

 <p>QIMR Berghofer Medical Research Institute</p>	<p>Procedures for Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research</p>	Effective: 30/07/2024
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CONTENTS

1 PURPOSE.....2

2 SCOPE.....2

3 DEFINITIONS.....2

4 BREACHES OF THE CODE4

5 REPORTING A COMPLAINT ABOUT A POTENTIAL BREACH OF THE CODE5

6 MANAGEMENT OF COMPLAINTS ABOUT POTENTIAL BREACHES OF THE CODE6

7 PRELIMINARY ASSESSMENT.....8

8 INVESTIGATION.....10

9 NOTIFICATION REQUIREMENTS AND ADDITIONAL CONSIDERATIONS18

10 REFERENCES.....19

11 CONTACT OFFICER20

12 AMENDMENT HISTORY20

APPENDIX 1: COMPLAINTS FORM FOR COMPLAINANTS22

APPENDIX 2: SUMMARY OF THE PROCEDURE FOR DEALING WITH COMPLAINTS..23

APPENDIX 3: CHECKLIST GUIDE AND STEPS FOR MANAGING A COMPLAINT ABOUT A POTENTIAL BREACH OF THE CODE24

1 PURPOSE

- 1.1 QIMR Berghofer considers Complaints about a potential breach of the Code a serious matter. These Procedures set out the steps to follow when individuals wish to report a concern and the process followed by the RIO when receiving and resolving the concerns.
- 1.2 These Procedures are to be read in conjunction with the following documents:
- QIMR Berghofer [Policy on the Responsible Conduct of Research and Research Misconduct](#);
 - QIMR Berghofer [Appointments to Roles under the Policy on the Responsible Conduct of Research and Research Misconduct](#)
 - The [Australian Code for the Responsible Conduct of Research \(2018\)](#) or any subsequent published revision thereof (the *Code*); and
 - The [Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research \(2018\)](#) or any subsequent published revision thereof (the *Guide*).

2 SCOPE

- 2.1 These Procedures apply to all Institute Personnel including those involved in any preliminary assessment or investigation, such as investigation panel members or other contractors or consultants engaged for the purposes of these procedures.

3 DEFINITIONS

Assessment Officer	An appropriately qualified member of the Research Integrity Office appointed by the DO to conduct the preliminary assessment.
The Code	The Australian Code for the Responsible Conduct of Research (2018) or any subsequent published revision.
Complaint	A Complaint about a potential breach of the Code refers to a concern that is raised or identified relating to one or more Researchers conducting research that is not in accordance with the principles and responsibilities of <i>the Code and the QIMR Berghofer Policy on the Responsible Conduct of Research and Research Misconduct</i> . These can be made either verbally or in writing.
Complainant	An individual who has made a Complaint about a potential breach of the Code; the Complainant may or may not also be a Witness.
Corrupt Conduct	As defined in section 15 of the <i>Crime and Corruption Act 2001</i> .
CCC	Crime and Corruption Commission
Council	The Council of the Queensland Institute of Medical Research constituted under the QIMR Act.
CPO	Chief People Officer
Designated Officer (DO)	The Designated Officer (DO) is a senior member of the QIMR Berghofer research Personnel, or another appropriately qualified person, appointed by the Director and CEO to receive complaints about the conduct of research and to oversee their management and investigation where required. Where the DO has a real or perceived conflict of interest, an alternate will be

	<p>appointed.</p> <p>Information about the current appointed DO can be located in the QIMR Berghofer <i>Appointments to Roles under the “Policy on the Responsible Conduct of Research and Research Misconduct”</i>.</p>
Director and CEO	The most senior officer at QIMR Berghofer who has responsibility for receiving reports of the outcomes of processes of assessment or investigation of potential or found breaches of the Code or Research Misconduct and deciding on the course of action to be taken.
Disciplinary action	Disciplinary action includes corrective actions, up to and including dismissal or termination of an appointment, for Respondents who are employees of the Institute and for Respondents who are not employees of the Institute (such as visiting, affiliate and honorary scientists and students) in response to substantiated breaches of the Code including Research Misconduct.
Guide	Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research (2018) or any subsequent published revision.
Institute	QIMR Berghofer Medical Research Institute
Misconduct	Misconduct is unacceptable behaviour or conduct by an employee on a one-off or ongoing basis. Misconduct includes behaviour or conduct that is inconsistent with QIMR Berghofer’s Code of Conduct, or a breach of QIMR Berghofer’s policies and procedures, or in breach of an obligation under legislation, but which is not severe enough to constitute Serious Misconduct. Misconduct can include behaviour or conduct in a private capacity that reflects seriously and adversely on QIMR Berghofer.
NHMRC	National Health and Medical Research Council.
Personnel	All Institute employees, volunteers, Council Members, Animal Ethics Committee and Sub-Committee Members, students, Visiting Scientists, Honorary Scientists, Emeritus Scientists, affiliates and consultants engaged to assist the Institute with preliminary assessments or investigations conducted pursuant to these procedures.
Procedural Fairness	<p>Means acting fairly in administrative decision making and using a fair and proper procedure when making a decision.</p> <p>The principles of procedural fairness are also referred to as natural justice, and apply to managing and investigating potential breaches of the Code. The principles are based on three rules:</p> <ol style="list-style-type: none"> 1. <i>The hearing rule</i> – The Respondent has an opportunity to be heard; 2. <i>The rule against bias</i> – decision makers do not have a personal interest in the outcome; and 3. <i>The evidence rule</i> – decisions are based on evidence.
Public Interest Disclosure	This is a concern of wrongdoing that meets the criteria outlined in the Institute’s Public Interest Disclosure Policy and Procedures.
Research	An RIA is a staff member appointed by the Institute to promote the responsible

Integrity Advisor (RIA)	<p>conduct of research and provide confidential advice to those with concerns or complaints about potential breaches of the Code, who may be considering whether to make a complaint. RIAs will explain the options available to the individual considering making or having made a complaint. RIAs do not investigate complaints, or contact the person who is the subject of the complaint or their supervisor.</p> <p>The appointed RIAs are from different career stages, Research Programs and diverse backgrounds to accommodate the needs of different researchers and promote peer-to-peer opportunities as per NHMRC’s Research Integrity Advisors: A Guide supporting the Australian Code for the Responsible Conduct of Research.</p> <p>Reference should be made to the Appointments to Roles under the Policy on the Responsible Conduct of Research and Research Misconduct to see who the current Research Integrity Advisors are. Alternative, visit the Institute’s Research Integrity Intranet page.</p>
Research Integrity Office (RIO)	<p>The RIO comprises Personnel with responsibility for managing the research integrity process at the Institute.</p> <p>The duties of the RIO include carrying out a preliminary assessment of a complaint or allegation about issues of research conduct.</p> <p>Reference should be made to the <i>Appointments to Roles under the Policy on the Responsible Conduct of Research and Research Misconduct</i> to determine who the current Research Integrity Officers are. Alternatively, visit the Institute’s Research Integrity Intranet page.</p>
Respondent	<p>An individual who is the subject of a Complaint about a potential breach of the Code.</p>
Serious Misconduct	<p>Serious Misconduct is Misconduct that would make it unreasonable for QIMR Berghofer to continue with an employee’s employment contract. Serious Misconduct includes: (a) wilful or deliberate behaviour by an employee that is inconsistent with the continuation of the contract of employment; (b) conduct that causes serious or imminent risk to (i) the health or safety of a person; or (ii) the reputation, viability or profitability of QIMR Berghofer’s business; (c) Research Misconduct; (d) theft; (e) fraud; (f) assault; (g) being intoxicated at work; and (h) refusing to comply with a lawful and reasonable direction.</p>
Witness	<p>An individual who has personally seen, has knowledge or evidence of alleged research misconduct.</p>

4 BREACHES OF THE CODE

- 4.1 As set out in more detail in the Institute’s Policy on the Responsible Conduct of Research and Research Misconduct, a breach of the Code is defined as a failure to meet the principles and responsibilities of the Code, and may refer to a single breach or multiple breaches.
- 4.2 It is recognised that breaches of the Code occur on a spectrum, ranging from minor (less serious) to major (more serious). Repeated or persistent breaches will likely constitute a serious breach.
- 4.3 Research Misconduct is defined as a serious breach of the Code which is also intentional, reckless or negligent. Fabrication, falsification and plagiarism are types of breaches that are commonly recognised as being undertaken intentionally or recklessly and are examples of

Research Misconduct. Repeated or persistent breaches of the Code which are otherwise minor, may also reach the threshold of Research Misconduct.

- 4.4 Any disciplinary action for substantiated complaints of conduct in breach of the Code or Research Misconduct may amount to Misconduct or Serious Misconduct and may be referred for assessment and disciplinary action in accordance with this procedure.

5 REPORTING A COMPLAINT ABOUT A POTENTIAL BREACH OF THE CODE

5.1 Lodgement of Complaint

5.1.1 A Complainant may:

- Meet with a Research Integrity Advisor (RIA) to discuss a possible Complaint and obtain confidential advice. Outcomes of the discussion may include:
 - Not proceeding, if the Complaint is not related to a potential breach of the Code;
 - Making a written Complaint to the RIO or DO by following the format of the Complaint Form in Appendix 1 to these Procedures or submitting the Complaint via the [Institute's Research Integrity intranet page](#); or
 - The Complaint being referred to another department within the Institute (e.g. People and Culture).
- Make a Complaint directly to the RIO with sufficient relevant detail to enable a preliminary assessment to be conducted. If the Complaint is written, where possible, it should be made on the Complaints Form in Appendix 1 to these Procedures or submitting the Complaint via the [Institute's Research Integrity intranet page](#); or
- Make an anonymous complaint through use of the 'Your Call' system. The process for using the Your Call system is available on the ['Raising Concerns at the Institute' intranet page](#). The "Your Call" system is designed to protect the identity of persons raising concerns regarding potentially dishonest activities or wrong doing at the Institute. If a Complainant wishes to make a complaint about Research Misconduct that is a public interest disclosure, the Complainant is entitled to the protections given under the *Public Interest Disclosure Act 2010* (Qld) and the Institute's Public Interest Disclosure Policy.

5.1.2 Any actual, potential or perceived conflict of interest with the DO or RIO Personnel receiving the Complaint, should be raised by the Complainant to the Director and CEO, eg. if the Complaint is about the DO. Note that, in accordance with the Policy, the lack of an identified Complainant does not make the RIO the Complainant and does not create any actual, potential or perceived conflict of interest in the RIO assisting to manage and investigate the potential breach.

5.1.3 The conflict of interest will be assessed and managed in accordance with the Institute's Conflict of Interest Policy and Procedures and a management plan will be implemented as appropriate. For example, if a direct conflict of interest with the DO is assessed to exist then an alternative DO will be appointed by the Director and CEO.

5.1.4 If there is any actual, potential, or perceived conflict of interest with the Director and CEO in deciding the Complaint, eg. if the Complaint is about the CEO, it will be dealt with under the direction of the Council.

5.2 Details of Complaint

5.2.1 The Complainant should provide all information they hold pertinent to the Complaint.

5.2.2 The Complainant is not, however, required to identify parts of the Code or relevant

processes that may have been breached.

5.3 Protection from adverse consequences

- 5.3.1 The Institute has ultimate responsibility for ensuring the Complainant is protected from any reprisal action arising from having made the Complaint. This includes carefully managing matters where a power imbalance exists between the Complainant and the Respondent and ensuring that the identity of the Complainant remains confidential in accordance with the Public Interest Disclosure Policy, where applicable (subject to disclosures permitted under the law).
- 5.3.2 The Institute will not tolerate reprisal or threatening behaviour and any reprisals will be assessed in accordance with the Institute's Misconduct and Unsatisfactory Performance Policy and the Public Interest Disclosure Policy, as applicable.

5.4 Confidentiality

- 5.4.1 All Complaints must be treated as confidential and disclosures of confidential information must not be made except in limited circumstances where required. This means the identities of the Complainants and Respondents will be limited to those who need to know. To avoid compromising the assessment, anyone involved in managing a complaint must not share information unless required to do so for the effective management of the Complaint. This also assists in ensuring that the Institute can provide the appropriate protections to Complainants, Respondents and Witnesses, including the protections given under the *Public Interest Disclosure Act 2010 (Qld)* and the Institute's Public Interest Disclosure Policy, where applicable.

It may be necessary for QIMR Berghofer to disclose information to relevant authorities or bodies, including but not limited to the Minister, the Queensland Parliament, the CCC, external funding bodies or pursuant to the *Right to Information Act 2009 (Qld)*.

In the case of substantiated Misconduct or Serious Misconduct, QIMR Berghofer may be required to make a public statement where necessary to protect QIMR Berghofer's business or reputation or in response to media enquiries.

Researchers involved in processes under this Procedure must not discuss the allegations or investigations outside the confines of the process.

6 MANAGEMENT OF COMPLAINTS ABOUT POTENTIAL BREACHES OF THE CODE

- 6.1 The RIO or DO will confirm receipt of the Complaint in writing within seven (7) days.
- 6.2 Upon receipt of a Complaint, the RIO will discuss the matter with the Legal Office. As appropriate, the Legal Office will undertake an assessment for Corrupt Conduct and provide advice to the Director and CEO on whether the matter should be referred to the CCC.
- 6.3 If the matter is referred to the CCC by the Director and CEO, no further action will be taken in relation to the Complaint until the CCC responds to the Institute. It is important to note that where a Complaint is made of suspected Corrupt Conduct, it must be managed in accordance with the Public Interest Disclosure Policy and Procedures in parallel to this procedure and the Institute must follow any directions issued by the CCC.
- 6.4 On completion of the process at 6.2 - 6.3 above, the RIO will refer the matter to the DO to decide how to proceed with the Complaint subject to any directions by the CCC. A summary of the procedure for dealing with Complaints is outlined in Appendix 2 to these Procedures.
- 6.5 The RIO will follow the checklist guide in Appendix 3 to these Procedures to manage Complaints.

6.6 The DO will decide on how to progress the Complaint according to the Table below:

Determination about Complaint	Outcome
The Complaint is not related to a potential breach of the Code	Complaint may be dismissed or may be referred to other departments at the Institute for assessment e.g. People and Culture.
The Complaint is related to a potential breach of the Code	Complaint proceeds to a preliminary assessment.
The Complaint is not to be dealt with or not to be investigated any further because the Complaint: <ul style="list-style-type: none"> • has already been investigated or dealt with by another process. • relates to another institution. 	Complaint dismissed or referred to the other relevant institution.

6.7 The Institute has an obligation to assess Complaints **regardless** of whether a Complainant wishes to proceed with the Complaint. In such cases, there will be no active Complainant and the RIO (or its staff) will not be taken to be the Complainant.

6.8 Throughout the investigation or management of a Complaint, the welfare of both the Complainant and Respondent are key concerns for the Institute and each will be supported in accordance with the Public Interest Disclosure Procedures, as appropriate.

6.9 The RIO will engage with the Complainant, Respondents and Witnesses, as appropriate, to request further information relating to the Complaint, provide information relating to the Complaint and ensure that the risks of reprisal action are appropriately managed.

The extent of the information to be provided to the Complainant will depend on the circumstances of the Complaint and the extent of the impact of the conduct on the Complainant.

6.10 If the Complaint proceeds to a preliminary assessment, the RIO must consider whether notification to the NHMRC or other relevant funding bodies is required. Further information relating to notification to the NHMRC can be found in the NHMRC Research Integrity and Misconduct Policy or as otherwise outlined in funding body agreements.

6.11 If the Respondent is a Group Leader or in a position responsible for the oversight of research/research projects, the Institute may make adjustments while the Complaint is being managed. For example, the Institute may assign an interim Group Leader to ensure that research can continue with minimum disruption and continued oversight.

6.12 A summary of the roles and functions of officers involved in the consideration and management of Complaints is as follows:

Role	Functions
Director and CEO	<ul style="list-style-type: none"> • Responsible for decisions relating to referrals of Complaints to the CCC.
Designated Officer (DO)	<ul style="list-style-type: none"> • Determines whether the Complaint relates to a potential breach of the Code and whether the matter

	<p>proceeds to a preliminary assessment.</p> <ul style="list-style-type: none"> • Ensures appropriate communication with the Complainant and Respondent occurs, subject to requirements of the Public Interest Disclosure Policy and Procedure (where applicable). • Considers notification to the NHMRC or other funding bodies or agencies.
Research Integrity Officer	<ul style="list-style-type: none"> • Receives Complaints and liaises with the DO and Legal Office. • Gathers information as outlined in Appendix 3 of these Procedures. • Ensures appropriate communication with the Complainant and Respondent occurs subject to the requirements of the Public Interest Disclosure Policy and Procedure (where applicable). • Prepares preliminary assessment report for consideration by the DO.
Legal Office	<ul style="list-style-type: none"> • Maintain records of decisions made relating to Corrupt Conduct • Provision of advice on corrupt conduct, procedural fairness, insurance and other legal issues as they arise through the management of a Complaint.

7 PRELIMINARY ASSESSMENT

7.1 Purpose of the preliminary assessment

The purpose of the preliminary assessment is to gather and evaluate facts and information in order to assess whether the Complaint, if proven, would constitute a breach of the Code.

7.2 Conduct of the preliminary assessment

- 7.2.1 The principles of Procedural Fairness will always be applied when undertaking a preliminary assessment or investigation. Preliminary assessments and investigations must be thorough, robust and free from bias.
- 7.2.2 The preliminary assessment process is overseen by the DO and conducted by an Assessment Officer. The Assessment Officer consults with the DO and other relevant Personnel within the Institute and ensures records of the preliminary assessment are prepared and retained.
- 7.2.3 At the start of the preliminary assessment, the Assessment Officer will engage with the Legal office to assess risks involved with the complaint and provide advice to the RIO on the legal implications of the Complaint (see clauses 6.2-6.3).
- 7.2.4 During the preliminary assessment, the Assessment Officer:
- Identifies, collects, inventories and secures facts and relevant information and evidence, including journals, lab books, research data etc;
 - Liaises with the Respondent, if required, to clarify the facts or information in which case the Assessment Officer will provide the Respondent with:
 - sufficient details to understand nature of complaint; and

- an opportunity to respond in writing within a reasonable time-frame; and
- an option of bringing a support person when invited to meet with the Assessment Officer.
- Liaise with other relevant parties as appropriate to discuss the matter and clarify facts and/or information. In particular, the Assessment Officer:
 - considers whether an expert should be engaged to provide specific and/or independent advice about the collection and storage of facts and information; and
 - considers the need to involve other institutions in the matter, for example where a collaborative research project reaches across multiple institutions and jurisdictions (see section 9.6).

7.2.5 On completion of the preliminary assessment, the Assessment Officer will prepare a written report to the DO, which will include a summary of the process that was undertaken, an inventory of the facts and information around the Complaint that was gathered and analysed. In addition, the Assessment Officer will conduct an evaluation of the facts and information, an assessment of whether the potential breach relates to the principles and responsibilities of the Code and institutional processes, and recommendations for further action, including whether the case should be referred for investigation or dismissed.

7.2.6 Factors that will be considered when determining the seriousness of the Breach of the Code include:

- The extent of the departure from accepted practice;
- The extent to which research participants, the wider community, animals and the environment are, or may have been, affected by the breach;
- The extent to which the breach affects the trustworthiness of research;
- The level of experience of the Researcher;
- Whether there is evidence that the breach of the Code is intentional, reckless and/or negligent;
- Whether there is evidence of previous or repeated breaches by the Researcher;
- Whether institutional failures have contributed to the breach of the Code; and
- Any other mitigating or aggravating circumstances.

7.3 Outcomes from the preliminary assessment

7.3.1 The preliminary assessment report will be considered by the DO to determine whether the matter should be:

- dismissed as not warranting further investigation;
- resolved without need for investigation;
- referred for investigation; or
- referred to other Institute departments or another Institute for further action.

7.3.2 Where an evaluation of facts and information collected as part of a preliminary assessment does not support a referral of a Complaint relating to an allegation of a breach of the Code for investigation or alternate investigation process, the following actions will be considered:

- 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;
- If the Complaint is considered to have been made in bad faith or is vexatious, efforts to

address this with the Complainant should be taken under the Institute’s Misconduct and Unsatisfactory Performance Policy and;

- Addressing any systemic issues that have been identified.

7.3.3 If the Respondent leaves the Institute before, during or following a Complaint, the Institute has a continuing obligation to assess the Complaint in order to ensure that research meets appropriate standards of research quality and integrity. As such, it is important to identify any appropriate corrective actions, any other parties that may be complicit, reckless or negligent, or any other necessary steps.

7.3.4 The Institute will, if appropriate, provide written outcomes in a timely manner to the Respondent and the Complainant at the conclusion of a preliminary assessment.

7.3.5 The DO will notify the Institute’s Director and CEO and Council of the outcomes of the assessment.

7.3.6 If the preliminary assessment has taken, or will take, more than twelve (12) weeks from the date of receipt of the Complaint, then notification is required to be made to the NHMRC.

7.4 Summary of the preliminary assessment

7.4.1 A summary of the roles and functions of officers involved in the preliminary assessment is as follows:

Role	Functions
Designated Officer (DO)	<ul style="list-style-type: none"> • Appoints an Assessment Officer from the Research Integrity Office. • Oversees the preliminary assessment. • Decides whether a Complaint is referred to an investigation, resolved without need for investigation, referred to other institutional processes (including local resolution), or dismissed. • Provides written outcomes to the Director and CEO and Council.
Assessment Officer	<ul style="list-style-type: none"> • Conducts the preliminary assessment. • Consults with the DO, other Departments in the Institute and external experts, as necessary. • Liaises with the Respondent and other relevant parties as appropriate. • Secures evidence. • Manages records. • Provides a report to the DO.

8 INVESTIGATION

8.1 Purpose of the investigation

8.1.1 A Complaint may be referred for investigation by the DO, following their consideration of the preliminary assessment report.

8.1.2 The purpose of the investigation is to make findings of fact to allow the Director and CEO to assess whether a breach of the Code has occurred, the extent of the breach and the recommended actions. This is done by examining the facts and information from the preliminary assessment and gathering and examining further relevant evidence, if required.

8.1.3 In situations where the Institute is the Administrating Institution and the Respondent is affiliated with or enrolled at a University or holds a joint appointment with another institution, the Institute will be responsible for conducting the investigation and then notifying the findings to the RIO of the other institution for their consideration.

8.2 Preparation for the investigation

8.2.1 If the DO determines an investigation is required, the following steps should be taken by the RIO:

- Prepare a clear statement of allegations;
- Develop the terms of reference for the investigation;
- Establish the investigation panel and chair; and
- Seek legal advice on matters of process where appropriate.

8.2.2 When the Complaint is referred for investigation, the RIO will notify in writing all those required by the investigation panel to attend or participate in the investigation including the Respondent.

8.3 Composition of the Panel

8.3.1 The investigation will be conducted by a panel which may comprise members either internal or external to QIMR Berghofer.

8.3.2 A range of factors should be considered when determining the size and composition of the panel, including the potential consequences for those involved and the need to maintain public confidence in research. There will be occasions where some or all members should be external to the Institute.

8.3.3 When deciding the panel's composition, the DO will consider:

- the expertise and skills required;
- appropriate number of members;
- any real, potential or perceived conflicts of interest with the Respondent/Complainant or any party directly involved with this Complaint; and
- gender/diversity of members.

8.3.4 Depending on the seriousness of the allegation/s:

- An internal investigation panel will comprise a minimum of two (2) members with at least one who is legally qualified or has extensive experience as a member of a tribunal or a similar body;
- An external investigation panel will comprise a minimum of three (3) members with at least one who is legally qualified or has extensive experience as a member of a tribunal or a similar body.

8.3.5 Once the panel has been established, the RIO will advise the Respondent of the panel's composition and provide an opportunity for the Respondent to raise any concerns. The DO will assess any concerns raised and determine whether any changes to the proposed composition of the panel is required.

8.3.6 The Panel members may be required to sign a Conflict of Interest declaration and Confidentiality deed before proceeding.

8.3.7 Once the Panel is established, it will be provided with all relevant information and documentation (and given appropriate resources). Members of the Panel are expected to:

- Work within the terms of reference for the Panel and the Institute's processes;
- Respect any undertakings of confidentiality;
- Adhere to the principles of Procedural Fairness;
- Meet with the Respondent and any other relevant persons that agree to participate in the investigation;
- Complete the investigation in a timely manner; and
- Prepare a written report with secretariat support from the RIO.

8.4 Conduct of the investigation

8.4.1 The principles of Procedural Fairness must always be applied when undertaking the investigation. This does not automatically include a right to legal representation. However, the Panel will consider carefully whether to permit legal representation on request and on a case-by-case basis.

Refer to Appendix 3 of the Guide (Sample checklist for the Investigation Procedure) which gives examples of the type of information/dates needed to be documented for the investigation as well as the order of the process.

8.4.2 As part of the investigation, the Respondent will be notified of the allegations in writing and in sufficient detail to enable the Respondent to understand the precise nature of the allegations and to properly consider and respond to them. The Respondent will be provided with a reasonable opportunity to:

- Respond to the Complaint, the allegations and the relevant evidence; and
- Provide any additional evidence upon which the Panel may rely.

Generally, a reasonable time for a response will be 5 working days. A reasonable additional period may be provided at the discretion of the DO, if appropriate in the circumstances.

8.4.3 If the Respondent chooses not to respond within the time given or appear before the Panel, or is unable to appear before the Panel, the investigation will continue in their absence. The Respondent may provide reasons for not responding or appearing. The Panel should record in its report the failure to respond or appear, and if provided, the relevant circumstances, and should note that findings are made in the absence of a response or appearance, as the case may be.

8.4.4 If the Respondent is incapable of responding or appearing before the Panel when requested, including for medical reasons, and has provided credible medical or other evidence to that effect, the investigation will continue in their absence, subject to the following:

- The Panel should only make adverse findings against the Respondent if it is satisfied that the evidence before it justifies those findings on the balance of probabilities;
- The Panel should record in its report the relevant circumstances of the failure to respond or to appear, and should note that findings are made in the absence of a response or appearance (as the case may be);
- The Panel is not required to provide a draft report (or summary of all relevant information on which the DO's decision will be based) to the Respondent in accordance with clause 8.5.3 of this Procedure if in the judgement of the Panel there is no utility in so doing; and
- In all other respects the Panel will complete its investigation in accordance with this Procedure.

8.4.5 A person appearing before the Panel may be accompanied by a support person. The

Procedures for Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research

support person's role is to provide personal support, within reasonable limits. Their role is not to advocate, represent or speak on the other person's behalf.

- 8.4.6 All those asked to give evidence are to be provided with relevant, and if necessary de-identified information, including:
- The Panel's procedures (including how and when they intend to conduct meetings or hearings);
 - The attendance of a support person;
 - Advice about whether the interviews will be recorded;
 - Disclosing any conflicts of interest; and
 - Confidentiality requirements.
- 8.4.7 The Panel is to determine whether, having regard to evidence and on the balance of probabilities, the Respondent has breached the Code. To do this, the Panel:
- Assesses the evidence (including its veracity) and considers if more may be required;
 - May request expert advice to assist the investigation;
 - Arrives at findings of fact about the allegation;
 - Identifies whether the principles and responsibilities of the Code have been breached;
 - Considers the seriousness of any breach;
 - Assesses the level of recklessness and/or negligence and whether the conduct was intentional;
 - Provides a report into its findings of fact consistent with its terms of reference; and
 - Makes recommendations as appropriate.

8.5 Outcomes from the investigation

- 8.5.1 On completion of the investigation, the Panel will prepare a draft written report of the investigation that is detailed, accurate and fully addresses the terms of reference.
- 8.5.2 The draft report should contain findings of fact and any recommendations (see Appendix 4 of the Guide for a sample checklist for the report of the investigation findings).
- 8.5.3 The draft report or a summary of all relevant information on which the Director and CEO will base their decision will be provided to the Respondent with a reasonable timeframe to comment. Where it is deemed appropriate to do so, the report or summary will be provided to the Complainant for comment within a reasonable timeframe.
- 8.5.4 Following consideration of any further comments, the Panel will finalise the report.
- 8.5.5 The DO will then consider the findings of fact, evidence presented and any recommendations made by the Panel, including any response from the Respondent. The DO will also consider the extent of the breach, the appropriate corrective actions, and if referral to disciplinary procedures is required (depending on the severity of the breach). The DO will then provide the final report to the Director and CEO with their recommendations.
- 8.5.6 The Director and CEO makes the final decision as to whether a breach of the Code has occurred, the extent of the breach (including whether it constitutes Research Misconduct) and the course of action.
- If there is a decision that there has been no breach of the Code, the following actions will be considered:
 - If the Complaint has no basis in fact then it will be dismissed and efforts taken to

restore the reputation of the Respondent and any others who are alleged to have engaged in improper conduct;

- If the Complaint is considered to have been frivolous or vexatious, action to address this with the Complainant will be taken under appropriate Institute policies and procedures;
- If there is a decision that the Code has been breached, the Director and CEO decides the Institute's response, considering the seriousness of the breach, and whether other institutions should be advised. The Institute's response may include:
 - Determining whether the breach of the Code constitutes Research Misconduct;
 - Disciplinary action in accordance with this Procedure;
 - Correction of the public record of the research, including publications, if a breach of the Code has affected the accuracy or trustworthiness of research findings and their dissemination;
 - Advising other relevant parties (such as the NHMRC or other funding bodies, and other relevant institutions or authorities such as the Crime and Corruption Commission), as appropriate (refer Section 9 of this Policy for further information on Notification Requirements);
 - Considering whether a public statement is appropriate, to communicate the outcome of an investigation;
 - Considering whether the matter needs to be referred to a new employing institution (in cases where the Respondent has resigned or is employed elsewhere);
 - Considering which other interested parties may need to be informed;
 - In the case of Respondents employed at the Institute who also hold joint, adjunct, and/or honorary appointments at another institution – notifying the other institution of the findings of the investigation and considering whether to obtain legal or other expert advice in relation to the management of these appointments with other institutions; and

In the case of Respondents who are not employed at the Institute but hold visiting, joint, adjunct, affiliate, emeritus and/or honorary appointments at the Institute –

- (a) notifying the Respondent's employing institution (if any) of the findings of the investigation;
 - (b) considering whether to obtain legal or other expert advice on the management of the appointment with the other institution; and
 - (c) taking such disciplinary action as the Institute considers appropriate under the terms of the Respondent's appointment and this Procedure.
- in the case of Respondents who are students:
 - (a) notifying the Respondent's enrolling institution of the findings of the investigation;
 - (b) considering whether to obtain legal or other expert advice in relation to the management of the student's participation in the research with the enrolling institution; and
 - (c) taking such disciplinary action as the Institute considers appropriate under the terms of the arrangement governing the participation of the student in the research activities and this Procedure;
 - Where systemic issues are identified as a contributing factor, these need to be referred to the Institute to be addressed.

8.5.7 The Director and CEO will inform the Complainant and Respondent in writing, as appropriate, of decisions and actions, and inform the Council of the outcomes from the investigation.

8.6 Disciplinary action (employees)

8.6.1 This section 8.6 applies if the Director and CEO refers the matter for disciplinary action (in respect of Respondents who are employees) under clause 8.5.6 of this Procedure.

8.6.2 If the Director and CEO makes a decision that there is a breach of the Code or Research Misconduct by the Respondent, the matter may be referred by the Director and CEO to the CPO for disciplinary action in accordance with this Procedure.

8.6.3 The CPO will make an assessment as to whether the conduct found to be in breach of the Code or Research Misconduct constitutes Misconduct or Serious Misconduct.

8.6.4 The CPO or Director and CEO (for more serious matters) will determine the form of disciplinary action the Institute will take in response to the Misconduct or Serious Misconduct.

8.6.5 If the CPO is satisfied that the Respondent has engaged in Misconduct or Serious Misconduct, the CPO may:

(a) Give an informal warning or recommend to the Respondent's supervisor or manager that they informally manage the allegations and Misconduct (an informal warning or information management is not likely to be appropriate for Serious Misconduct);

(b) Issue a formal warning to the Respondent; or

(c) Make a recommendation to the Director and CEO that disciplinary action greater than a formal warning (up to and including termination) is appropriate in the circumstances.

8.6.6 If the matter is referred to the Director and CEO, the Director and CEO will consider the available material, including any response from the Respondent, and the CPO's recommendation on disciplinary action, and determine whether to impose disciplinary action and the form such action will take.

8.6.7 The Director and CEO may impose disciplinary action other than termination of employment if appropriate in the circumstances. Such action can include (a) a demotion by one or more classification levels; (b) withholding a salary increment; (c) the reversal of one or more salary increments; or (d) a transfer to another position at the same or different level.

8.6.8 The Director and CEO may dismiss a Respondent if an allegation of Serious Misconduct, Corrupt Conduct or criminal conduct has been substantiated or dismissal is otherwise appropriate in the circumstances. A Respondent may be summarily dismissed if they have engaged in Serious Misconduct.

8.7 Disciplinary action (Visiting, joint, adjunct, affiliate and/or honorary appointments)

8.7.1 This section 8.7 applies if the Director and CEO refers the matter for disciplinary action, in respect of Respondents who hold visiting, joint, adjunct, affiliate, emeritus and/or honorary appointments at the Institute, under clause 8.5.6 of this Procedure.

8.7.2 If the Director and CEO makes a decision that there is a breach of the Code or Research Misconduct by the Respondent, the matter may be referred by the Director and CEO to the CPO for disciplinary action in accordance with the terms of the Respondent's appointment

and this Procedure.

- 8.7.3 The CPO or Director and CEO (for more serious matters) will determine the form of action the Institute will take in response to the breach of the Code.
- 8.7.4 If the CPO is satisfied that the Respondent has breached the Code, the CPO may, subject to the terms of the Respondent's appointment:
- (a) give an informal warning or recommend to the Respondent's supervisor or manager that they informally manage the allegations (an informal warning or information management is not likely to be appropriate for Research Misconduct);
 - (b) issue a formal warning to the Respondent; or
 - (c) make a recommendation to the Director and CEO that action greater than a formal warning (up to and including termination of the appointment) is appropriate in the circumstances.
- 8.7.5 If the matter is referred to the Director and CEO, the Director and CEO will consider the available material, including any response from the Respondent, the CPO's recommendation on action, the terms of the appointment, any legal or other expert advice in relation to the management of the appointment with the Respondent's other institution, and determine whether to take action and the form such action will take.
- 8.7.6 The Director and CEO may terminate the appointment of the Respondent if an allegation of Research Misconduct, Corrupt Conduct or criminal conduct has been substantiated or termination is otherwise appropriate in the circumstances.

8.8 Disciplinary Action (Students)

- 8.8.1 This section 8.8 applies if the Director and CEO refers the matter for disciplinary action, in respect of Respondents who are students, under clause 8.5.6 of this Procedure.
- 8.8.2 If the Director and CEO makes a decision that there is a breach of the Code or Research Misconduct by the Respondent, the matter may be referred by the Director and CEO to the Higher Degree Committee Chair for action in accordance with the terms of the agreement governing the participation of the student in the research at the Institute and this Procedure.
- 8.8.3 The CPO or Director and CEO (for more serious matters) will determine the form of action the Institute will take in response to the breach of the Code.
- 8.8.4 If the CPO is satisfied that the Respondent has breached the Code, the CPO may, subject to the terms of the agreement governing the participation of the Respondent in the research project:
- (a) give an informal warning or recommend to the Respondent's supervisor that they informally manage the allegations (an informal warning or informal management is not likely to be appropriate for Research Misconduct);
 - (b) issue a formal warning to the Respondent; or
 - (c) make a recommendation to the Director and CEO that action greater than a formal warning (up to and including termination of the Respondent's participation in the research project) is appropriate in the circumstances.
- 8.8.5 If the matter is referred to the Director and CEO, the Director and CEO will consider the available material, including any response from the Respondent and the Respondent's enrolling institution, the CPO's recommendation on action, the terms of the agreement governing the involvement of the Respondent in the research activities and any legal or other expert advice in relation to the management of this agreement, and determine

whether to take action and the form such action will take.

8.8.6 The Director and CEO may terminate the involvement of the student in the research activities if an allegation of Research Misconduct, Corrupt Conduct or criminal conduct has been substantiated or termination is otherwise appropriate in the circumstances.

8.9 Resignation

8.9.1 Where there has been a substantiated breach of the Code, including whether that breach constitutes Research Misconduct, and the Respondent resigns or terminates their appointment with the Institute, QIMR Berghofer still has an obligation to address the findings of the investigation.

8.10 Mechanisms for Review of a Code Investigation

8.10.1 The Director and CEO will inform the Respondent (and possibly the Complainant if they are directly affected by the outcome), of their right to request a review and how to lodge a request for a review, including timeframes and the information required for a request to be considered.

8.10.2 Only requests for a review of a Code investigation on the grounds of Procedural Fairness will be considered. The aim of the review is to affirm or not the fairness of the procedures of the investigation.

8.10.3 If a Panel has proceeded in accordance with clause 8.4.4 or 8.4.5, the absence of an appearance or a response from the Respondent in the Panel investigation will not in itself be a ground permitting a review under this provision.

8.10.4 The Institute's processes for review are set out below:

- Requests for review should be directed to the Director and CEO;
- The timeframe for lodgement of a request for review is two (2) weeks from the date of written advice from the Institute of the outcome of the investigation;
- The request for review must outline the procedural grounds for the review i.e. document where the procedure is alleged to have been at fault. The decision to proceed with a review will be made by the Director and CEO, on the basis of all relevant information within their knowledge;
- The review will be conducted by referral to an appropriately qualified external expert appointed by the Institute (or such other mechanism as is decided on a case-by-case basis);
- The outcome of the review will be communicated back to the Respondent in writing.

8.10.5 The Australian Research Integrity Committee (ARIC) can provide an external review of any investigative processes used by the Institute. The Respondent (and possibly the Complainant) have a right to request a review by ARIC

(<https://www.nhmrc.gov.au/research-policy/research-integrity/australian-research-integrity-committee-aric#download>).

8.10.6 Alternatively, the Queensland ombudsman has jurisdiction to hear complaints about decisions made from the Investigation process. The Respondent (and possibly the Complainant) have a right to request a review by the Queensland ombudsman (<https://www.ombudsman.qld.gov.au/how-to-complain/what-we-can-help-with/what-we-can-investigate>)

8.11 Summary of the investigation

8.11.1 A summary of the roles and functions of officers involved in the investigation is as follows:

Role	Functions
Designated Officer (DO)	<ul style="list-style-type: none">• Nominates the Panel (including a Chair).• Oversees the Investigation.• Receives the investigation report and makes recommendations to the Director and CEO.
Research Integrity Officer	<ul style="list-style-type: none">• Prepares a statement of allegations.• Establishes the terms of reference for the Panel.• Advises the Respondent of the Panel's composition.• Notifies all those required to attend or participate in the investigation, in particular the Respondent.• Provides the Panel with relevant documentation.• Ensures the Panel works within QIMR Berghofer's processes and these Procedures.• Schedules meetings and/or hearings, and records interviews if necessary.• Provides relevant written information to the Respondent and relevant others.• Assists the Panel.
Panel	<ul style="list-style-type: none">• Completes an investigation into a potential breach of the Code.• Produces a report on the findings of fact and makes recommendations.
Director and CEO	<ul style="list-style-type: none">• Determines whether a breach of the Code has occurred.• Decides on the extent of the breach.• Decides on the course of action, which may include corrective actions, referral to Institute's disciplinary processes and/or other Departments.• Informs the Complainant and Respondent in writing, as appropriate, of decisions and actions.• Informs the Council of the outcomes from the investigation.

9 NOTIFICATION REQUIREMENTS AND ADDITIONAL CONSIDERATIONS

- 9.1 Notification of a potential or actual breach of the Code may need to be provided to other external entities. These may include the CCC, the police, funding bodies, insurers or other organisations both nationally and internationally at any point during the process in accordance with relevant agreements, policies or legislation.
- 9.2 Consideration should be given as to notification requirements of relevant funding bodies. With respect to NHMRC funding, reference should be made to the NHMRC Research Integrity and Misconduct Policy which sets out the Institute's notification requirements with respect to

breaches of the Code or research misconduct, including what matters need to be notified, at what stage the matter needs to be notified and the mandatory time frames for notification.

- 9.3 In particular it should be noted that the Institute must notify the NHMRC as soon as possible, and no later than **one (1) week** after the risks have been identified or funding suspended if:
- The allegations or preliminary assessment suggests an immediate risk to human, animal or environmental safety; or
 - The Institute has suspended funding to an individual or team involved in NHMRC funded research before the completion of the preliminary assessment.
- 9.4 Funding bodies may take their own action in response to findings of research misconduct. The extent of the action will depend on the terms of the individual funding agreements and may include:
- Temporary suspension or termination of grant payments.
 - Recovery of funds.
 - Placing conditions on grants that address or mitigate any identified risks.
 - Limitations or suspension being placed on participation in peer review.
- 9.5 The Director and CEO will notify the Respondent in writing of any actions taken by the NHMRC or other funding bodies.

10 REFERENCES

10.1 External references

Australian Code for the Care and Use of Animals for Scientific Purposes, National Health and Medical Research Council, Universities Australia, 2013. <https://nhmrc.gov.au/about-us/publications/australian-Code-care-and-use-animals-scientific-purposes>

Australian Code for the Responsible Conduct of Research, National Health and Medical Research Council, Australian Research Council, Universities Australia, 2018. <https://nhmrc.gov.au/about-us/publications/australian-Code-responsible-conduct-research-2018>

Corruption in Focus: A Guide to dealing with corrupt conduct in the Queensland public sector, Crime and Corruption Commission Queensland, March 2019. <http://www.ccc.qld.gov.au/corruption-prevention/corruption-in-focus>

Crime and Corruption Act, State of Queensland, 2001. <https://www.legislation.qld.gov.au/view/pdf/2017-06-05/act-2001-069>

Guide to Managing Potential Breaches of the Australian Code for the Responsible Conduct of Research, National Health and Medical Research Council, Australian Research Council, Universities Australia, 2018. <https://nhmrc.gov.au/about-us/publications/Guide-managing-and-investigating-potential-breaches-Code>

National Statement on Ethical Conduct in Human Research, National Health and Medical Research Council, Australian Research Council, Universities Australia, 2007 (Updated 2018). <https://nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018>

NHMRC Research Integrity and Misconduct Policy, National Health and Medical Research Council, 2019. <https://www.nhmrc.gov.au/about-us/resources/nhmrc-research-integrity-and-misconduct-policy>

10.2 QIMR Berghofer policies and documents (available on the [intranet](#)):

Policy on the Responsible Conduct of Research and Research Misconduct

Appointments to Roles under the “Policy on the Responsible Conduct of Research and Research Misconduct”

Conflict of Interest Policy and Procedures

Misconduct and Unsatisfactory Performance Policy and Procedures

Policy on the Criteria for Authorship

Public Interest Disclosure Policy

11 CONTACT OFFICER

Deputy Director (Designated Officer); or

General Manager, Research Governance & Funding

12 AMENDMENT HISTORY

There have not previously been separate Procedures, however the QIMR Berghofer *Research Misconduct Policy* (approved by Council on 6 December 2016) contained procedures for managing complaints of Research Misconduct.

<i>Version</i>	<i>Summary of changes</i>	<i>Changes made by</i>	<i>Changes approved by</i>	<i>Date</i>
2.0	Revised as the QIMR Berghofer <i>Procedures for Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research.</i>	Research Integrity Office	QIMR Berghofer Council	21/05/2019
3.0	Revised as the QIMR Berghofer <i>Procedures for Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research.</i>	Research Integrity Office	Staff Association	25/06/2019
4.0	Revised as the QIMR Berghofer <i>Procedures for Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research.</i>	Research Integrity Office	Director's Consultative Committee	16/07/2019
5.0	Amendments were made to incorporate a	Research Integrity Office	QIMR Berghofer Council	08/09/2021

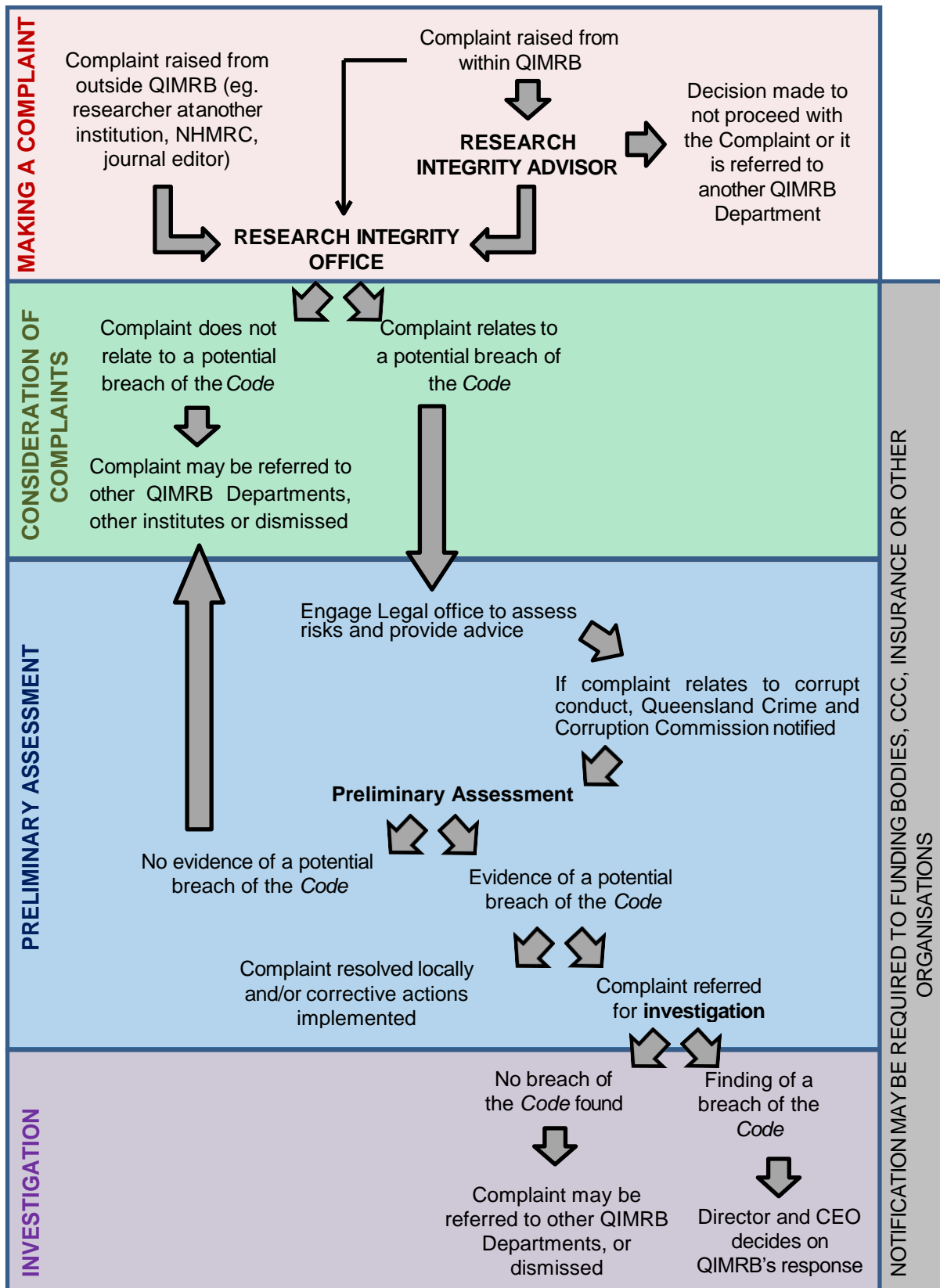
	new clause 8.4.5, amend other sub clauses in 8.4, and amend clause 8.5.3.			
6.0	Amendments were made to implement Lander recommendations and to update and clarify the procedures and to ensure that were able to be operationalized. This involved amendments to sections 5-11 of the Procedures.	Research Integrity Office / Legal Office / DEC / Staff Association / QIMR Berghofer Council	QIMR Berghofer Deputy Director & Chief Scientist	14/06/2024

APPENDIX 1: COMPLAINTS FORM FOR COMPLAINANTS

Please email the completed form to rio@qimrberghofer.edu.au

Date of Complaint	Click here to enter a date.
Name of Complainant(s)	
Position of Complainant(s) (eg. PhD student, Research Assistant, Research Officer, Lab Head)	
Name of Respondent(s)	
Position of Respondent(s) (eg. PhD student, Research Assistant, Research Officer, Lab Head)	
Information about the potential Breach of the Australian Code for the Responsible Conduct of Research (2018) (eg. relevant events, dates and places)	
Evidence of the potential Breach of the Australian Code for the Responsible Conduct of Research (2018) (eg. availability of raw or unpublished data)	
Names of people who may be able to provide additional information (ie. potential witnesses)	
Any other relevant information	

APPENDIX 2: SUMMARY OF THE PROCEDURE FOR DEALING WITH COMPLAINTS



APPENDIX 3: CHECKLIST GUIDE AND STEPS FOR MANAGING A COMPLAINT ABOUT A POTENTIAL BREACH OF THE CODE

1) **COMPLAINANT DETAILS:**

- Name
- Position
- Group/Department
- Contact details (telephone number, email address)

2) **RESPONDENT DETAILS:**

- Name
- Position
- Group/Department
- Contact details (telephone number, email address)

3) **DETAILS OF COMPLAINT:**

- Date of complaint
- Mode of report (In person, phone call, email, letter, etc)
- Received by
- Mode of acknowledgement (In person, phone call, email, letter, etc)

4) **DESCRIPTION OF COMPLAINT:**

- Complaint type (Authorship dispute, conflict of interest, data falsification/fabrication, research conducted without approvals etc)
- Category of complaint (potential breach of the *Code*, potential research misconduct, not a potential breach of the *Code* or research misconduct, uncertain)

5) **ACTIONS AND PRECAUTIONARY ACTIONS:**

- Actions – dismiss, refer to other department (eg HR), refer for preliminary assessment
- Precautionary actions – suspend animal/human research, suspend funding, suspend respondent (date implemented and method of implementation)

6) **NOTIFICATION REQUIREMENTS:**

- NHMRC or other funding body
- Crime and Corruption Commission Queensland
- Other organisation
- Include date and method of notification (email, letter etc.)

7) PRELIMINARY ASSESSMENT CHECKLIST (IF APPLICABLE)

Date of decision to conduct a preliminary assessment	Click here to enter a date.
Date preliminary assessment commenced	Click here to enter a date.
Preliminary assessment conducted by	
Date Respondent provided with Complaint details	Click here to enter a date.
Respondent advised of timeframe and method to respond	<input type="checkbox"/> Yes <i>Please specify:</i> <input type="checkbox"/> No
Date response received from Respondent	Click here to enter a date.
NHMRC notified if preliminary assessment will take > 12 weeks	<input type="checkbox"/> Not required (< 12 weeks) <input type="checkbox"/> NHMRC notified <i>Date sent:</i> Click here to enter a date.
Date report sent to Respondent	Click here to enter a date.
Date preliminary assessment completed	Click here to enter a date.
Date report sent to Complainant (if applicable)	Click here to enter a date.
Date report sent to Director and CEO	Click here to enter a date.
Outcomes	<input type="checkbox"/> No evidence of a breach of the <i>Code</i> <input type="checkbox"/> Evidence of a breach of the <i>Code</i> <i>Please specify: Minor / Major / Research Misconduct</i>
Actions	<input type="checkbox"/> Dismiss Complaint <input type="checkbox"/> Refer to other Department <i>Specify which Department:</i> <input type="checkbox"/> Resolve locally with or without corrective actions <input type="checkbox"/> Refer for investigation
Notification requirements	<input type="checkbox"/> None

	<input type="checkbox"/> Notify Crime and Corruption Commission Queensland <input type="checkbox"/> Notify NHMRC <input type="checkbox"/> Notify other funding agency or organisation <i>Please specify:</i> <input type="checkbox"/> Other <i>Please specify:</i>
Date summary sent to Council	Click here to enter a date.

8) INVESTIGATION CHECKLIST (IF APPLICABLE)

Date of decision to conduct an investigation	Click here to enter a date.
Date Respondent advised of being under investigation	Click here to enter a date.
Respondent advised of timeframe and method to respond	<input type="checkbox"/> Yes <i>Please specify:</i> <input type="checkbox"/> No
Date response received from Respondent	Click here to enter a date.
Date Panel members confirmed	Click here to enter a date.
Terms of Reference and scope provided to Panel	Click here to enter a date.
Date investigation commenced	Click here to enter a date.
Date available information provided to Panel	Click here to enter a date.
Date investigation completed	Click here to enter a date.
Date draft report sent to Respondent	Click here to enter a date.
Respondent advised of timeframe and method to respond	<input type="checkbox"/> Yes <i>Please specify:</i> <input type="checkbox"/> No
Date response received from Respondent	Click here to enter a date.
Date draft report sent to Complainant (if applicable)	Click here to enter a date.
Complainant advised of timeframe and method to respond (if applicable)	<input type="checkbox"/> Yes <i>Please specify:</i>

	<input type="checkbox"/> No
Date response received from Complainant (if applicable)	Click here to enter a date.
Date report finalised	Click here to enter a date.
Date report sent to Director and CEO	Click here to enter a date.
Date advice received from Director and CEO	Click here to enter a date.
Outcomes	<input type="checkbox"/> No breach of the <i>Code</i> <input type="checkbox"/> Breach of the <i>Code</i> <i>Please specify: Minor / Major / Research Misconduct</i>
Actions	<input type="checkbox"/> Dismiss Complaint <input type="checkbox"/> Refer to other Department <i>Specify which Department:</i> <input type="checkbox"/> Corrective actions <input type="checkbox"/> Disciplinary actions <input type="checkbox"/> Other <i>Please specify:</i>
Notification requirements	<input type="checkbox"/> None <input type="checkbox"/> Notify Crime and Corruption Commission Queensland <input type="checkbox"/> Notify NHMRC <input type="checkbox"/> Notify other funding agency or organisation <i>Please specify:</i> <input type="checkbox"/> Other <i>Please specify:</i>
Date summary sent to Council	Click here to enter a date.