional information.	Panel and REIU
	31. (c)	Arrange Subsequent Meetings	Where necessary, Panel directs REIU to arrange subsequent meetings.	Panel and REIU
	31. (d)	Arrange Interviews	Where necessary, Panel directs REIU to arrange interviews with Respondent and/or other parties to complaint. If Panel seeks interviews, proceed to Step 33. If Panel does not seek interviews, proceed to Step 37.	Panel and REIU
	32.	Invitation to Interview	REIU invites Respondent and/or other parties to interview with Panel. Where relevant, and if party has not already signed confidentiality agreement, REIU provides one.	REIU
	33.	Advise on Support Person	The Respondent and/or other party advises REIU on decision to be accompanied by support person. Where relevant, and if the support person has not already signed confidentiality agreement, REIU provides one.	Respondent and/or Other Interviewee
	34.	Return Confidentiality Agreement	Where relevant, and if party has not already done so, party returns signed confidentiality agreement to REIU.	Interviewee
	35.	Conduct Interview	Panel interviews Respondent and/or other party. Proceed to Step 38.	Panel
	36.	Request Panel Meeting	Where Respondent has not been afforded opportunity to meet with Panel, and wishes to do, Respondent may request meeting through REIU. Return to Step 36.	Respondent
	37.	Prepare IR	Panel, with assistance from REIU, prepares IR.	Panel, with REIU support

Process Step			Action	Responsible Party
Stage	Step	Description		
Outcome	38.	Review IR	Designated Officer reviews IR to determine whether Panel has satisfied ToR objectives. If Designated Officer determines that ToR objectives not satisfied, proceed to Step 40. If Designated Officer determines that ToR objectives satisfied, proceed to Step 42.	Designated Officer
	39.	Return IR	Designated Officer returns IR to Panel, outlining concerns.	Designated Officer
	40.	Re-Submit IR	Panel addresses Designated Officer concerns and re-submits IR. Return to Step 39.	Panel
	41.	Provision of IR	Designated Officer provides Respondent with IR (or summary) and invites Respondent to provide feedback.	Designated Officer
	42.	Provision of Feedback	Respondent provides feedback on IR.	Respondent
	43.	Compile IR	Designated Officer compiles IR, Respondent feedback and, at discretion, covering letter, for REO review.	Designated Officer
	44.	Review IR	REO reviews IR and associated documents, and determines investigation outcome (see options 46. [a]-[c] below).	REO
	45. (a)	Dismissal	REO dismisses complaint.	REO
	45. (b)	Corrective Action	REO recommends corrective and/or or disciplinary action.	REO
	45. (c)	Referral for Investigation	REO refers complaint to other institutional processes.	REO
	46.	Communicate Outcomes to Respondent	REIU notifies Respondent, P&C and, at the REO's discretion, Complainant, of outcomes.	REIU
	47.	Action Outcomes	Where relevant, Designated Officer, with assistance from REIU, actions outcomes.	Designated Officer, with REIU support
	48.	Correction of Record	Where relevant, Designated Officer, with assistance from REIU, actions corrections to record. Process ends here, except where decision appealed (see below)	Designated Officer, with REIU support
Appeal	49.	Appeal	Complainant or Respondent requests review of investigation.	Complainant or Respondent
	50.	Review	RO reviews request and investigation records, to determine whether investigation and outcomes were procedurally fair. If RO determines that investigation and outcomes were not procedurally fair, see options 52. [a]-[d] below. If RO determines that investigation and outcomes were procedurally fair, proceed to Step 53.	RO
	51. (a)	Referral to REO	RO refers matter to REO, for re-consideration of investigation outcomes. Return to Step 45.	RO
	51. (b)	Referral to Designated Officer	RO refers matter to Designated Officer, for re-review of IR. Return to Step 39.	RO
	51. (c)	Referral to Panel	RO refers matter to Panel, for re-investigation of complaint. Return to Step 30.	RO
	51. (d)	Referral to Designated Officer	RO refers matter to Designated Officer, for complete re-investigation of complaint, including formation of new Panel. Return to Step 18.	RO
	52.	Notification of Outcome	RO notifies party requesting review that appeal is unsuccessful. Process ends here.	RO

Section 13 - Associated Information

(139) For related legislation, policies, procedures and guidelines and any supporting resources, please refer to the Associated Information tab.

Status and Details

Status	Current
Effective Date	4th October 2024
Review Date	4th October 2029
Approval Authority	Governance Officer
Approval Date	30th September 2024
Expiry Date	Not Applicable
Responsible Executive	Abid Khan Deputy Vice-Chancellor (Research and Enterprise)
Responsible Manager	Paul Zappia Associate Director, Research Operations
Enquiries Contact	Research and Enterprise