



RESEARCH MISCONDUCT AND COMPLAINTS MANAGEMENT PROCEDURE

Date first approved: 20 September 2017	Date of effect: 20 September 2017	Date last amended: (refer to Version Control Table) 11 October 2021	Date of Next Review: 18 August 2022
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Supporting documents, procedures & forms:	Academic Integrity Policy Code of Practice – Research Conflict of Interest Policy Higher Degree Research (HDR) Student Academic Complaints Policy Public Interest Disclosure Website Records Management Policy Research Data Management Policy Research Integrity and Conduct Policy: Breaches Concerns and Complaints Student Conduct Rules Workplace Health and Safety Policy		
Relevant Legislation & External Documents:	General Retention and Disposal Authority GDA-23 Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research Public Interest Disclosures Act 1994 No 92 Research Integrity and Research Misconduct Policy 2016 State Records Act 1998 The Australian Code for Responsible Conduct of Research (2007) The Australian Code for Responsible Conduct of Research (2018)		
Audience:	Public		

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1 Purpose

1. This procedure:
 - a. Outlines the procedure for handling any concerns, complaints or allegations about the conduct of research undertaken at the University of Wollongong (“the University”).
 - b. Adheres to the guidelines provided by the University’s Research Misconduct and Complaints Management Policy, the National Health and Medical Research Council (NHMRC) and Australian Research Council (ARC).

2 Definitions

Word/Term	Definition (with examples if required)
Breach	Behaviour that fails to meet the principles or responsibilities of the Code, or fails to comply with relevant policies or legislation. May be used to refer to a single breach or multiple breaches.*
DoR	Dean of Research at the University.
DVC (R&I)	Deputy Vice-Chancellor (Research and Innovation)
Processes	Includes reference to policies, procedures, guidelines and standards.*
Research	The creation of new knowledge and/or the use of existing knowledge in a new and creative way so as to generate new concepts, methodologies, inventions and understandings. This could include synthesis and analysis of previous research to the extent that it is new and creative.
Researcher	Staff member, occupational trainees, visiting student, visiting fellow, volunteer, industry fellow, honorary and adjunct title holders, Emeritus Professors, professional staff and all students registered for any course at the University who conduct research at or on behalf of the University.
Research Integrity Adviser (RIA)	Person appointed to provide advice on research integrity to researchers and students in accordance with the Code. This person will have research experience, knowledge of University policies and procedures, external legislation, obligations and familiarity with acceptable research practices. This role does not extend to the investigation or assessment of a complaint or concern.
Research Integrity Office (RIO)	Unit with responsibilities that include the management of responses to breaches of the code at the University.
Staff Member	All persons appointed as an academic or professional staff member of the University, whether they hold full-time, part-time, casual, contract or conjoint appointments.
The Code	National Health and Medical Research Council Australian Code for the Responsible Conduct of Research (active revision).
The University	University of Wollongong.

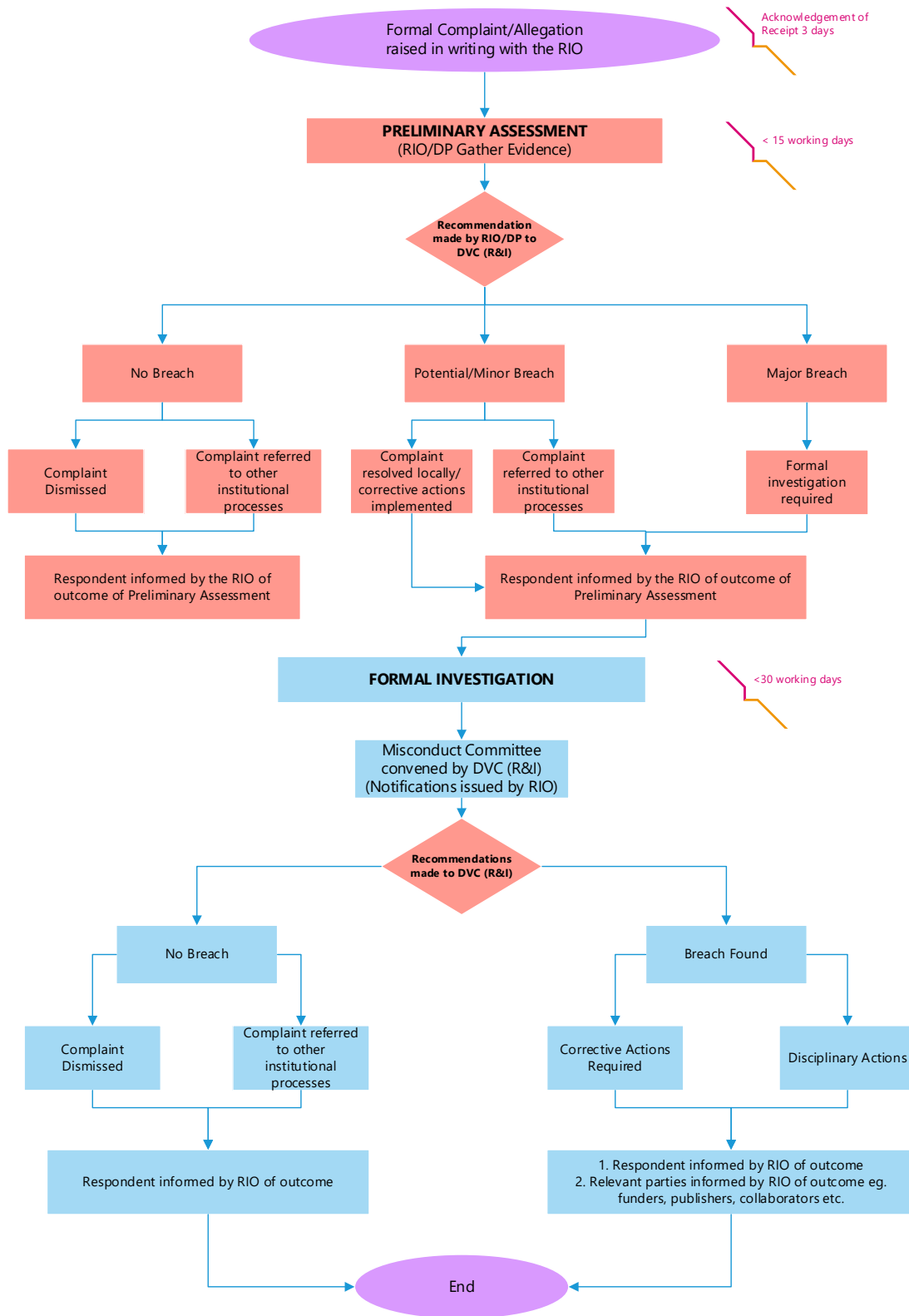


Visiting Fellow	Honorary and visiting fellows appointed by UOW to non-salaried, full-time or fractional positions titled “Associate Fellow”, “Fellow”, “Senior Fellow”, “Principal Fellow”, “Professorial Fellow”, “Visiting Fellow”, or “Research Fellow” who are not Visiting Students or Volunteers.
Visiting Student	A student who undertakes part of their research or training at UOW but who is not registered at UOW.
Volunteer	A person who is not a Fellow, Visiting Student, Staff Member or Student of UOW but is working on a UOW project in a voluntary capacity. An example of a volunteer is someone who is undertaking unpaid work experience at UOW or is doing an internship at UOW. A collaborating colleague from another University or research institution is not a Volunteer.

- As defined by the Code



3 Flowchart





4 Research Misconduct Reporting

1. All staff members, students and visitors have an obligation to report any concerns or complaints in relation to research misconduct in a timely manner. Early intervention is encouraged.
2. Reporting of research misconduct may be a protected disclosure under the [Public Interest Disclosures Act 1994](#).
3. Any person that has a concern in relation to the conduct of research, including potential research misconduct, is encouraged, in the first instance, to consult and seek advice from a designated University Research Integrity Adviser (RIA).
4. The RIA will offer confidential advice to researcher on matters relating to the Code or the University [Code of Practice –Research](#) and shall provide guidance in relation to the proper conduct of research, what constitutes a research misconduct breach and the process for making an allegation pursuant with the University [Research Misconduct and Complaints Management Policy](#).
5. The RIA will explain the actions that are available to the person considering making a formal complaint which may include:
 - a. Referring the matter directly to the person against whom the concern would be made and not progressing further if this referral resolves the concern;
 - b. Referring the matter to a person in a supervisory capacity such as a Head of School, for informal resolution at the Faculty level;
 - c. Progress with making a formal complaint in writing as per this procedure.
6. The RIA will not undertake any investigation or assessment of a concern or complaint and will not make any contact with a person who is the subject of the concern, or participate in any subsequent inquiry.

5 Raising a Formal Complaint

1. All staff members, students and visitors have an obligation to report any concerns or complaints in relation to research misconduct without delay.
2. Formal complaints, concerns or allegations must be made in writing to the Research Integrity Officer (RIO). This should include any available information relevant to the complaint or that may be requested by the RIO during the investigation.
3. Formal complaints received by Faculties, Institutes or other University Division relating to research misconduct, research concerns or complaints and/or a potential breach of the Code must be forwarded to the RIO for action.
4. The RIO is responsible for acknowledging receipt of the complaint within three (3) working days.
 - a. Formal complaints are expected to be raised in good faith. If a person makes an allegation that is frivolous, vexatious or in bad faith, the University may initiate the appropriate disciplinary process against them. Examples of frivolous, vexatious or bad faith allegations include, but are not limited to:
 - b. Fabricating a complaint;
 - c. Making a trivial or petty complaint;
 - d. Making repeated unsubstantiated complaints;
 - e. Seeking to re-visit issues that have been raised and addressed previously; or



- f. Falsifying identity

6 Preliminary Assessment

1. The RIO may need to seek confidential advice to determine any initial action needed to ensure:
 - a. any potential or actual danger/illegal activity or risk is prevented or eliminated; and
 - b. any contractual, legal, regulatory or professional body obligations are fulfilled at the appropriate time, through the correct mechanisms.
2. Urgency provisions may be enacted in instances by the RIO in writing to the Dean of Research (DoR), DVC (R&I) and/or Vice-Chancellor (as appropriate) where the concern/complaint involves:
 - a. a serious risk to the health, safety or welfare of a person, including but not limited to harassment or vilification;
 - b. a serious risk to the security, reputation, viability or profitability of the University's business;
 - c. the possibility of interference with evidence that might relate to the allegations; or
 - d. circumstances considered to be serious enough to warrant immediate action.
3. If the concern/complaint is in reference to:
 - a. more than one person, the issue will be considered separately for each person.
 - b. a student, any attempt to withdraw from University studies by that Research Student will not be valid until the conclusion of any investigation into that allegation; or
 - c. conduct by persons at the University and at other institutions, or research bodies under multi-institutional collaborations, a joint investigation with relevant third parties including other institutions or non-institutional research organisations may be initiated.
4. The RIO will conduct, or engage an appropriate Designated Person (DP) to conduct, a preliminary assessment. The assessment will consider the concern/complaint and all available information, and interview, as required, the person against whom the concern/complaint is made (the "Respondent").
5. Following this investigation the DP will make a determination as to whether the complaint should be:
 - a. dismissed;
 - b. referred to other more appropriate institutional processes for further investigation;
 - c. considered as a minor breach, and if so, recommend subsequent corrective actions to be undertaken (refer to Clause 7); or
 - d. considered as a major breach, and if so, recommend that it be progressed to a formal investigation (refer to Clause 8).
6. The DP will document their findings in writing and notify the RIO. The RIO will review the findings and recommendations in consultation with the Dean of Research (DoR) and DVC (R&I).
7. The DoR and/or DVC (R&I) have the discretion to accept the recommendations (in whole or in part) and to impose the necessary restrictions on the researcher.
8. The RIO will write to the Respondent on behalf of the DoR or DVC (R&I) to inform them of the outcome of the Preliminary Assessment of the complaint and any subsequent actions. A copy of the correspondence will be provided to the appropriate Executive Dean/Director.



9. Every effort should be made to complete the Preliminary Assessment in fifteen (15) working days or less. It is noted that in the instance of more complex matters and/or availability of personnel this may, at times, take longer.

7 Corrective Actions – Potential/Minor Breaches

1. In the event the Preliminary Assessment determines there has been a minor breach of the Code, corrective actions that may be recommended include, but are not limited to:
 - a. counselling or undertaking additional training;
 - b. a formal warning is recorded;
 - c. a formal reprimand is issued;
 - d. a penalty or disciplinary action may be imposed;
 - e. remedial action to rectify the situation;
2. In the event the Preliminary Assessment considers the concern/complaint may constitute misconduct that is unrelated to Research the matter may be recommended to be referred to another process pursuant to the relevant University Policy, Code, Procedure or Enterprise Agreement.
3. In the event the Preliminary Assessment determines there has been a potential major breach of the Code, a formal investigation will be recommended to conduct further investigation on the matter.

8 Formal Investigation – Major Breaches

1. The purpose of a formal investigation by a Committee is to provide the DVC (R&I) with an independent review of the information and advice on what, if any, misconduct has occurred. The DVC (R&I) will determine what, if any, disciplinary actions are required. Any actions must be within the agreed disciplinary process of the University.
2. All Committee hearings must be thorough, robust and free from bias with procedural fairness applied at all times.
3. The RIO will work with the DVC (R&I) to convene the Committee, which may consist of members who are internal and external to the University.
4. In convening the Committee the DVC (R&I) must determine the appropriate number of members and the skills and expertise required. Consideration needs to be given for the following:
 - a. an appropriate level of experience and expertise in the relevant discipline(s);
 - b. whether external members are required (for example if a matter involves other institutions);
 - c. the need for a person with prior investigation experience;
 - d. whether any conflicts of interest preclude some personnel from serving on the Committee;
 - e. gender/diversity of the Committee membership.
5. The Committee will be issued with written appointments and external members provided with assurance and conditions of indemnity by the RIO.
6. The RIO will have responsibility for convening the Committee and:



- a. notifying all attendees of the meeting date and time;
 - b. providing Committee members with all relevant documentation prior to the meeting;
 - c. ensuring the Committee comply within University processes and this procedure.
 - d. scheduling the meeting(s) and record any interviews, minutes etc;
 - e. providing relevant written information to the respondent and any relevant others; and
 - f. assisting the Chair of the Committee with correspondence and follow up paperwork.
7. The RIO will notify the Respondent of the hearing date, time and place, at least ten (10) working days prior to the meeting. This notice will include a clear outline of the allegations and relevant information or evidence.
 8. The Respondent must, within five (5) working days of receiving notification of the Committee hearing date, respond in writing to the RIO to:
 - a. confirm whether or not they will be attending;
 - b. advise of their intention to call witnesses, demonstrating their relevance to the matter; and
 - c. provide a written submission for consideration by the Committee.
 9. The Committee may conduct the hearing in the absence of the Researcher.
 10. The Committee has the right to call witnesses, and must advise the Researcher of this intention prior to the hearing date.
 11. Any evidence brought before the Committee must directly relate to the allegations. The Chair has the discretion to make a determination of the relevance of any evidence brought before the Committee. Additional evidence from experts, witnesses and others, as appropriate, may be sought by the Committee at its discretion.
 12. The RIO will be responsible for the collation and recording of all evidence presented and consulting with those involved including witnesses to be called.
 13. Legal counsel may be engaged to assist the Panel on matters of process only but may not be present during interviews with the respondent, complainant or others who appear before the panel.
 14. Legal counsel should not be engaged to represent any of the parties involved in the investigation.
 15. The Respondent can engage a person such as a member of staff, friend, family member or member of an association to attend the Committee with them with the sole purpose of providing personal support. This person must not represent or speak on the Respondents behalf and should not be a practising solicitor or barrister.
 16. The Committee will conduct the formal investigation and may:
 - a. Ask the DoR or nominee to present the details of the allegation;
 - b. Invite the Respondent to respond to the allegation;
 - c. Review all written submissions;
 - d. Invite witnesses to recount relevant facts and information; and
 - e. Ask the Respondent to make a final statement prior to concluding the hearing.



17. Any documents produced in respect of the Committee investigation and hearing process are considered confidential, and any unlawful breach of this confidentiality may result in disciplinary action.

9 Determination/Findings

1. The Committee needs to consider all evidence presented and whether there are any mitigating circumstances when making its findings.
2. The Committee must prepare a written report that advises of the facts and findings and determines whether a major breach has occurred.
3. Within ten (10) days of the conclusion of the Committee, the Chair must provide a report of the findings of fact to the DVC (R&I), who may recommend that the University imposes remedial action. In the case of rescission, approval is required from University Council. In the case of disciplinary action against a Staff Member, all such actions must be managed pursuant to the relevant Enterprise Agreement.
4. The DVC (R&I) or nominee will write to the Respondent via email and/or registered post advising them of the findings of the Committee and any recommend Remedial Actions and of his or her right of appeal.
5. The DVC(R&I) may notify other relevant parties of the findings of the Committee so far as the outcomes are relevant to those parties, including the Director, Student and Accommodation Services Division, the relevant Executive Dean or equivalent, and the complainant.
6. Every effort should be made to complete the Preliminary Assessment in thirty (30) working days or less. It is noted that in the instance of more complex matters and/or availability of personnel this may, at times, take longer.
7. The DVC (R&I) may, at times refer matters involving students to the Student Conduct Committee. The Student Conduct Committee will then pursue the investigation pursuant to their requisite procedures.

10 Remedial/Disciplinary Actions

1. If the Committee concludes there has been a major breach by the Respondent remedial and/or disciplinary actions may be implemented. This may include:
 - a. Referral to the DVC(R&I) for management pursuant to the relevant Enterprise Agreement (staff)
 - b. Counselling and/or provision of advice to the Respondent;
 - c. Suggested training to be undertaken by the Respondent;
 - d. Rectification of the Breach and if relevant, re-submission of the relevant work;
 - e. Notification to external institutions such as grant or funding providers or home institution if the Respondent is a visitor to the University;
 - f. Probation of Student Candidature;
 - g. Reprimand by the Vice-Chancellor;
 - h. Suspension or termination of a University Scholarship or funding;
 - i. Suspension or termination of the University's appointment;



- j. Exclusion or Expulsion from the University;
- k. Termination of the right to access University campuses, premises and resources; or
- l. Rescission of a Student's degree by the University Council;

11 Appeals

1. Any Respondent against whom an adverse finding is made or upon whom an outcome is imposed under this Procedure may appeal the determination if any of the following grounds are satisfied:
 - a. there is evidence of a breach of procedural fairness; or
 - b. there is new and substantial evidence relating to the concern/complaint that was not previously available or considered by the person or Committee who made the determination.
2. All appeals must:
 - a. be lodged in writing to the RIO within twenty (20) working days of notification of the determination and outcome of the most recent investigation;
 - b. fully state the reasons for the appeal;
 - c. include all relevant documentary evidence to support the appeal; and
 - d. be acknowledged by the RIO within three (3) working days of receipt.
3. The RIO will forward the appeal to the DVC(R&I) to nominate a person who was not involved in the original Formal Investigation process to review the appeal and make a recommendation on whether the appeal holds sufficient grounds and should be either:
 - a. dismissed
 - b. upheld specifying whether any penalty should be imposed; or
 - c. referred back to the Committee for further inquiry and recommendation.
4. The RIO will advise of the outcome of the appeal within a maximum of ten (10) working days of receipt of the final determination.

12 Record Keeping

1. All files relating to cases of alleged Breach or Research Misconduct will be retained and disposed of in accordance with the University [Records Management Policy](#), the [State Records Act 1998](#) and the [General Retention and Disposal Authority GDA-23](#).
2. Records of the investigation may include:
 - a. Investigation plans;
 - b. Evidence and other information gathered;
 - c. Records of investigation meetings;
 - d. Summaries of investigation; and
 - e. Outcomes of investigation.
3. Files relating to cases of alleged Breach or Research Misconduct will be retained and disposed of by:
 - a. the RIO and/or



- b. the Graduate Research School (HDR Student matters); or
 - c. the Director of Human Resources (Staff matters).
4. The Respondent has the right of access to copies of all records relating to the investigation.

13 Confidentiality and Disclosure

1. All documentation produced in respect of the Committee investigation and hearing process are considered confidential and any unlawful breach of this confidentiality may result in disciplinary action.
2. All obligations of confidentiality are subject to any legal requirement regarding disclosure, and any disclosure necessary for the Committee to fully investigate the alleged conduct.
3. The Respondent, Designated Person and Committee will see all information supplied to the Committee and may become aware of its source. In some cases, the identity of the person providing the information may need to remain confidential, and it is the Chair's responsibility to determine this matter.
4. The hearing and associated processes under this Procedure and the University [Research Misconduct and Complaints Management Policy](#) are not protected from formal external legal proceedings and such material may be subpoenaed from the University.
5. Whether a hearing will be public or private is a matter for the Committee to determine on the basis of public interest, provided the Committee has heard the views of all relevant parties on this issue before such a decision is made.
6. The University has an obligation to report certain conduct to authorities outside the University, such as apparent or suspected criminal conduct by a Respondent and corrupt conduct. The Committee should report any conduct that may require mandatory reporting to the DVC (R&I) who shall determine what reporting is required.

14 Roles & Responsibilities

1. The University is responsible for identifying and clearly documenting the roles and responsibilities of all those involved in managing and investigating breaches of the Code.
2. Researchers, Staff and Students are responsible for ensuring their research conduct and practice reflects the principles and responsibilities as defined in the Code and University [Code of Practice – Research](#).
3. Supervisors are responsible for ensuring their staff and students conduct and practice research in compliance with the Code and may assist in the resolution of matters at the School, Faculty, Project or Division level prior to a formal complaint being lodged with the RIO.
4. The Vice-Chancellor and/or DVC (R&I) have the final responsibility for receiving reports on the outcomes and findings arising from this procedure including the outcomes of the preliminary assessment and formal investigation of potential or actual breaches of the code and deciding on the appropriate actions to be taken.
5. Designated Persons are a senior professional or academic member of staff at the University who may be called upon to conduct a preliminary assessment of a complaint or concern about research. This may be the Dean of Research, the Director of the Research Services Office or other personnel as nominated by the VC or DVC (R&I).



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6. Research Integrity Advisers (RIA) are nominated Faculty/Institute representatives that have knowledge of the Code, responsible research practices and all associated policies, regulations, legislation and are able to provide information and guidance to any person that may have a concern about research conduct or practices at the University.
7. The Research Integrity Officer (RIO) is responsible for managing and promoting research integrity at the University. They are the first point of contact for the formal submission of a complaint or concern that relates to the conduct or practice of research at the University. They will:
 - a. facilitate and/or conduct preliminary assessments in consultation with Designated Persons or other institutional experts as applicable;
 - b. be the primary point of liaison with the respondent and other relevant parties;
 - c. secure all evidence and manage records pertaining to concerns/complaints; and
 - d. convene and support formal investigation Committees and disseminate reports to appropriate personnel.



15 Version Control and Change History

Version Control	Date Effective	Approved By	Amendment
1	20 September 2017	Deputy Vice-Chancellor (Research & Innovation)	First Version, created from the 2007 <i>Research Misconduct Policy</i> , this document is updated to reflect the actual process for managing research misconduct at the University. The original document has been split into an overarching policy document and a subsequent procedure.
2	11 January 2021	Deputy Vice-Chancellor (Research & Innovation)	Administrative amendments to reflect divisional and faculty realignments.
3	11 October 2021	Deputy Vice-Chancellor (Research & Innovation)	Removal of Section 6.10. Amend wording Section 8.7: Removal of response period upon outcome of Preliminary Assessment to accord with the NHMRC Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research and to improve time efficiency of process.