

# Research Integrity Complaints Management Procedure

## Section 1 - Purpose

- (1) This procedure sets out Charles Sturt University's (the University) response to circumstances where there are complaints that researcher(s) have deviated from the principles and responsibilities set out in the [Australian Code for the Responsible Conduct of Research, 2018](#) (the Code).
- (2) The procedure intends to ensure that research integrity complaints are dealt with efficiently and at an appropriate level of responsibility within the University, by setting out:
- a. an escalating response depending on the severity of the matter
  - b. responsibilities of persons who receive, review, assess or investigate complaints relating to potential breaches of [the Code](#).

### Scope

- (3) This procedure applies to any person, internal or external to the University, who conducts, collaborates, supervises, or supports research as a member of the University community, including:
- a. staff, adjunct staff, students or visitors to the University
  - b. consultants and contractors
  - c. staff and students of partner organisations.
- (4) This procedure does not apply to:
- a. disciplinary matters for staff and students (see instead the [Code of Conduct](#) (for staff) or [Student Misconduct Rule 2020](#) (for students)), or
  - b. complaints regarding the administrative processes of any of the research integrity committees, unless a potential breach of the Code is involved (see instead the [Complaints Management Policy](#) and [Procedure](#)).

## Section 2 - Policy

- (5) Refer to the [Research Policy](#).

## Section 3 - Procedure

### Part A - Overview

- (6) As per the [Research Policy](#), the University adopts the [Australian Code for the Responsible Conduct of Research, 2018](#) (the Code) as its code for the conduct of research.

(7) This procedure aligns with the [Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research \(the Guide\)](#) and:

- a. recommends mechanisms to review complaints with the objective of identifying if a breach of [the Code](#) has occurred
- b. provides guidance on matters that may be considered a breach of [the Code](#) and the seriousness these breaches
- c. includes requirements for record keeping and reporting
- d. requires identification of corrective actions arising from complaint reviews
- e. promotes implementation of mechanisms for all parties involved in a complaint to be appropriately informed and supported.

(8) Complaints will also be managed in accordance with the provisions of the University's [Complaints Management Policy](#). To avoid duplication, this procedure relies on the [Complaints Management Policy](#) for:

- a. complaint management principles
- b. where complaints may be declined
- c. where complaint management may be discontinued
- d. confidentiality
- e. anonymous complaints and complaints made on behalf of another person
- f. misuse of the complaints management process
- g. victimisation
- h. unreasonable complainant conduct.

## General matters

(9) Throughout this procedure all matters to be assessed as potential breaches of [the Code](#) are referred to as complaints (refer to the Glossary for further information).

(10) In addition to the provisions of the [Complaints Management Policy](#), complaints may be declined or discontinued by the designated officer at any stage of the management process. For example:

- a. if the complaint is not within scope of this procedure.
- b. if the complaint meets the provisions of declination or discontinuance under the [Complaints Management Policy](#).

(11) At all stages of the research integrity complaint management process, complainants and respondents are entitled to have a support person in accordance with the University's [Complaints Management Policy](#).

(12) When a person other than the Research Integrity Manager is nominated as the designated officer, the Research Integrity Unit (RIU), may still be required to support the complaint management process.

## Breaches of the Code

(13) Stakeholders must consider whether a complaint potentially constitutes a breach of [the Code](#). Breaches of [the Code](#) are identified in [the Guide](#) and include:

- a. not meeting required research standards
- b. fabrication, falsification, misrepresentation of data or material
- c. plagiarism, including self-plagiarism

- d. failures of research data management and record keeping
- e. failures of supervision
- f. inappropriate attribution of authorship
- g. failure to manage conflicts of interest
- h. inadequate peer review

(14) As set out in [the Guide](#), in circumstances where a breach is found, the seriousness of the breach must be determined. The determination of seriousness is a matter of judgement on the part of the person(s) determining if a breach has occurred. This should include consideration of several factors, including:

- a. the extent of the departure from accepted practice
- b. the extent to which research participants, the wider community, animals and the environment are, or may have been, affected by the breach
- c. the extent to which it affects the trustworthiness of research
- d. the level of experience of the researcher
- e. whether there are repeated breaches by the researcher
- f. whether institutional failures have contributed to the breach, and/or
- g. any other mitigating or aggravating circumstances.

### **Minor breaches**

(15) Minor breaches of [the Code](#) do not require extensive investigation and typically relate to:

- a. research administration
- b. unintentional administrative errors, and/or
- c. clerical error or oversight.

### **Major breaches**

(16) Major breaches of [the Code](#) require comprehensive investigation and typically relate to intentional, reckless or negligent behaviour.

(17) Matters otherwise considered minor breaches may be designated major breaches on evidence of a pattern of repetitive or persistent breach.

### **Research misconduct**

(18) The term 'research misconduct' is reserved for the most serious type of major breach of [the Code](#). Research misconduct means a serious breach of [the Code](#) which is also intentional, reckless or negligent. It includes, but is not limited to:

- a. falsification and fabrication of data or results
- b. repeated or persistent breaches.

(19) Research misconduct does not include:

- a. honest differences in judgement
- b. unintentional errors unless they arise from behaviour that is reckless or negligent.

## Procedural fairness and burden of proof

(20) The management and investigation of potential breaches of [the Code](#) are to be conducted in accordance with the principles of procedural fairness as set out in the [Complaints Management Policy](#).

(21) A determination of a breach of [the Code](#) made under this procedure will be made according to the principle of the balance of probabilities. That is, concluding from the evidence and information provided that the claim being made is more probable than not.

## Part B - Complaint management

### Receiving complaints

(22) Complaints regarding potential breaches of [the Code](#) may be received through a variety of sources, with complainants encouraged to make their complaint in writing to the Research Integrity Unit. Detailed information on this process is set out on the [research integrity web pages](#).

(23) Where a complaint is not made in writing, the complaint may be made verbally to the Research Integrity Manager or the Research Integrity Officer who will record the complaint on behalf of the complainant.

(24) Complainants are not required to identify specific parts of [the Code](#) that are alleged to have been breached.

(25) The University has an obligation positively act in relation to allegations of breaches of [the Code](#), provided there is sufficient information available to assess the nature of a complaint. This provision applies when:

- a. the complainant does not make a formal complaint, or
- b. the complaint is made anonymously, but only where the issues raised are serious.

(26) Once received, complaints are to be acknowledged within three working days and recorded in a register managed by the Research Integrity Unit.

### Initial response to a complaint

(27) The designated officer will determine the risk category of the research activity at the centre of the complaint as early as practicable.

(28) Where appropriate, the designated officer will take immediate reasonable action to protect humans, animals and/or the environment, University property and/or reputation, internal funds or external funds provided by funding bodies, and materials that may be relevant to an investigation. Reasonable actions may include:

- a. suspending approval to conduct research, or
- b. applying prohibitions or conditions on a person's permitted activities.

(29) As soon as reasonably practicable:

- a. relevant research integrity leadership representatives should be consulted or informed on the proposed actions set out above, and
- b. the affected parties' supervisor(s) must be advised of any action taken under the initial response to a complaint so they can manage the involved parties' activities.

### Provisions for high risk research activities

(30) For complaints involving research activities rated as high risk or above, and as soon as reasonably practicable

after receipt, the designated officer is to provide a summary of the complaint and proposed course of short-term action to senior management, including:

- a. Pro Vice-Chancellor Research (Performance and Governance)
- b. Deputy Vice-Chancellor and Vice-President (Research)
- c. Vice-Chancellor
- d. the relevant faculty's Executive Dean or research institute's Executive Director.

(31) For complaints involving research activities rated as high risk or above, progress reports will be submitted to relevant senior management monthly or as otherwise agreed.

### **Provisions for advising third parties**

(32) At any stage in the complaint management process, consideration may also be made of the appropriateness of advising third parties of research integrity complaint management activities. The disclosure to third parties will not affect the principles of procedural fairness unless required by law, policy or procedure. Parties to consider include:

- a. regulators
- b. partner organisations and institutions
- c. individual collaborators external to the University
- d. funding providers, especially where these are external
- e. University insurers.

### **Designated officer initial review**

(33) The designated officer is to undertake an initial review of the complaint. The purpose of this review is to establish:

- a. if the complaint relates to research
- b. the level of risk of the alleged breach
- c. whether sufficient information has been provided. If not, the complainant or other stakeholders may be contacted and asked to provide additional information
- d. whether the complaint appears to be legitimate and relates to a breach of [the Code](#)
- e. whether any of the provisions for declinature or discontinuance under the [Complaints Management Policy](#) apply.

(34) Where possible, the designated officer should consider options for the resolution of research integrity complaints at a local level. Such resolution may apply when the potential breach is minor in nature.

(35) The initial review should be completed within 20-40 working days. Additional time is then required for subsequent stages of the process.

(36) Where the designated officer concludes that the complaint is legitimate but relates to matters other than research, the complaint will be referred to the appropriate area of the University, such as:

- a. Division of People and Culture for:
  - i. complaints of harassment, discrimination, work health and safety, or
  - ii. if a complaint by a staff member is found to be vexatious.
- b. Office of Academic Quality, Standards and Integrity for complaints relating to the academic integrity of students.
- c. Student Conduct team for complaints against students that do not include research or academic activities.

(37) Where the complaint appears to be legitimate and relates to a breach of [the Code](#) involving research approved by any of the research integrity committees, the designated officer may confer with the presiding officer of the committee to determine whether the complaint should be further reviewed at committee level or if the matter warrants the appointment of an assessment officer to conduct a preliminary assessment.

(38) Where the complaint appears to be legitimate and relates to a breach of [the Code](#), and referral to a research integrity committee is not appropriate, the matter will be referred to an assessment officer for a preliminary assessment.

## **Notice of complaint**

(39) Where a complaint is to be referred to an assessment officer and involves a current staff member or current student as the respondent, they will be issued with a notice of complaint.

(40) Where a complaint is to be referred to an assessment officer and involves a person other than a current staff member or current student, a notice of complaint will only be issued at this stage of the review process at the discretion of the designated officer.

(41) The notice of complaint is to set out:

- a. information relating to this procedure
- b. the nature of the complaint
- c. next steps for the University and the respondent
- d. any actions taken by the DO under the provisions of initial response to a complaint above
- e. the support mechanisms available to the respondent.

## **Research integrity committees may resolve minor matters**

(42) Committee review of complaints will be led by an executive member of the committee, or the Animal Welfare Officer.

(43) The lead reviewer may establish a team of committee members to assist in the review process.

(44) The committee review should be completed within 30 working days. Additional time is then required for subsequent stages of the process.

(45) The review process is to follow the principles of procedural fairness and natural justice as set out in the [Complaints Management Policy](#).

(46) Where the review concludes that there has been no breach of [the Code](#) or only a non-recurrent minor breach of [the Code](#), the lead reviewer may make such recommendations as required to improve compliance and prevent recurrence.

(47) A committee may withdraw approval for the conduct of research, or impose conditions on the conduct of research, if this is reasonably warranted.

(48) If the committee review concludes there has been a major breach of [the Code](#), the committee will refer the matter back to the designated officer and provide a written report of the findings.

(49) All correspondence relating to the findings of a committee review of a complaint will be provided to the Research Integrity Officer for record-keeping purposes.

## Preliminary assessment

(50) Preliminary assessments are conducted by an assessment officer. The purpose of a preliminary assessment is to gather and evaluate facts and information to assess whether the complaint, if proved, would constitute a breach of [the Code](#).

(51) The assessment officer must report to the designated officer any real or perceived conflict of interest relating to the complaint or any parties involved so that these can be managed at the time of appointment or any time thereafter.

(52) The assessment officer and designated officer are to agree on a timeline to complete the preliminary assessment.

(53) A preliminary assessment should be complete within 30-60 working days in most instances (excluding any period where the matter is under review by another party, including the respondent). It is acknowledged that time requirements will vary depending on many factors, including complexity, availability of staff, access to records and evidence. Preliminary assessments should, nonetheless, be completed as soon as reasonably practical and as a matter of priority for the assessment officer.

(54) The designated officer will appoint an assessment officer. The assessment officer will be selected from the following:

- a. Executive or Deputy Deans
- b. Executive Director of a research institute
- c. Associate Deans, Research
- d. Sub-Deans, Graduate Studies
- e. Heads of Schools
- f. Director of Research Services
- g. Dean, Graduate Research
- h. Presiding officer or deputy presiding officer of a research integrity committee
- i. A suitable senior officer of the University having the skills and experience relevant to the circumstances of the complaint.

(55) The assessment officer may also be a suitable external consultant with skills and experience relevant to the circumstances of the complaint.

(56) The assessment officer may be selected from an area of the University other than the area of the complaint. This may be desirable to ensure independence and transparency in the review process.

## Gathering information

(57) The assessment officer is to identify, collect, inventory and secure facts and information with the assistance of the Research Integrity Officer.

(58) The assessment officer may seek information or advice from the complainant, discipline experts or other relevant parties to establish and substantiate evidence.

(59) The assessment officer may engage directly with the respondent during a preliminary assessment to clarify the facts and/or information. In this case, the assessment officer notifies the respondent and provides:

- a. sufficient detail for the respondent to understand the nature of the complaint, and
- b. an opportunity to respond in writing within a nominated timeframe. This may include an invitation to meet with the assessment officer, with the option to bring a support person.

(60) Meetings between the assessment officer and respondent must be recorded (usually in writing) and records retained. A copy of the meeting record must be provided to the respondent within 10 working days.

## **Outcomes from the preliminary assessment**

(61) The assessment officer is to provide written advice to the designated officer at the conclusion of the preliminary assessment, including:

- a. a summary of the process that was undertaken
- b. an inventory of the facts and information that was gathered and analysed
- c. an evaluation of facts and information
- d. how the potential breach relates to the principles and responsibilities of [the Code](#) and/or institutional processes, and
- e. recommendations for further action.

(62) The preliminary assessment advice will be considered by the designated officer who determines, on the basis of the facts and information presented, whether the matter should be:

- a. dismissed
- b. resolved locally with or without corrective actions
- c. referred for investigation, or
- d. referred to other institutional processes.

(63) As required by [the Guide](#), where an evaluation of the facts and information collected as part of a preliminary assessment does not support the referral of an allegation of a breach of [the Code](#) for investigation, the following actions should be considered:

- a. If the complaint has no basis in fact (for example, due to a misunderstanding or because the complaint is frivolous or vexatious), then efforts, if required, must be made to restore the reputation of any affected parties.
- b. If a complaint is considered to have been made in bad faith or is vexatious, efforts to address this with the complainant must be taken under appropriate institutional processes.
- c. If any systemic issues are identified, how these will be addressed.

(64) Where a notice of complaint has been sent to the respondent, the designated officer must provide the outcome of the preliminary assessment to the respondent within 10 working days of receipt.

(65) The designated officer will consider whether it is appropriate to send the outcome of the preliminary assessment to:

- a. the respondent, where they were not sent a notice of complaint initially
- b. the complainant.

## **Investigations**

(66) In relation to matters referred for investigation:

- a. investigations involving current staff members will be referred to the Division of People and Culture
- b. investigations involving past staff members may be referred to the Division of People and Culture, or conducted by the Research Integrity Unit
- c. investigations involving current students will be referred to the Office of Academic Quality, Standards and



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- d. investigations involving past students may be referred to the Office of Academic Quality, Standards and Integrity, or conducted by the Research Integrity Unit
- e. where a respondent is both a staff member and a student, the review process will be determined by whether the alleged breach relates to their employment or their conduct as a student.

## Investigations coordinated by the Research Integrity Unit

(67) Investigations coordinated by the Research Integrity Unit are to be conducted in accordance with Section 7 of [the Guide](#).

(68) Investigations involving former students are also to be conducted in consultation with the Office of Academic Quality, Standards and Integrity with consideration of the requirements of the prevailing [Student Misconduct Rule](#).

(69) The designated officer is required to:

- a. prepare a statement of allegation and terms of reference for the investigation panel
- b. nominate a panel, and a panel chair where there is more one person, noting that as the circumstances require panel members may be internal or external to the University
- c. notify all those required to attend or participate in the investigation, in particular the respondent
- d. provide the panel with all relevant documentation
- e. ensure the panel works within the University's processes and [the Guide](#)
- f. schedule meetings and/or hearings, and records interviews if necessary
- g. provide relevant written information to respondent and relevant others, and
- h. assist the panel as reasonably required.

(70) The investigation panel is to:

- a. conduct an investigation which is thorough, robust and free from bias and in accordance with the principles of procedural fairness
- b. complete the investigation into a potential breach of [the Code](#), and
- c. produce a report for the designated officer on the findings of fact and make appropriate recommendations.

(71) The designated officer receives the panel's report and makes recommendations to the responsible executive officer who is subsequently required to:

- a. determine whether a breach of [the Code](#) has occurred
- b. decide on the extent of a breach
- c. decide on a course of action, which may include corrective actions or referral to the other University processes
- d. communicate determinations, including reasons for the determination, by the responsible executive officer to the respondent and, where appropriate, the complainant, and
- e. communicate the affected parties rights of review.

## Rights of review

(72) The recipient of a determination has a right to request a review of the outcome of the investigation on the grounds of procedural fairness.

(73) Students may have a right to request a review under the [University Student Appeals Policy](#).

(74) Where applicable, a party may have a right to request a review by the Australian Research Integrity Committee (ARIC).

## **Additional considerations**

(75) Mechanisms for conducting preliminary assessments and investigations relating to multi-institutional collaborations are to be determined on a case by case basis taking into consideration:

- a. the lead institution
- b. where the complaint was lodged
- c. contractual arrangements
- d. where the events occurred, and
- e. an objective to ensure only one investigation is conducted.

(76) Special consideration needs to be given to international collaborations since research practices and guidelines about the conduct of investigations differ between countries.

(77) The Research Integrity Unit is responsible for building and supporting a culture of continuous improvement in relation to research integrity by establishing local procedures for:

- a. sharing lessons learned from the complaint management process, and
- b. identifying and communicating improvement opportunities to stakeholders.

## **Section 4 - Guidelines**

(78) Nil.

## **Section 5 - Glossary and interpretation**

(79) In addition to the terms defined in the [Research Policy](#), the following definitions apply to this procedure:

- a. Allegation – means a claim or assertion arising from a preliminary assessment that there are reasonable grounds to believe.
- b. Assessment officer – means a person appointed to conduct a preliminary assessment of a complaint.
- c. Breach - means behaviour that fails to meet the principles and responsibilities of [the Code](#) or fails to comply with relevant policies or legislation. May refer to a single breach or multiple breaches.
- d. Complaint (or research integrity complaint) - means a claim or assertion expressing dissatisfaction regarding the conduct of a research activity. Research activities include but are not limited to all activities that require the authority of a University research integrity committee.
- e. Designated officer - means the Research Integrity Manager or another person appointed by the Deputy Vice-Chancellor and Vice-President (Research) to receive complaints about the conduct of research or potential breaches of the Code and to oversee their management and investigation where required.
- f. Executive member of a committee – means a member appointed to the role of presiding officer, deputy presiding officer or alternate deputy presiding officer.
- g. Research integrity committee – means any formally constituted committee within the portfolio of the Research Integrity Unit.
- h. Responsible executive officer – means the Vice-Chancellor, who has final responsibility for receiving reports of the outcomes of investigation of potential or found breaches of [the Code](#) and deciding on the course of actions

to be taken.

- i. Senior officer – means a professional/general member of staff in a position of Level 9 or above, or an academic staff member of Category C, D or E.

(80) In this procedure, unless the contrary intention appears:

- a. as per the [Policy Framework Policy](#), where the word ‘including’ or the phrase ‘for example’ is used, the examples are not intended as an exhaustive list and do not limit the provision to the example(s) stated.

## Section 6 - Document context

Compliance drivers	<a href="#">Higher Education Standards Framework (Threshold Standards) 2021</a> <a href="#">Australian Code for the Responsible Conduct of Research, 2018</a>
Review requirements	As per the <a href="#">Policy Framework Policy</a> .
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