BOND UNIVERSITY	**PROCEDURE FOR MANAGING COMPLAINTS OR INFORMATION ABOUT POTENTIAL RESEARCH MISCONDUCT**
Endorsing Policy	Research Misconduct Policy
Procedure Owner	Provost
Contact Officer	Deputy Provost Research
Approval Authority	University Research Committee
Date of Next Review	June 2026

1. PURPOSE AND OBJECTIVES

This Procedure provides the University's framework for reporting and investigating allegations of Breach and Research Misconduct.

2. AUDIENCE AND APPLICATION

This Procedure applies to all persons conducting research as listed in the Research Misconduct Policy.

3. ROLES AND RESPONSIBILITIES

Role	Responsibility
Assessment Officer	▪ Carries out Preliminary Assessment ▪ Prepares Preliminary Assessment Report for consideration by Designated Officer.
Designated Officer	▪ Provides oversight of the management and investigation of any complaint or allegation of Breach or Research Misconduct under the Research Misconduct Policy and this Procedure. ▪ Considers Preliminary Assessment. ▪ Informs Respondent if a decision is made to undertake a Preliminary Investigation. ▪ Report outcomes of Preliminary Investigation to the Responsible Executive Officer. ▪ In consultation with the Organisational Unit Head must inform the Respondent if a decision is made to a Research Misconduct Inquiry. ▪ Inform People & Talent or University Registrar of Research Misconduct Inquiry. ▪ Convenes Research Misconduct Inquiry if instructed by Responsible Executive Officers. ▪ Prepares allegations and terms of reference and determines members of Research Misconduct Inquiry Panel. ▪ Considers Inquiry Report, makes further recommendations as appropriate, and presents it to the Responsible Executive Officer.
Research Integrity Adviser or Associate Dean (Research)	▪ Notifies the Research Integrity Unit when a complaint or concern has been received. Point of contact for: ▪ advice regarding matters within the scope of this Procedure; and ▪ anyone wishing to report an allegation of potential Breach of the Research Code of Conduct Policy or the National Code. The role does not extend to investigation or assessment of the complaint.
Research Misconduct Inquiry Panel	▪ Conducts Research Misconduct Inquiry. ▪ Produces and presents a written report to the Designated Officer.
Responsible Executive Officer	Appoints at least one Research Integrity Adviser from each Faculty. ▪ Convenes Research Misconduct Inquiry Panel to investigate the complaint. ▪ Consider the findings of the Inquiry Panel, determine if the conduct constitutes a Code Breach, and take appropriate action as set out in the Procedure for Managing Complaints or Information About Potential Research Misconduct ▪ Where it is determined a breach of research misconduct has occurred, inform the Vice Chancellor.
Review Officer	▪ Conduct a procedural review of an investigation on the grounds of procedural fairness. A Review Officer should be appointed prior to the inquiry panel undertaking its investigation.

4. MAKING AND RECEIVING COMPLAINTS

4.1. The Complainant should provide all available information relevant to the complaint to the Research Integrity Adviser or Research Integrity Office. Any complaint or concern:

a) Should preferably be in writing;

b) Include any evidence then available to the Complainant;
c) must be made honestly and reasonably.

4.2 A complaint can be made anonymously or by a third party on behalf of the complainant, however, this may limit the University's understanding of the complaint and hamper its ability to investigate the complaint properly and thoroughly.

If the complainant withdraws or elects not to proceed with the complaint, the University retains an obligation to assess the complaint and decide whether to investigate it under this Procedure.

The Research Integrity Unit is to inform the Designated Officer and the Organisational Unit Head of the Respondent about the complaint or concern without undue delay.

Nothing within this Procedure precludes the Designated Officer making reasonable efforts to resolve a complaint or concern provided these actions are consistent with the National Code, Research Conduct Guide, the Research Code of Conduct Policy and this Procedure. This includes dismissing the complaint summarily if satisfied that the complaint:

a) can be more appropriately managed locally with or without corrective action;
b) Lacks substance;
c) Is frivolous or vexatious; or
d) Could not, even if proven, amount to a Breach or Research Misconduct.

5. PRELIMINARY ASSESSMENT

The Preliminary Assessment is an initial procedure that involves the Assessment Officer making discreet enquiries to obtain facts and information, evaluating them, and finally assessing whether the complaint, if proven, would constitute a breach of the Research Code. The assessment should also take into account whether there is enough evidence to proceed. A Preliminary Assessment should be comprehensive and thorough and conducted as expeditiously as possible.

Following receipt of a complaint involving potential Research Misconduct, the Research Integrity Unit is to gather any available information and send it to an Assessment Officer to conduct a Preliminary Assessment. In conducting the Preliminary Assessment, the Assessment Officer is to:

a) contact relevant parties to gather facts;
b) provide enough detail to the Respondent to understand the nature of the complaint and an opportunity to respond in writing within a specified timeframe;
a) consider whether expert advice is needed from other sources, such as researchers from the same or aligned disciplines;
b) consider whether any additional concerns or complaints should be raised with the Respondent as part of the Preliminary Assessment;
c) consider whether the complaint:
    i. has substance as a potential Breach or Research Misconduct and should be further investigated;
    ii. amounts to a Breach that can be more appropriately managed and resolved locally, with or without corrective actions; or
    iii. has no substance or is frivolous or vexatious and warrants no further action.

Upon completion of the Preliminary Assessment, the Assessment Officer is to provide the Designated Officer with a Preliminary Assessment Report that includes:

a) a summary of the complaint and process undertaken;
b) an evaluation of the facts, documents and information gathered including any response from the Respondent;
c) a description of how any alleged Breach relates to the principles and responsibilities outlined in the Research Code of Conduct and /or other University policies, and the seriousness of that Breach; and
d) recommendations for further action, if appropriate.

The Designated Officer is to consider the Preliminary Assessment Report and decide whether, on the balance of probabilities, there has or may have been a Breach and, if so, the seriousness of that Breach. The Designated Officer may decide:

a) that there is no Breach and dismiss the complaint;
b) that the Breach should be resolved locally, with or without corrective action; or
c) that there is substance to the complaint that, if proven, would amount to a serious Breach, but which should be resolved locally, with or without corrective action; or

d) that there is substance to the complaint that, if proven, the Breach would amount to a serious and major Breach which warrants further investigation, either as a preliminary investigation under this Procedure or under another University process.

If the Designated Officer finds that the complaint warrants no further action under:

a) no further action will be taken in relation to the Researcher; and
b) a record of the complaint and the Preliminary Assessment will be retained for governance reporting purposes.

Where the Designated Officer makes a finding:

a) the matter is to be referred to the Organisational Unit Head and the Researcher's supervisor, with a requirement to report back on:
   i. any corrective action taken; and
   ii. any requirements for follow up to ensure any corrective action has been successful; and
b) a record of the Preliminary Assessment and any corrective action(s) will be recorded on the Researcher's staff or student file.

Where the Designated Officer finds that there is substance to a complaint, the Designated Officer is to arrange for a Preliminary Investigation.

The Designated Officer is to notify:

a) The Complainant;
b) The Respondent; and
c) the Organisational Unit Head

of the outcome of the Preliminary Assessment within three (3) business days of making a decision.

Nothing in this section prevents the Designated Officer from proceeding directly to Preliminary Investigation at any time throughout the Preliminary Assessment process.

6. PRELIMINARY INVESTIGATION

6.1. If the Designated Officer decides to hold a Preliminary Investigation, the Designated Officer must notify:

a) the Respondent's Organisational Unit Head;
b) the Respondent; and
c) if the Respondent is a current or past member of University staff, the Chief People Officer; or
d) if the Respondent is a current student or a former student or graduate, the University Registrar.

6.2. The Designated Officer is to conduct a Preliminary Investigation to establish whether a *prima facie* case of Research Misconduct or a Breach exists. The Designated Officer:

a) must be from outside the relevant academic unit;
b) may engage a person from within or outside the University with appropriate expertise to assist with the investigation or provide advice about the process.

6.3. The Designated Officer may interview the Respondent during this process to clarify any facts or information. If so, the Designated Officer must notify the Respondent in writing and give the Respondent:

a) sufficient detail to enable the Respondent to understand the nature of the complaint; and
b) an opportunity to respond in writing within a nominated timeframe and/or to meet with the Designated Officer with the option to bring along a support person (but not an advocate).

6.4. The Designated Officer must keep a record of any meeting with the respondent and any witness and give them a copy of that record.

6.5. Following completion of the Preliminary Investigation, the Designated Officer is to consider the evidence and prepare a Preliminary Investigation Report for decision by the Responsible Executive Officer that sets out:

a) details of the complaint;
b) a summary of the process taken;
c) a summary and analysis of the evidence gathered and considered (including documents and people interviewed);
d) any *prima facie* findings of fact having regard to the evidence (including whether the Respondent has made any admission); and
e) whether and how any potential breach is relevant to the Research Code;
f) recommendations for further action as appropriate, which may include:

i. that that the complaint appears to be a serious and major Breach and should be referred for further investigation by a Research Misconduct Inquiry Panel;
ii. that the complaint appears to be a Breach (and reasons why) but can be managed locally with or without corrective action and without the need to escalate it to a Research Misconduct; or
iii. that the complaint has no substance or is frivolous or vexatious and should be dismissed.

6.6. The Responsible Executive Officer is to consider the Preliminary Investment Report and decide whether:
a) the complaint should be referred for further investigation by a Research Misconduct Inquiry Panel;
b) the breach should be treated as a Breach and referred to the Organisational Head with instructions on corrective action to manage or resolve it; or
c) the complaint has no substance or is frivolous or vexatious and should be dismissed.

6.7. If the Responsible Executive Officer dismisses the complaint:
a) no further action will be taken in relation to the Researcher; and
b) no record of the complaint, the Preliminary Assessment or the Preliminary Investigation will be kept on Researcher's staff or student file.

6.8. If the Responsible Executive Officer decides to make a referral then the Responsible Executive Officer is to:
a) refer the matter to the Organisational Head with instructions:
i. on corrective action to manage and resolve the Breach; and
ii. that the Organisational Head provide a report to the Responsible Executive Officer, within three months (or another suitable deadline) of corrective action taken and any outcome(s); and
b) notify the Respondent in writing of the outcome of the Preliminary Investigation.

6.9. If the Responsible Executive Officer decides that the matter warrants further investigation by a Research Misconduct Inquiry Panel, then the Responsible Executive Officer is to notify the Designated Officer to convene a Research Misconduct Inquiry.

6.10. The Responsible Executive Officer is to notify the Complainant and the Respondent of the outcome of the Preliminary Investigation within five business days of making a decision.

7. RESEARCH MISCONDUCT INQUIRY

7.1. If the Responsible Executive Officer decides to refer a complaint for further investigation by a Research Misconduct Inquiry, the Designated Officer in consultation with the Organisational Unit Head must notify the Complainant, the Respondent and the Chief People Officer or University Registrar, as appropriate, that a Research Misconduct Inquiry is to occur in accordance with the Procedure.

7.2. The Designated Officer is to:
a) prepare a statement of the allegations to be investigated by the Inquiry Panel;
b) develop the terms of reference for the Inquiry;
c) determine the members of the Inquiry Panel which is to consist of no less than three and no more than five persons from outside the relevant academic unit and who:
i. have knowledge and experience in the same or an associated field of research;
ii. are familiar with the responsible conduct of research and the Policy; and
iii. have experience on similar panels, or with related experience or expertise; and
d) decide who shall act as chair of the Inquiry Panel.

7.3. The Designated Officer may, if appropriate, appoint one external member to the Inquiry Panel.

7.4. A person is ineligible for appointment to the Inquiry Panel if that person:
a) is a witness in relation to the complaint;
b) has been involved in any report, investigation or making any decision or giving advice in relation to the complaint; or
c) has a conflict of interest.

7.5. The chair of the Inquiry Panel has power to make a decision or give a direction in relation to procedural matters including to extend a deadline for a short period of time, in addition to any other powers specified in this Procedure.

7.6. An Inquiry Panel:
a) conduct the Inquiry in a thorough manner and complete it as expeditiously as possible;
b) must work within its terms of reference;

c) must work within the University's processes and follow this Procedure;
d) can make inquiries and obtain evidence;
e) can obtain advice or assistance, including legal advice;
f) is not bound by the rules of evidence but must adhere to the principles of procedural fairness;
g) must conduct the Inquiry in a confidential manner;
h) must prepare a Research Misconduct Inquiry Report to provide to the Designated Officer;

7.7. If there is an equality of votes in relation to a finding or recommendation, the chair does not have a casting vote.

7.8. A dissenting finding of fact or recommendation is to be recorded in the Inquiry Report, but the majority finding or recommendation constitutes the finding or recommendation of the Inquiry Panel and is final and binding as such.

7.9. When the Inquiry Panel commences the Inquiry, it must notify the Respondent and:
a) give sufficient particulars of the allegation(s) to enable the Respondent to respond to the allegations;
b) invite the Respondent to a meeting with the Inquiry Panel and specify the time, date and place;
c) include in the notice statements to the following effect:
    i. that if the Respondent admits the allegation, then sanctions may be applied;
    ii. that the Respondent is entitled to produce evidence and nominate witnesses for interview;
    iii. that the Respondent may bring along a support person or an advocate to the interview, but subject to the requirements set out in clause 7.13;
    iv. that if the Respondent fails to attend the interview without reasonable excuse then the Inquiry Panel will proceed to complete its investigation without interviewing the Respondent;
d) enclose a copy of, or include an electronic link to, the Research Misconduct Policy and this Procedure.

7.10. The Inquiry Panel must:
a) ensure the Respondent has been correctly identified;
b) confirm whether the Respondent admits, does not admit, or denies the allegation;
c) give the Respondent a reasonable opportunity to respond to the allegation and any evidence;
d) consider all available evidence about the allegation and make findings of fact based on any relevant evidence;
e) decide whether any or all of the allegation(s) are proven on the balance of probabilities, and:
    i. if so, determine whether these amount to a breach or Research Misconduct; or
    ii. if not, dismiss the allegation(s).

7.11. During the Inquiry, the Respondent is entitled to a reasonable opportunity to:
a) call witnesses to give evidence on their behalf;
b) respond to any evidence;
c) resent any evidence or give oral or written statements or submissions; and
d) subject to this Procedure, question witnesses.

7.12. A Respondent does not have an automatic right to question witnesses and the chair of the Inquiry Panel may direct a witness be questioned through the chair or by using another format, such as teleconferencing, and with or without the Respondent present if satisfied on reasonable grounds that:
    i. the witness will be, or is being, subjected to irrelevant or unreasonable questions; or
    ii. there appears to be a risk to the health, safety or welfare of that witness.

If this occurs, the Respondent must be given details of the substance of that witness' evidence and a reasonable opportunity to respond to it.

7.13. While the principles of procedural fairness do not include a right to legal representation, the Inquiry Panel may permit a legal or another specialist advocate to represent the Respondent but only on the basis that this does not unreasonably disrupt or extend the timeframe of the Research Misconduct Inquiry. The Respondent may choose to attend or not and may be accompanied by a support person.

7.14. Following the Inquiry, the Inquiry Panel is to prepare and send to the Designated Officer a Research Misconduct Inquiry Report that sets out:
a) details of the allegations;
b) a summary of the process taken;
c) a summary and analysis of the evidence gathered and considered (including a list of documents reviewed and people interviewed);

d) any findings of fact on the balance of probabilities having regard to the evidence and consistent with the Inquiry Panel's terms of reference;
e) whether any of those findings of fact amounted to a Breach and/or Research Misconduct;
f) whether and how any Breach and/or Research Misconduct is relevant to the Research Code of Conduct;

7.15. If appropriate, the Inquiry Panel is to also prepare a separate report for the Designated Officer that details and makes recommendations for any systemic or institutional problems or issues identified during the course of the Inquiry.

7.16. The Designated Officer is to consider the Research Misconduct Inquiry Report and any additional report provided (collectively, "Inquiry Findings and Recommendations") make any other recommendations considered appropriate and present it to the Responsible Executive Officer.

7.17. Upon receipt of the final report and recommendations from the Designated Officer, the Responsible Executive Officer may:

a) determine that there has been no Code Breach and dismiss the allegation;
b) determine that there has been no Code Breach and refer it to other institutional processes;
c) determine that the conduct the subject of the allegation constitutes a Code Breach and take all efforts to correct the public record (if required), and take appropriate action;
d) determine that the conduct the subject of the allegation constitutes Research Misconduct and take all efforts to correct the public record (if required), and:
    i. in the case of staff, refer the matter to the Chief People Officer or
    ii. in the case of a student, refer the matter to the Chair, Graduate Research

to determine the appropriate course of action and advise the Respondent/s and the Complainant accordingly.

8. DEFINITIONS, TERMS, ACRONYMS

Assessment Officer	A Research Integrity Advisor selected by the Designated Officer. Must not be associated with the Organisational Unit where the complaint is directed.
Breach	Means behaviour by a researcher that fails to meet the principles or responsibilities of the Bond University Research Code of Conduct Policy or fails to comply with relevant policies or legislation. May refer to a single breach or multiple breaches. A less serious breach is one that: ▪ is an honest error and minor or unintentional; ▪ is not repeated or continuing behaviour; and ▪ can be appropriately managed and resolved locally with or without corrective action. Examples of breaches of the BU Research Code are set out in Schedule 1 of the Research Misconduct Policy.
Complainant	An individual who makes a complaint or allegation that a Researcher has committed a Breach or Research Misconduct.
Designated Officer	Chair, Bond University Human Research Ethics Committee (BUHREC) or delegate.
National Code	*Australian Code for the Responsible Conduct of Research 2018*
Organisational Unit Head	Executive Dean, Centre Director or equivalent.
Preliminary Assessment	An initial assessment of a complaint about a potential Breach or Research Misconduct conducted by an Assessment Officer.
Preliminary Assessment Report	The report prepared by the Assessment Officer following a Preliminary Assessment.
Preliminary Investigation	An investigation of a complaint about a potential Breach or Research Misconduct conducted by a Designated Officer under this Procedure, following a Preliminary Assessment.

Preliminary Investigation Report	The report prepared by the Designated Officer following a Preliminary Investigation.
Research Integrity Advisor	Persons with research experience, knowledge of the University's policy and management structure, and familiarity with accepted practices in research who is appointed to provide advice on research integrity to researchers and students in accordance with this Procedure.
Research Integrity Office	Office of Research Services. Provides education and advice on responsible conduct of research to all staff, research students, and provides support to Research Integrity Advisers. Develops and manages processes related to the responsible conduct of research.
Research Misconduct	A serious breach of the *Australian Code for the Responsible Conduct of Research 2018* which is also intentional, reckless or negligent. See Schedule 1 of the Research Misconduct Policy for examples.
Research Misconduct Inquiry or Inquiry	An inquiry conducted in accordance with the Research Misconduct Policy and this Procedure.
Research Misconduct Inquiry Panel or Inquiry Panel	A panel convened in accordance with the Research Misconduct Policy and this Procedure to conduct a Research Misconduct Inquiry
Research Misconduct Inquiry Report	The report prepared by the Inquiry Panel following a Research Misconduct Inquiry.
Researcher	Current or past employed staff member, adjunct staff member, academic title holder, visiting fellow or student of the University who conducts or has conducted research at the University or in the University's name.
Respondent	An individual subject to a complaint about a potential breach of the Research Code of Conduct Policy or the National Code.
Responsible Executive Officer	Provost or delegate.
Review Officer	A senior officer not fulfilling any of the roles described above with responsibility for receiving requests for a procedural review of an investigation.

9. AFFILIATED POLICIES, GUIDELINES AND FORMS

Research Misconduct Policy (RES 4.5.5)
Academic Integrity Policy (TL 3.5.2)
Academic Staff Dispute Resolution Policy (HR 2.10.2)
Research Code of Conduct Policy (RES 4.5.1)
Research Data Management and Sharing Policy (RES 4.2.1)
Academic Staff Termination Policy (HR 2.8.7)
Academic Staff - Workplace Investigation Policy (HR 2.8.8)
Copyright Compliance Policy (TL 3.8.1)
Intellectual Property Policy (RES 4.3.1)
Bond University Human Research Ethics Policy (RES 4.5.2)
Bond University Animal Research Ethics Policy (RES 4.5.3)
Student Grievance Management Policy (SS 5.8.1)
Student Review and Appeals Procedure
Higher Degree by Research Programs Policy (RES 4.4.4)
HDR Programs Procedure

10. MODIFICATION HISTORY

Date	Sections	Source	Details
June 2025	All	Deputy Provost Research	Major rewrite
17 July 2017			Date first approved (attached to Policy)