

Research Integrity Complaints Procedure

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Purpose

This procedure describes how the University manages research integrity complaints or concerns, including potential breaches of the *Australian Code for the Responsible Conduct of Research 2018* (the Code).

Applicable governance instruments

Instrument	Section	Principles
<i>University of Tasmania Staff Agreement 2021-2025</i>	Part G - Managing Performance	N/A
<i>Student Academic Integrity Ordinance</i>	All	N/A
<i>Academic Promotions, Honorary and Adjunct Titles Policy</i>	2 - Academic Honorary and Adjunct Titles	2.4
<i>Behaviour Policy</i>	All	All
<i>Research Policy</i>	2 Responsible Conduct of Research	2.1 - 2.2
<i>Compliance Policy</i>	2 Conflict of Interest	2.1-2.2
<i>Data and Information Governance Policy</i>	1 Privacy	All
<u>Australian Code for the Responsible Conduct of Research</u> (National Health and Medical Research Council, Australian Research Council, Universities Australia; 2018) (the Code)	All	N/A
<u>Higher Education Standards Framework (Threshold Standards) 2021</u>	5.2 – Academic and Research Integrity	N/A
<u>Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research, 2018</u> (the Investigation Guide)	All	N/A
<u>National Statement on Ethical Conduct in Human Research</u> (National Health and Medical Research Council, Australian Research Council, Universities Australia, 2023)	All	N/A
<u>Australian Code of Practice for the Care and Use of Animals for Scientific Purposes</u> (National Health and Medical Research Council, Commonwealth Scientific and Industry Research Organisation, Australian Research Council, Australian Vice-Chancellors' Committee, 8 th Edition 2013, updated 2021)	All	N/A
<i>Personal Information Protection Act 2004 (Tas)</i>	Part 3 - Personal Information Protection Principles	N/A
<i>Privacy Act 1988 (Cth)</i>	Part 3 – Information Privacy	N/A

Procedure

1. Background

- 1.1. This procedure is aligned with the [Australian Code for the Responsible Conduct of Research 2018](#) (the Code) and the associated [Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research, 2018](#) (the Investigation Guide), related legislation, regulations, and guidelines, as well as applicable University policies and procedures.
- 1.2. The University is responsible for providing mechanisms to receive concerns or complaints about potential breaches of the Code, and investigate and resolve those potential breaches. Refer to Appendix 1 for institutional roles.
- 1.3. This procedure applies to:
 - a) anyone who is involved in the conduct of research under the auspices of the University including employees, undergraduate students, postgraduate students, adjunct, clinical, associate title holders, visiting fellows and scholars and the University's controlled entities and partnerships
 - b) anyone who has a concern or complaint regarding research conduct involving the University.
- 1.4. This procedure does not apply to complaints or concerns relating specifically to Higher Degree by Research (HDR) theses or candidature requirements, which are progressed under the *Student Academic Integrity Procedure*. If a matter concerns an HDR candidate but it relates to other research matters, including inappropriate research activities, supervision, or issues relating to research outputs, then the matter is progressed under this procedure.

2. Research integrity breaches

- 2.1. A research integrity breach is defined as a failure to meet the obligations of the Code. It may refer to a single breach or multiple breaches. Refer to Appendix 2 for examples of research integrity breaches.
- 2.2. The University recognises that breaches of the Code occur on a spectrum. Breaches are classified as minor, moderate or major. The seriousness of a breach of the Code will be determined on a case- by- case basis, with due consideration of the contributing factors outlined in Appendix 3.
- 2.3. Research misconduct is defined as a potential breach of the Code, likely moderate or major, which is also intentional or reckless or negligent.



Source: [Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research 2018](#), National Health and Medical Research Council, Australian Research Council and Universities Australia. Commonwealth of Australia, Canberra.

- 1.1. Once a breach has been substantiated, the outcome will depend on the seriousness of the breach and any mitigating factors, assessed on a case-by-case basis. In general:
 - a) A minor breach will generally result in educative outcomes only, such as guidance or training.
 - b) A moderate or major breach may have more serious consequences such as the appointment of a mentor, additional reporting requirements, formal censure, demotion, referral for termination of HDR candidature, suspension of pay, or termination of employment. Where applicable, the outcome will be determined in accordance with the University of Tasmania Staff Agreement.
- 1.2. Unintentional administrative errors, clerical errors, or oversights are not considered a breach of the Code. If such an error is identified, it can be rectified at the local level, and does not require any action under this procedure.

3. Process overview

- 3.1. Once a complaint or concern has been raised (Section 5), there are three stages in the management of a case, with each stage being a potential endpoint:
 - a) Initial evaluation of the concern or complaint (Section 6).
 - b) Assessment of the concern or complaint (Section 7) (referred to as a 'preliminary assessment' in the [Investigation Guide](#)).
 - c) Investigation of the concern or complaint (Section 8).
- 3.2. Where a breach may amount to a public interest disclosure, the complaint will be referred to a University Public Interest Disclosure Officer for assessment. The Public Interest Disclosure Officer will:
 - a) manage the matter under the *Public Interest Disclosure Procedure* where it is determined to be Public Interest Disclosure, or
 - b) refer the matter back to this Procedure where it is determined not to be Public Interest Disclosure.
- 3.3. The following considerations guide all stages in the management of a complaint or concern:
 - a) Confidentiality

The confidentiality of all persons involved must be maintained where possible. If required to manage or resolve a complaint or concern, information may be shared, or input sought from other internal and external parties subject to any privacy requirements. Complainants and respondents are also expected to maintain confidentiality.

Research integrity initial evaluations, assessments and investigations are confidential. Confidentiality is critical to the integrity of an assessment, and it is for this reason that the University does not provide copies of assessment reports. Complainants will be provided with the appropriate information, as per clause 3.3(c)(i).
 - b) Conflicts of Interest

All staff involved in a case will declare when they have a conflict of interest. Where a conflict of interest has been identified, the matter will be declared and managed as per the *Conflicts of Interest and Gifts and Benefits Declarations Procedure*.
 - c) Communication

The Research Integrity Office will ensure the appropriate level of involvement and communication with a complainant throughout an assessment and/or investigation, based on the extent to which they may be affected by the outcome of those processes:

- i. Complainants who may be directly affected by the outcome will be provided with relevant information to provide assurance that their complaint is being, or has been, considered appropriately, subject to privacy requirements.
- ii. Complainants who have only a general concern in the matter will be provided with sufficient information to convey the outcome.

d) Procedural Fairness

The principles of procedural fairness (as defined in the [Investigation Guide](#)) will be applied to all aspects of the management of a potential breach of the Code, including any assessment or investigation, noting that:

- i. The principles of procedural fairness do not include a right to legal representation.
- ii. A Panel convened under Section 9 to investigate an allegation of research misconduct will consider whether to permit legal or specialist representation on a case-by-case basis.

e) Support

The Research Integrity Office will ensure that complainants and respondents are informed of available resources to support their welfare throughout the course of an assessment or investigation process, including the use of a support person where appropriate. A support person is intended to provide assistance to the complainant or respondent, rather than taking on an advocacy position. Support services are available for complainants and respondents who are staff or students at the University:

- i. Current staff can utilise the University Employee Assistance Program.
- ii. Current students can utilise the University counselling services.

Complainants and respondents not affiliated with the University are encouraged to utilise external support services, if required.

f) Timeframes

Best endeavours will be made to act on and respond to complaints in such a way as to minimise unnecessary delays, recognising that assessing complaints is often complex and requires careful consideration. Where timeframes need to be extended, all parties will be informed, while also ensuring that appropriate supports are in place.

3.4. Immediate action may be taken at any stage during the consideration of a complaint or as otherwise permitted under the *University of Tasmania Staff Agreement 2021-2025*, to:

- a) minimise the risk of harm to humans, animals, or the environment; and
- b) safeguard research data and records, University property, internal or external funds provided by funding bodies and materials that may be relevant to an investigation.

Actions taken may require referral or notification to external agencies or trigger other institutional responsibilities and processes.

3.5. Where the University and one or more other institutions receive a complaint relating to the same research integrity matter, the Research Integrity Office will consult with other institutions to determine which is best placed to conduct the research integrity review process.

The findings and recommendations of an assessment and investigation conducted by an institution other than the University may be adopted, provided that the process and outcomes are consistent with the [Investigation Guide](#) (recognising that the other institution's employment or student disciplinary agreements may contain specific binding obligations that deviate from the [Investigation](#)

Research Integrity Complaints Procedure
[Guide](#)). Those findings and recommendations will be provided to the University's Responsible Executive Officer for consideration and action.

4. Informal resolution of research disagreements

- 4.1. Where a matter is a disagreement between researchers and not yet a complaint about a potential breach of the Code, the parties should make a good faith effort to resolve the matter informally.
- 4.2. Informal resolution attempts may include:
 - a) an initial consult with a Research Integrity Advisor;
 - b) an informal meeting in a neutral and private location with the other person(s) involved;
 - c) assisted resolution at the organisational unit level, with the support of a third party from within the University, such as the person's line manager Head of Academic Unit or Senior Academic Leader with research experience.
 - d) if the matter relates to authorship, the authorship dispute section of the *Authorship Procedure* may be applied.
- 4.3. A record and written confirmation of the process and any outcomes should be made, and a copy retained by each party.
- 4.4. Where a matter cannot be resolved informally or where a potential breach is revealed through the process, a complaint should be lodged in accordance with Section 5.

5. Raising a concern or making a complaint

- 5.1. A potential breach can be self-reported by the respondent or raised by the Research Integrity Office under this procedure on its own motion, without a complainant.
- 5.2. Anyone who has reasonable grounds to believe that a potential breach of the Code has occurred should raise the complaint promptly.
- 5.3. A complaint must be:
 - a) made responsibly, in good faith and without malice, and should not be false or frivolous
 - b) based on facts that have not been substantially the subject of a previous complaint made by the same complainant that has already been considered and that may meet the definition of a breach of the Code.
- 5.4. Complaints should be made via the University's [Safe and Fair Community Unit reporting system](#), or via email to Research.Integrity@utas.edu.au.
- 5.5. In making a complaint, complainants should:
 - a) Where possible, raise the complaint or concern in writing (as this assists in ensuring that the matter is clearly documented).
 - b) identify the person against whom the allegation is being made, noting a complaint can be self-reported
 - c) identify the type of breach alleged to have occurred
 - d) identify relevant details as accurately as possible, including the dates and places of occurrence for the potential breach and
 - e) provide as much supporting evidence as possible.

- 5.6. Complaints can be submitted confidentially via the University's [Safe and Fair Community Unit reporting](#) system. As appropriate, the Safe and Fair Community Unit will refer the complaint to the Research Integrity Office with the complainant's information marked as anonymous. Anonymity may limit the extent to which the complaint can be assessed.

6. Initial evaluation stage

- 6.1. Upon receipt of a complaint, the Designated Officer will:
- a) undertake an initial evaluation as discreetly and expeditiously as possible, without necessarily referring to the respondent(s), to determine:
 - i. if a complaint relates to a potential breach of the Code;
 - ii. if the complaint is reasonably the responsibility of the University; and
 - iii. whether the complaint falls within the scope of this procedure or within another relevant framework, including whether it is a public interest disclosure
 - b) ensure appropriate and effective communication with the complainant occurs in accordance with clause 3.3(c)(i)
 - c) if required, take immediate action in accordance with clause 3.4.
- 6.2. In undertaking the initial evaluation, the Designated Officer or their nominee may, i subject to the confidentiality requirements outlined in clause 3.3(a), engage with the complainant, the respondent or other relevant stakeholders to inform the appropriate consideration of the complaint.
- 6.3. Where the Designated Officer determines the complaint represents a potential breach of the Code, the complaint will proceed to an assessment in accordance with Section 7.
- 6.4. Where the Designated Officer determines the complaint does not represent a potential breach of the Code, the complaint may be dismissed or referred to other institutional processes such as, staff or student conduct processes, as appropriate.

7. Assessment stage

- 7.1. The University's assessment stage is referred to as a 'preliminary assessment' in the [Investigation Guide](#).
- 7.2. The purpose of the assessment is to collect and evaluate facts and information to determine whether a complaint, if proven, would constitute a breach of the Code.
- 7.3. The Designated Officer will refer the complaint to an appropriate Assessment Officer to conduct the assessment.
- 7.4. The Designated Officer will inform the respondent that the University has received a complaint or concern and that an assessment process has been initiated. Where the respondent has left the University and no longer has an active University email address, all reasonable effort will be made to make contact.
- 7.5. In conducting the assessment, the Assessment Officer will:
- a) identify, collect, document, and secure relevant facts and information; and
 - b) consider the need to consult with the following individuals as appropriate:
 - i. the complainant and respondent to collect or clarify facts, information or documentation;

- ii. the Designated Officer and other relevant institutional stakeholders to seek advice;
 - iii. internal or external experts, subject to the confidentiality requirements outlined in clause 3.3(a), to provide specific or independent advice to facilitate the assessment.
- 7.6. Where the Assessment Officer determines that it is necessary to discuss the complaint with the respondent during the assessment to clarify facts and information, the Assessment Officer will notify the respondent and provide them with:
 - a) sufficient detail to understand the nature of the complaint;
 - b) an opportunity to respond in writing, within 10 working days; and
 - c) an invitation to attend a meeting with the Assessment Officer to discuss the complaint. If a meeting with the respondent is held, the Assessment Officer will provide a summary of the interview to the respondent.
- 7.7. Upon completion of the assessment, the Assessment Officer will provide a written report to the Designated Officer that includes:
 - 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 the facts and information;
 - d) an explanation of how the potential breach relates to the principles and responsibilities of the Code and institutional processes; and
 - e) recommendations for further action.
- 7.8. The Designated Officer will consider the advice and determine, based on the facts and information provided in the Assessment Officer's report, whether the complaint be:
 - a) dismissed, with no breach identified, with or without educative actions, and further actions considered in accordance with Section 10
 - b) resolved locally, generally as a minor breach, with or without corrective or educative actions, and further actions considered in accordance with Section 10
 - c) referred to the Responsible Executive Officer to proceed with an investigation in accordance with Section 8. Generally, this occurs when the assessment findings indicate a potential moderate or major breach has occurred, where research misconduct is evident, or when a case cannot be resolved under an assessment.
 - d) referred to other institutional processes, as appropriate.
- 7.9. Once the determination has been made, the Designated Officer will communicate the outcome, as appropriate, to the respondent, complainant and other relevant stakeholders.
- 7.10. All reasonable effort will be made to conclude the assessment within a timeframe of 12 weeks from the assessment commencement date. The Research Integrity Office will communicate with the complainant and respondent as required during this period. If the assessment is ongoing after the initial 12 weeks, both the complainant and respondent will receive periodic case updates at intervals of four weeks.

8. Investigation stage

- 8.1. Following a determination that a matter be referred to investigation, the Designated Officer will:
- a) determine the applicable University instrument, policy or procedure under which an investigation is to be performed in accordance with clause 8.2
 - b) prepare the statement of allegations of any potential breach of the Code;
 - c) seek advice from other areas of the University, as appropriate;
 - d) provide a recommendation on how to proceed with the investigation to the Responsible Executive Officer for approval.
- 8.2. Where the respondent is a:
- a) student, the investigation will be conducted in accordance with the relevant behaviour or academic integrity ordinance, policy or procedure;
 - b) University employee to which the *University of Tasmania Staff Agreement 2021-2025* applies, the investigation will be conducted in accordance with that Agreement.
 - c) University adjunct, clinical or title holder, visiting scholar, visiting research fellow, University employee to whom the *University of Tasmania Staff Agreement 2021-2025* does not apply, or has left the University, then the investigation will be conducted in accordance with Section 9 of this procedure.
- 8.3. Where a respondent has multiple affiliations with the University, the respondent will not undergo multiple investigations for the one matter. The appropriate pathway for investigation will be determined based on which of the respondent's affiliations the complaint relates to (for example, if the respondent is a staff member and a student, and the complaint arises out of the respondent's employment, the investigation will be conducted under the Staff Agreement, as per 8.2(b)).
- 8.4. If new concerns arise during the investigation that involve individuals not named in the original complaint, the Designated Officer will determine whether these should be investigated as part of the original complaint, under a new, separate process or, where appropriate, referred an alternative process.

9. Investigation under this procedure

- 9.1. Following a determination that a matter be referred to investigation under this procedure, the Designated Officer will notify the respondent, and provide them with:
- a) sufficient detail to enable the respondent to understand the precise nature of the allegations, and to properly consider and respond to them
 - b) 10 working days to respond in writing to the allegations and
 - c) an invitation to attend a meeting with the Responsible Executive Officer to discuss the allegations and the respondent's response.
- 9.2. After receipt of the respondent's response to the allegations, the Responsible Executive Officer may:
- a) dismiss the complaint if satisfied that the complaint is not substantiated
 - b) refer the matter to an Investigation Panel in accordance with clause 9.3, if the allegation requires further investigation due to insufficient evidence or case complexity, noting this may be required even where the breach is admitted by the respondent or

- c) determine that no further investigation is required as the breach is admitted and the precise nature of the allegations is understood. The Responsible Executive Officer would then:
 - i. require corrective or educative actions be taken; or
 - ii. refer the matter to another institutional process for consideration of disciplinary actions as appropriate.

- 9.3. Where the Responsible Executive Officer determines that the complaint requires further investigation, the Designated Officer will:
- a) request the Responsible Executive Officer nominate an Investigation Panel (the Panel) in accordance with clause 9.6.
 - b) notify the respondent and provide them with the composition of the Panel and the opportunity to raise any concerns about the Panel membership within 10 working days.
- 9.4. The role of the Investigation Panel is to make findings of fact, to assess whether a breach of the Code has occurred, the extent of the breach and make recommendations to the Responsible Executive Officer.

Preparing for the investigation

- 9.5. After the Responsible Executive Officer determines that an investigation is required, the following steps should be taken:
- a) preparation of a clear statement of allegations
 - b) development of the terms of reference for the investigation
 - c) nomination of the investigation panel, including a chair
 - d) seek advice from other areas of the University, as appropriate

Composition of the Investigation Panel

- 9.6. In nominating the Panel, the Responsible Executive Officer will consider:
- a) the expertise and skills required, including:
 - i. an appropriately qualified Chair
 - ii. appropriate level of experience and expertise in the relevant discipline
 - iii. the need for a person with prior experience of similar panels or relevant experience
 - iv. knowledge and understanding of research integrity and related processes.
 - b) the appropriate number of members
 - c) the diversity of members required, including gender
 - d) the need for members to be free from conflicts of interest or bias.
- 9.7. The Responsible Executive Officer may adjust the Panel membership in response to concerns raised by the respondent, where a perceived or actual conflict of interest might be viewed as influencing the impartiality of the Panel.
- 9.8. During the investigation, Panel members must ensure that relevant interests are disclosed and managed. If an interest cannot be managed, for example, where a perceived or actual conflict of interest might be viewed as influencing the impartiality of the Panel, relevant Panel members must be recused.

Conducting the investigation

- 9.9. The Panel will convene, develop an investigation plan, and conduct the investigation in keeping with the principles of procedural fairness, the *Behaviour Policy*, the terms of reference, institutional process, the [Investigation Guide](#) and the Code.
- 9.10. If the respondent chooses not to respond or appear before the Panel where requested, the investigation will continue in their absence.
- 9.11. The complainant may be given the opportunity to see relevant evidence used in the investigation (e.g., if they are directly affected by the investigation), subject to privacy requirements.
- 9.12. All those asked to give evidence are to be provided with relevant, and if necessary de-identified, information including:
 - a) the schedule of meetings they are asked to attend
 - b) the relevant parts of the terms of reference for the investigation, if appropriate
 - c) advice as to how the Panel intends to conduct interviews
 - d) whether they may be accompanied by a support person
 - e) advice about whether the interviews will be recorded
 - f) whether an opportunity will be provided to comment on matters raised in the interview
 - g) disclosing interests
 - h) the confidentiality requirements
 - i) the Panel's procedures.
- 9.13. The Panel is to determine whether, having regard to the evidence and on the balance of probabilities, the respondent has breached the Code. To do this, the Panel:
 - a) will assess the evidence (including its veracity) and consider if more may be required
 - b) may request expert advice to assist the investigation
 - c) will arrive at findings of fact about the allegation
 - d) will identify whether the principles and responsibilities of the Code have been breached
 - e) will consider the seriousness of any breach
 - f) will provide a report into its findings of fact consistent with its terms of reference
 - g) will make recommendations as appropriate.

Outcomes from the investigation

- 9.14. On completing the investigation, the Panel will prepare a written report, including findings of fact and any recommendations, to be submitted to the Responsible Executive Officer, who will provide the report to the respondent and invite them to:
 - a) respond in writing within 10 working days
 - b) attend a meeting with the Responsible Executive Officer to discuss their response to the investigation outcome and recommendations.
- 9.15. Following completion of the requirements at clause 9.14, the Responsible Executive Officer will advise the respondent that either:
 - a) the complaint is not substantiated and dismiss the matter

- b) the complaint is substantiated and an outcome to be imposed based on the seriousness and extent of the breach, in accordance with the relevant procedure and/or terms of appointment, or
- c) the complaint has been referred to other institutional processes.

9.16. The Designated Officer will:

- a) communicate the decisions and actions as determined by the Responsible Executive Officer, to the complainant. The investigation report or summary of relevant information will be provided to the complainant if they will be affected by the outcome (subject to privacy requirements)
- b) inform other parties such as funding bodies, agencies, authorities or other institutions as required; and
- c) take any relevant actions in accordance with Section 10.

9.17. The findings of an investigation must be actioned appropriately, even where a respondent ceases their relationship with the University prior to or during an investigation. This may include appropriate and lawful disclosure, correction of the research record, or referral of the matter to the respondent's primary institution.

9.18. The respondent and complainant must be informed of their right to request a review of the investigation in accordance with Section 11.

10. Finalising complaint processes

- 10.1. In all situations where matters are dismissed, appropriate steps to restore the reputation of the respondent may be warranted.
- 10.2. Where a complaint is found to have been made in bad faith, is vexatious or frivolous, actions may be taken by the University to address this with the complainant, in keeping with appropriate institutional processes.
- 10.3. Where any systemic issues are identified, the Responsible Executive Officer will refer these as appropriate within the University to ensure they are addressed.
- 10.4. Where appropriate, efforts or actions should be undertaken to correct the public record of research including research outputs.
- 10.5. In all situations where a research integrity matter relates to research involving an external partner or funding by an external body, reporting to external bodies by the Research Integrity Office will be in accordance with their policies and agreements.

11. Requesting a review of an investigation

- 11.1. A respondent or complainant may apply for a review of an investigation on the grounds of procedural fairness.
- 11.2. Applications for a review will be considered by the Review Officer, who is appointed by the Responsible Executive Officer. The Review Officer will be a person who has no conflict of interest with the complainant and respondent, and who has not been involved in the complaint or concern.
- 11.3. Applications for a review must be made in writing to the Designated Officer within 10 working days of receiving the outcome of the investigation, and should:
 - a) clearly outline the procedural fairness grounds relied upon; and
 - b) include any supporting material or documentation.

- 11.4. Upon receipt of an application for a review, the Designated Officer will:
 - a) acknowledge receipt of the application and provide the applicant with information about the review process; and
 - b) refer the application to the Review Officer to conduct the review.
- 11.5. On completion of the review, the Review Officer will provide a review report to the Responsible Executive Officer that recommends either :
 - a) the original decision be upheld
 - b) the original decision be withdrawn, or
 - c) a process commences for correcting or addressing any procedural fairness failings of the original investigation.
- 11.6. The Designated Officer will communicate the outcomes of the review to the respondent and complainant and take any relevant actions in accordance with Section 10. Additional reviews will not be considered.
- 11.7. In addition, respondents and complainants are entitled to seek an external review of an investigation conducted in accordance with this procedure by the Australian Research Integrity Committee and/or the Tasmanian Ombudsman.

12. Unacceptable behaviour, corrupt conduct and/or criminal behaviour

- 12.1. Where research conduct might constitute inappropriate behaviour and conduct (as defined in the [Behaviour Policy](#)), the matter should be reported to the Designated Officer for referral for assessment under the University's *Behaviour Policy* and *Behaviour Procedure* as appropriate. The Designated Officer will engage with appropriate areas of the University, such as the Safe and Fair Community Unit (SaFCU) or People and Wellbeing, to facilitate alignment of processes if required.
- 12.2. If at any point it appears research conduct might constitute corrupt conduct or criminal behaviour, the matter must be reported to the Designated Officer who is to immediately notify the Director Risk in accordance with the University's Fraud and Corruption Control Plan.
- 12.3. Where an external agency chooses to investigate, the Designated Officer will seek advice about whether internal processing of the complaint as a potential breach of the Code can continue and, if so, with what authority and parameters, if any.
- 12.4. Following completion of an external investigation, the University will consider if there are outstanding matters relevant to the Code to be addressed internally, and may decide to initiate further internal processing.

13. Inconsistency with Workplace Agreements and this Procedure

- 13.1. In the event of any inconsistency between the *University of Tasmania Staff Agreement 2021-2025* and this Procedure concerning definitions and/or procedures regarding misconduct involving University staff, the *Staff Agreement* will prevail.

Related procedures

Authorship Procedure

Behaviour Procedure

Student Academic Integrity Procedure

Conflicts of Interest and Gifts and Benefits Declarations Procedure Honorary

Academic Titles Procedure

Public Interest Disclosure Procedure

HDR Supervision and Academic Support Procedure

Versions

Currency of procedures is confirmed annually from the date of last amendment. For the details of when this procedure was last confirmed as current, visit the [version history page](#).

Version	Action	Approved by	Business Owner/s	Approval Date
1	Approved	Deputy Vice-Chancellor (Research)	Director, Academic Quality and Standards	13 August 2021
2	Approved	Deputy Vice-Chancellor (Research)	Executive Director, Research Operations	11 August 2022
3	Approved	Deputy Vice-Chancellor (Research)	Executive Director, Research Operations	4 August 2023
4	Approved	Deputy Vice-Chancellor (Research)	Executive Director, Research Operations	30 July 2024
5	Approved	Deputy Vice-Chancellor (Research)	Executive Director, Research Operations	7 May 2025
6	Approved	Deputy Vice-Chancellor (Research)	Associate Director, Research Performance and Analysis	23 July 2025

Appendix 1: Investigation and Management Roles

Key roles in the management of potential breaches are:

Responsible Executive Officer	Deputy Vice-Chancellor Research (DVCR)	Final responsibility for receiving reports of the outcomes of processes of assessment or investigation of potential or found breaches of the Code and deciding on the course of action to be taken.
Designated Officer	Manager, Research Integrity Unit	Receives complaints about the conduct of research or potential breaches of the Code and oversees their management and investigation where required.
Assessment Officer	Senior staff member, senior researcher, or nominated equivalent	A person requested by the Designated Officer to conduct an assessment of a complaint about research conduct in the context of the Code. The Designated Officer may also act as the Assessment Officer.
Research Integrity Advisor	University appointed network of Research Integrity Advisors	A person or persons with knowledge of the Code and institutional processes nominated by the University to promote the responsible conduct of research and provide advice to those with concerns or complaints about potential breaches of the Code.
Investigation Panel	Appointed by the Responsible Executive Officer	One or more appropriately qualified persons appointed by the Responsible Executive Officer to investigate whether a breach of the Code has occurred.
Research Integrity Office	Research Services	Responsibility for the management of research integrity at the University.
Review Officer	Senior officer at the University not fulfilling any of the roles described above	A person responsible for receiving requests for a procedural review of an investigation of a breach of the Code

Appendix 2: Examples of research integrity breaches

Examples of a breach include, but are not limited to:

- a) not meeting required research standards
 - i. conducting research without ethics approval as required by the [National Statement on Ethical Conduct in Human Research](#) and the [Australian Code for the Care and Use of Animals for Scientific Purposes](#)
 - ii. failing to conduct research as approved by an appropriate ethics review body
 - iii. conducting research without the requisite approvals, permits or licences
 - iv. misuse of research funds
 - v. concealment or facilitation of breaches (or potential breaches) of the Code by others
- b) Fabrication, falsification, misrepresentation
 - i. fabrication of research data or source material
 - ii. falsification of research data or source material
 - iii. misrepresentation of research data or source material
 - iv. falsification and/or misrepresentation to obtain funding
- c) Plagiarism
 - i. plagiarism of someone else's work, including theories, concepts, research data and source material
 - ii. duplicate publication (also known as redundant or multiple publication, or self-plagiarism) without acknowledgment of the source
- d) Research data management
 - i. failure to appropriately maintain research records
 - ii. inappropriate destruction of research records, research data and/or source material
 - iii. inappropriate disclosure of, or access to, research records, research data and/or source material
- e) Supervision
 - i. failure to provide adequate guidance or mentorship on responsible research conduct to researchers or research trainees under their supervision
- f) Authorship
 - i. failure to acknowledge the contributions of others fairly
 - ii. misleading ascription of authorship including failing to offer authorship to those who qualify or awarding authorship to those who do not meet the requirements
- g) Conflicts of interest
 - i. failure to disclose and manage conflicts of interest
- h) Peer review
 - i. failure to conduct peer review responsibly

Appendix 3: Breach severity matrix guide

This table is intended to provide guidance on the severity of a breach. Additional factors not included here may influence the breach severity, and subsequently, this table is only intended as a guide.

	Nil	Minor	Minor/moderate	Moderate/major	Major
Extent of the departure from accepted practice	Negligible departure; accidental or unintentional	Minor departure (unintentional)	Two minor departures (unintentional)	Three or more minor departures (unintentional); One minor departure (intentional); One moderate departure (unintentional)	One or more moderate departure (intentional); Any major departure
Extent to which research participants, the wider community, animals and the environment are, or may have been, affected by the breach	No effect	Negligible affect to research participants, the wider community, animals or the environment	Minimal affects to a few research participants, the wider community, animals or the environment	Minimal affects to a moderate number of research participants, the wider community, animals or the environment; or moderate affects to a minimal number of research participants, the wider community, animals or the environment	Minimal affects to a large number of research participants, the wider community, animals or the environment; or serious affects to a minimal number of research participants, the wider community, animals or the environment
Extent to which it affects the trustworthiness of research	No effect	Negligible effect on the trustworthiness of research	Minimal effects on the trustworthiness of research	Moderate effects on the trustworthiness of research	Trustworthiness of research severely compromised
Level of experience of the researcher	Higher Degree by Research Candidate; non-academic position	Early-career researcher (level A-B)	Mid-career researcher (level C)	Senior researcher (level D)	Senior researcher (level E)
Whether there are repeated breaches by the researcher	No past breaches	One past minor breach	Two past minor breaches	Three past minor breaches, or one moderate breach	Four or more past minor breaches, two or more moderate breaches, or any major breach, or any research misconduct
Whether institutional failures have contributed to the breach	Irrefutably acceptable institutional failures	Strong or clear institutional failures	Several institutional failures	Few institutional failures	No institutional failures