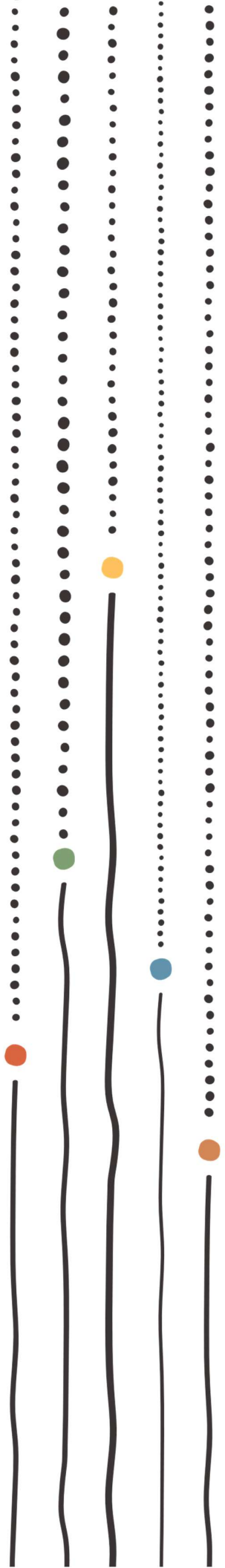
Research concerns and complaints procedure

V1.0

2026



IUIH Institute for Urban Indigenous Health

iuih.org.au

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Foundations

Law of Obligation

We honour the many Goori Tribal Nations in whose territories we live and work.

We honour the legacy and the vision of those who paved the way and those who continue to guide us.

We honour our future generations by maintaining the vision with focused determination.

Purpose and scope

This procedure supports our Knowledge and Research Policy Statement *<insert link>.* It sets out our open, transparent, and culturally responsive approach to managing research complaints. It focuses on:

- how we manage complaints about the responsible conduct of research;
- how we assess, investigate, and report potential breaches of the Australian Code for the Responsible Conduct of Research 2018 (the Code), the AIATSIS Code, and the IUIH Network Knowledge and Research Policy Statement; and
- orientating our approach toward system learning and improvement.

This procedure applies to everyone who conducts or assists with research at, or on behalf of, the IUIH Network, including:

- employees
- trainees
- contractors, consultants, and research partners
- university collaborators and students on placement.

Our Approach

When a concern about research practice arises, we always seek to understand what happened, support everyone involved, and improve the way we work. Formal investigation is a last resort, not a default. Many concerns can and should be resolved through supported conversation, mentoring, or a change to the way things are done.

Policy Context

- Australian Code for the Responsible Conduct of Research
- Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research (2018) “The NHMRC Guide”
- AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research (The AIATSIS Code)
- IUIH Network Knowledge and Research Policy Statement

Key Terms

The table below explains the key terms used in this procedure. A full glossary is provided at Appendix 1.

Term	What it means
Breach	At the IUIH Network, a breach happens when someone doesn't meet the standards set out in the Code, the AIATSIS Code, or our Knowledge and Research Policy Statement.
Serious breach	A breach that is intentional, reckless, or involves significant harm.
Research concern	A reasonable suspicion that one or more researchers may not have followed the, the AIATSIS Code, or our Knowledge and Research Policy Statement.
Research complaint	A formal expression of a concern about a potential breach.

Guiding Principles

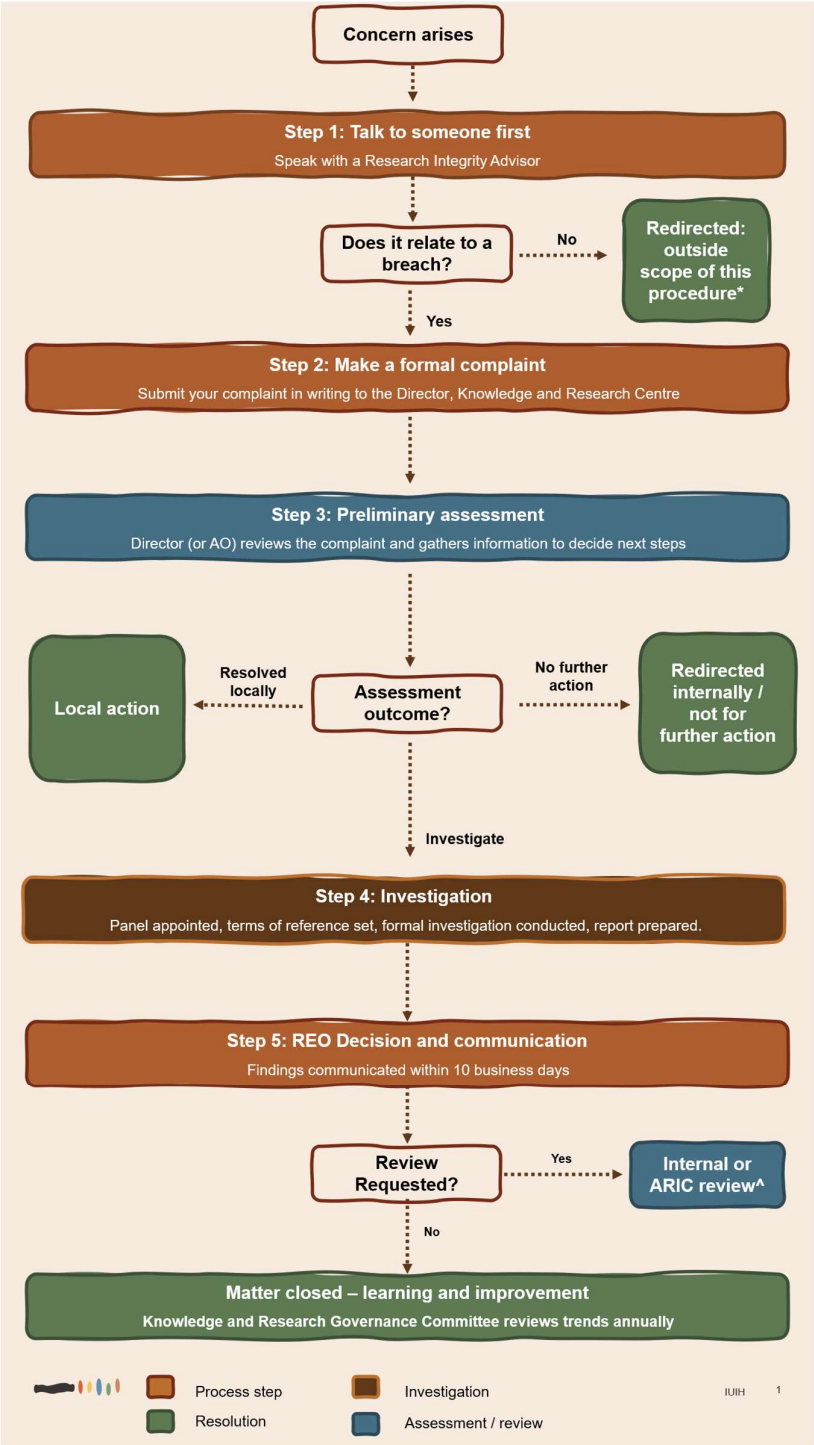
Our approach to managing and investigating research complaints is grounded in the following principles:

Principle	What this means for us
Self-determination	Our community has the right to govern how research about us is conducted and how complaints are resolved.
Fairness and respect	Everyone involved is treated with dignity and given a fair hearing.
Transparent	We explain our processes clearly and keep the people involved informed at every step.
Proportionate	Our response matches the seriousness of the concern. We do not over-escalate.
Focused on learning and systems improvement	We use complaints as opportunities to strengthen our research systems, knowledge, and culture.
Confidential	We respect private business and information shared with us in this process will be treated with care and discretion.

Steps for raising and resolving concerns

Our process follows the NHMRC Guide, adapted to reflect Our Ways. Figure 1 outlines how we respectfully receive, assess, investigate, and learn from research complaints.

Figure 1: Our process for raising and resolving research concerns



* Complaints that fall outside the scope of this Procedure (e.g. complaints relating to discrimination, bullying, clinical wait times etc.) are referred to the relevant Network Partner for management.
^ Australian Research Integrity Committee

Step 1: Talk to someone first

Anyone in our Community has the right to raise a concern or make a complaint about a possible breach. We encourage you to speak with a Research Integrity Advisor (RIA) first.

RIAs are experienced, culturally informed practitioners. They offer a safe and supportive space to raise concerns, ask questions, and yarn about what's happening. There are there to support you, not to investigate.

Our RIA's can help you work out:

- whether your concern relates to a potential breach of the Australia Code for the Responsible Conduct of Research, AIATSIS Code, or our Knowledge and Research Policy Statement;
- other pathways if the concern sits outside the scope of this procedure; and
- what options are available if you would like to make a research complaint.

Finding an RIA

RIAs are located across the Network to ensure independence from the research project and individuals involved. Visit our RIA webpage for a list of RIAs and their contact details.

Further Resources

- Research Integrity Advisors: a guide supporting the Australian Code for the Responsible Conduct of Research
- Factsheet 1: What should I do if I suspect a researcher may be doing the wrong thing?

Step 2: Make a formal complaint

The IUIH Network Knowledge and Research Centre oversees all research on behalf of the IUIH Network. To make a formal complaint, you can:

- Email the Director, Knowledge and Research Centre at researchcomplaints@iuih.org.au; or
- Submit a complaint online through our Research Complaints webpage

What happens after you submit a complaint?

We will acknowledge your complaint in writing within two business days, unless you ask us for a different form of acknowledgement (for example, phone call or meeting) or have chosen to remain anonymous.

If your complaint does not relate to Australian Code for the Responsible Conduct Research, the AIATSIS Code, or our Knowledge and Research Policy Statement, we will refer you to the right place, where appropriate.

The Director, Knowledge and Research Centre may decide to close a complaint without further action if it has already been fully considered, if there is not enough information to assess it, or if it appears to be without genuine basis. Any decision to close a complaint will be explained to you, unless the complaint was made anonymously.

Anonymous complaints

We understand that some people may feel safer raising a complaint anonymously. Anonymous complaints are given the same respect and careful consideration as named ones. Please note that our ability to fully investigate may however be limited if we cannot gather additional information.

Precautionary actions

Where a complaint is serious and urgent, the Director of the Knowledge and Research Centre may need to take temporary steps to manage risk while we work things out. This might include:

- temporarily adjusting responsibility or access;
- pausing research activity that poses a risk; or
- securing data or records that may be relevant.

Precautionary steps are not a finding of wrongdoing. They are taken to protect people and research activity while a matter is under consideration, and they will always be proportionate and implemented with care and dignity.

If the complaint involves an imminent or real risk of harm to people, animals, or Country, and the Director, has paused (or intends to pause) the research or related funding, the Director must notify NHMRC within one week.

Further information

NHMRC Research Integrity and Misconduct Policy.

Step 3: Preliminary assessment

A preliminary assessment involves carefully gathering and reviewing information about a complaint to understand what may have happened and whether, if proven, it would constitute a breach.

It is done in a reasonable timeframe and is the responsibility of the Director, Knowledge and Research Centre who may nominate an Assessment Officer (AO) to assist.

Depending on the nature of the complaint, the AO may be an employee of IUIH or a Network Partner organisation. Any nomination of a Network Partner employee will be done in consultation with the CEO of the Network Partner organisation.

Speaking with the person the complaint is about

Where it is appropriate to speak with the respondent (the person the complaint is about), they will be:

- given enough information to understand the nature of the complaint;
- Invited to respond in writing; and
- offered the opportunity to meet with the Assessment Officer, with a support person of their choosing.

A record of any meeting will be prepared, and the respondent provided with a copy.

What happens at the end of the preliminary assessment?

The Assessment Officer will prepare a written report for the Director, Knowledge and Research Centre. The report will include:

- a summary of the process that was undertaken
- an inventory of the facts and information that was gathered and analysed
- an evaluation of facts and information
- how the potential breach relates to the principles and responsibilities of the Code and/or institutional processes
- recommendations for further action.

The Director, Knowledge and Research Centre will then decide on the next step:

Decision	What this means
No further action required	The matter is closed. There is no breach, or there is not enough evidence to proceed. Any systems issues identified should be addressed.
Resolved locally	The matter is addressed through supported learning, supervision, strengthened guidance, or an agreed process change.
Referred for investigation	The complaint, if proven, would amount to a breach. A formal investigation is needed.
Redirected internally	The matter is better handled through another internal process, such as HR, quality and safety, or clinical governance processes.

Where appropriate, both the complainant and respondent will be informed in writing of the outcome within 10 business days of the preliminary assessments' conclusion.

Where fraud or serious misconduct is suspected

If the research is supported by NHMRC, MRFF, or other relevant funding that includes a contractual obligation to follow NHMRC policies and guidelines, mandatory notifications may apply, even if the matter is resolved locally. This is the responsibility of the Director, Knowledge and Research Centre.

Further information

Appendix 1 of the NHMRC Guide, for a sample checklist for conducting the preliminary assessment.

Step 4: Investigation stage (if required)

A formal investigation is conduced when a preliminary assessment suggests that a serious breach may have occurred and a formal finding of fact is needed. The findings help the relevant Research Executive Officer (REO; see Table 1: Relevant Research Executive Officer) determine whether a breach has occurred, how serious it is, and what actions is needed.

Preparing for the investigation

Once the Director, Knowledge and Research Centre decides that an investigation is needed, they will:

1. prepare a clear and respectful statement of the complaint;
2. set the terms of reference for the investigation, outlining its objectives and scope;
3. appoint an Investigation Panel, in collaboration with the IUIH Network Knowledge and Research Governance Committee, which may include an independent external consultant; and
4. advise the respondent of the Panel's composition and provide an opportunity for the respondent to raise concerns.

Further information

Appendix 2 of the NHMRC Guide, for a sample checklist for the terms of reference for the Panel

How the investigation is conducted

The investigation will be conducted within a reasonable timeframe, fairly and without bias, in accordance with the NHMRC guide. The IUIH Network Knowledge and Research Governance Committee will provide appropriate resources to the Panel, including secretariat support, as required.

Further information

Appendix 3 of the NHMRC Guide, for a sample checklist for the investigation procedure

Outcome of the investigation

Once the investigation is complete, the Panel will prepare a draft written report addressing the terms of reference. The person who was the subject of the complaint must be given a fair opportunity to review the draft report and respond within a reasonable timeframe. Where appropriate, the complainant may also receive a copy if they will be directly affected by the outcome.

After considering any responses, the Panel will finalise the report and provide it to the Director, Knowledge and Research Centre.

The Director, Knowledge and Research Centre will consider the findings, extent of the breach, and what action is needed (referring to Section 2.2 of the NHMRC Guide), and provide a final report with recommendations to the relevant REO (see Table 1). Where the investigation identifies broader system issues that contributed to the breach, these must be escalated and addressed at an organisational level.

The REO may accept or reject all or some of the conclusions and recommendations and may decide to:

- refer the matter back for further investigation
- find there has been no breach, in which case the REO may decide:
  - no further action is required;
  - to refer the matter elsewhere internally; or
  - to issue corrective or restorative instructions (such as training, improved governance, or supervision) to strengthen research practice, even when no breach has occurred.
- find there has been a breach in which case, the REO may (prioritising a restorative, fair, and proportionate response):
  - refer the matter elsewhere internally;
  - issue corrective instructions, such as additional training, supervision, or strengthened research procedures;
  - refer the matter to HR for disciplinary action; and/or
  - where there is a serious breach, escalate accordingly, including to relevant external bodies where required.

If a breach affects the accuracy or trustworthiness of published research findings, steps will be taken to correct the public record, including updating or retracting publications if needed.

Where fraud or a serious breach has occurred

Depending on regulatory and contractual requirements, required notifications may include:

- NHMRC (refer to the NHMRC Research Integrity and Misconduct Policy for guidance);
- the approving Human Research Ethics Committee;
- the Crime and Corruption Commission, where the conduct amounts to corrupt conduct under the *Crime and Corruption Act 2001* (Qld), and the *Public Interest Disclosure Act 2010* (Qld); and

- the Australian Health Practitioners Regulation Agency (AHPRA) or the Office of the Health Ombudsman, where the conduct involves a registered health practitioner.

Table 1: Relevant Research Executive Officer

Relevant REO	Considerations
CEO, IUIH	Respondent is an IUIH employee, student, trainee, contractor or consultant (including Pamela Mam Health Centre and Moreton ATSICHS); and/or IUIH holds the grant and/or is the Administering Institution or Eligible Organisation.
CEO, ATSICHS Brisbane	Respondent is an ATSICHS employee, student, trainee, contractor or consultant, and the research is not auspiced by IUIH.
CEO, Kalwun	Respondent is a Kalwun employee, student, trainee, contractor or consultant. and the research is not auspiced by IUIH.
CEO, YBB	Respondent is a YBB employee, student, trainee, contractor or consultant, and the research is not auspiced by IUIH.

Further information

Appendix 4 of the NHMRC Guide, for a sample checklist for reporting the findings of the investigation

Step 5: Communicating the findings

Within 10 business days of the REO's decision, the Director, Knowledge and Research Centre will communicate any decisions or actions in writing to both the respondent and the complainant.

Requesting a review

A review may be requested when a party believes that procedural fairness was not upheld. A review looks at whether the investigation process was procedurally fair and consistent with the required standards. To does not re-examine the outcome of the investigation.

When communicating the findings, both the respondent and complainant must be told of their right to request a review, either:

1. Internally by a Review Officer who was not involved in the original process. This must be requested within 20 working days of receiving the findings.
2. Externally by the Australian Research Integrity Committee (ARIC). The person may lodge the request directly with the ARIC or through the Director, Knowledge and Research Centre. Details are available on the NHMRC website.

Roles and Responsibilities

Everyone who works in research on or on behalf of the IUIH Network is responsible for reporting suspected breaches of the Code, the AIATSIS Code, and our Knowledge and Research Policy Statement.

Role	Designated position	Responsibility
Responsible Executive Officer (REO)	CEO, IUIH (or relevant Network Partner CEO)	Receives investigation outcomes. Decides on action, including corrective, restorative, or disciplinary responses, and any required notifications. Ensures the outcomes support learning, system improvement, and research integrity.
Designated Officer (DO)	Director, IUIH Network Knowledge and Research Centre	Receives research complaints. Oversees the management of research complaints, including preliminary assessment and investigation. Maintains full and accurate records.
Assessment Officer (AO)	Nominated case by case	Conducts the preliminary assessment when directed by the DO. Applies a culturally grounded, fair, and strengths-based lens to the process.
Research Integrity Advisor (RIA)	Refer to IUIH's RIA webpage	Trusted first point of contact. Promotes responsible, ethical, and culturally grounded research conduct. Supports people to understand their options. Does not investigate complaints or contact the subject of a concern.
Research Integrity Office (RIO)	IUIH Network Knowledge & Research Governance Committee	Supports the investigation process, including notifying participants, providing documentation, scheduling meetings, and ensuring the Panel operates within IUIH processes (or Network Partner processes, as applicable).
Review Officer (RO)	Healthcare Quality and Safety, IUIH	Receives requests for procedural review of investigations. Ensures relevant procedures were followed.
Investigation panel	Decided case by case, based on potential impacts, seniority of those involved, and the need for community confidence.	Completes a thorough and fair investigation. Produces a report of findings of fact and may make recommendations for system improvement and corrective action. *** Consideration should be given to engaging an external consultant.*

Learning from feedback and complaints

Our commitment to continuous improvement

We see every complaint and its outcome as an opportunity to strengthen our research systems and culture.

The Knowledge and Research Governance Committee will review de-identified complaint trends and outcomes at least annually to:

- Identify systematic issues or recurring patterns;
- Strengthen guidance, training, and support for researchers;
- Improve our policies and procedures; and
- Report on research integrity across the Network, as appropriate.

We are committed to building a research environment where our staff, students, partners, and Communities feel confident that concerns will be heard, taken seriously, and responded to in a way that makes our research stronger.

Updates to this procedure

The Director, IUIH Network Knowledge and Research Centre is accountable for the ongoing monitoring and review of this Procedure to ensure it remains effective and compliant, and reports to the Knowledge and Research Governance Committee to provide assurance on compliance.

We review this procedure annually. Any updated versions will be made available:

- on our websites; and
- in our internal quality management system.

This Procedure was last updated on 02/06/2026.

You can ask for a copy of this procedure in a different format (for example, a paper copy) or ask any questions by contacting:

IUIH Knowledge and Research Centre

Email: research@iuih.org.au

Telephone: 07 3828 3600

Post: IUIH, 22 Cox Road, Windsor, QLD, 4030

Appendix 1: Terms used in this guide

Term	Definition
AIATSIS Code	AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research.
Assessment Officer (AO)	A person appointed by IUIH who supports the Designated Officer during the preliminary assessment. Their role is to help gather information and ensure the process is culturally safe, respectful, and fair for all involved.
Breach	A failure to meet the principles or responsibilities of the Australian Code for the Responsible Conduct of Research, the AIATSIS Code, or our Knowledge and Research Policy Statement. Breaches can vary in severity and impact.
Code for Responsible Research	The Australian Code for the Responsible Conduct of Research, 2018.
Complainant	The person who raises a concern or complaint.
Conflict of interest	A situation where an independent observer might reasonably conclude that a person's professional actions are, or may be, unduly influenced by other interests. This can be financial or non-financial interest, and may be perceived, potential or actual.
Designated Officer (DO)	A senior institutional officer appointed to receive complaints about research conduct or potential breaches and to oversee their management and investigation.
Guide for Responsible Research	The Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research, 2018.
Investigation	A formal process, conducted by a Panel, to determine whether a breach has occurred, the extent of that breach, and to make recommendations about further action.
Investigation Panel	Suitably qualified person or persons appointed to conduct an investigation and make findings of fact to allow the REO to assess whether a breach has occurred.
Misconduct	A serious breach of the Australian Code for the Responsible Conduct of Research which is also intentional, reckless, or negligent. Includes fraudulent conduct, corrupt conduct, or criminal behaviour.
Research Integrity Advisor (RIA)	A person or persons with knowledge of the Australian Code for the Responsible Conduct of Research, the AIATSIS Code, and institutional processes, nominated to promote responsible research conduct and provide advice to those with concerns about potential breaches.
Research Integrity Office (RIO)	Staff with responsibility for management of research integrity at an institution. At the IUIH Network, this is the Knowledge and Research Governance Committee.
Respondent	The person or persons who are the subject of a complaint.
Responsible Executive Officer (REO)	A senior officer with final responsibility for receiving reports of assessment or investigation outcomes and deciding on the course of action to be taken.
Review Officer (RO)	A senior officer with responsibility for receiving requests for a procedural review of an investigation of a breach.

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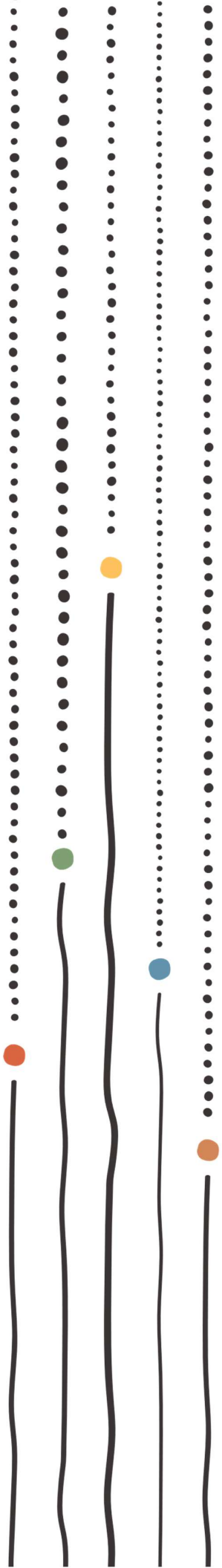

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