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STELLENBOSCH UNIVERSITY'S (SU'S) PROCEDURE FOR THE INVESTIGATION OF ALLEGATIONS OF BREACH OF RESEARCH NORMS AND STANDARDS

This procedure aims to establish a process whereby allegations of breach of research norms and standards, as established by the SU in the *Policy for Responsible Research Conduct at Stellenbosch University*, can be adequately and fairly investigated; and to provide for the protection of persons who make a protected disclosure in terms of the Protected Disclosures Act, 26 of 2000; and to provide for matters connected therewith.

1. PREAMBLE

- 1.1. SU is committed to applying the values of equity, participation, transparency, service, tolerance and mutual respect, dedication, scholarship, responsibility and academic freedom in all its activities (as contained in the SU's Institutional Strategy and Intent); which includes, by definition, any research conducted at SU.
- 1.2. SU endorses the principles and responsibilities enshrined in the Singapore Statement on Research Integrity¹.
- 1.3. Allegations of breach of applicable research norms and standards are a serious matter; and hence the investigation thereof must be conducted in accordance with the highest standards of integrity, accuracy and fairness.
- 1.4. The fundamental principles of research ethics and scientific integrity, serving as the foundations for research conducted at the SU, have been established in the aforementioned *Policy for Responsible Research Conduct at Stellenbosch University* (hereafter referred to as "**the Policy**").
- 1.5. This procedure aims to provide for the taking of appropriate steps as prescribed by SU's *Procedure regarding disciplinary action against staff*

¹ <http://www.singaporestatement.org/>

members and *The Disciplinary Code for Students of Stellenbosch University*, as and when needed.

- 1.6. This procedure must ensure that all persons involved in the investigation of such allegations act with the utmost integrity and sensitivity at all times.

2. DEFINITIONS

In this Procedure, unless the context indicates otherwise -

- 2.1. **“Accepted Procedures for Responsible Research”** include, but are not limited to, the following:
 - 2.1.1. gaining informed consent and/ or assent in writing from all participants where required;
 - 2.1.2. gaining formal approval from relevant organisations where required;
 - 2.1.3. adhering to written proposals or protocols for research as described in any formal approval that has been given for the research, for example ethics approval or approval by a postgraduate review body;
 - 2.1.4. adhering to proposals or protocols for research as defined in legitimate contracts or agreements with funding bodies and sponsors;
 - 2.1.5. adhering to protocols for research as approved by the Medicines Control Council for a trial of medicinal products;
 - 2.1.6. adhering to policies for research set out in the guidelines of the employing institution and other relevant partner organisations;
 - 2.1.7. adhering to policies for research set out in the guidelines of appropriate recognised professional, academic, scientific, government, national and international bodies
 - 2.1.8. adhering to any relevant procedures that are aimed at avoiding unreasonable risk or harm to humans, animals or the environment;
 - 2.1.9. adhering to good practice principles for the proper preservation and management of primary data, artifacts and materials.
 - 2.1.10. adhering to existing guidelines on good practice in research.

- 2.2. **“Complainant”** means any person making allegations and/or disclosures, including protected disclosures, as set out in section 1 of the Protected Disclosures Act, 26 of 2000 (**“the Act”**), of breach of research norms and standards against 1 (one) or more Respondents. The Vice-Rector (Research and Innovation) may act as the Complainant in certain circumstances (see 5.2.3 in this regard).
- 2.3. **“Detriment”** will have the corresponding meaning as “occupational detriment” as set out in section 1 of the Act; with the necessary changes.
- 2.4. **“Breach of research norms and standards”** or **“Breach of accepted procedures for responsible research”** includes acts of omission as well as acts of commission; furthermore the concept of ‘research misconduct’ is often restricted to the first three items identified below namely fabrication, falsification or plagiarism. However, at SU this procedure is concerned with any activity that breaches the Policy referred to earlier or established and accepted procedures for responsible research as described in 2.1 above. Such activities may include but are not limited to:
- 2.4.1. Fabrication: making up data or results and recording or reporting them.
- 2.4.2. Falsification: manipulating research materials, equipment, or processes, or changing or omitting data or results with the result that the research is not accurately represented in the research record.
- 2.4.3. Plagiarism: the appropriation of another person's ideas, processes, results, or words without the author's consent and without giving the appropriate credit to such author; provided that any allegation of plagiarism must be investigated according to procedures outlined in SU's *Policy on Academic Integrity: The Prevention and Handling of Plagiarism*, and not in accordance with this Procedure.
- 2.4.4. Failures to follow accepted research procedures or to exercise due care in carrying out research, which constitutes negligence.
- 2.4.5. Breach of responsibilities for avoiding unreasonable risk or harm to:
- 2.4.5.1. humans;
- 2.4.5.2. animals used in research and teaching; and
- 2.4.5.3. the natural and cultural environment.
- 2.4.6. Breach of principles for the proper handling of privileged or private information of individuals collected during research.
- 2.4.7. Improper management of research funds and/or other resources.

- 2.4.8. Improper allocation of authorship or the lack of allocation of deserved authorship.
- 2.4.9. Failure to comply with national statutory, professional or legal requirements.

In addition, the standards by which such allegations should be assessed must be those prevailing at higher education institutes (HEIs), as well as other research institutions at the date that the alleged breach of research norms and standards took place. This is particularly applicable to allegations pertaining to research conducted prior to the approval by SU of the Policy. The conclusion that an individual is responsible for breach of research norms and standards is based on judgment that there was an intention to commit the misconduct and/or recklessness and/or negligence in the conduct of any aspect of a research project. Where allegations of breach of research norms and standards concern an intentional and/or reckless and/or negligent departure from accepted procedures in the conduct of research that may not fall directly within the terms detailed above, a judgment should be made by the RIO (see 5.1) as to whether the matter should be investigated using this procedure.

- 2.5. “**FIG**” means the Formal Investigation Committee, established in accordance with section 5.3 below;
- 2.6. “**this/the Procedure**” means the procedure set out in this document;
- 2.7. “**Protected Disclosure**” means a disclosure made by a Complainant in accordance with section 9 of the Act;
- 2.8. “**Research**” means any systematic enquiry aimed at producing new and generalisable knowledge, new meaning or a deeper understanding.
- 2.9. “**Respondent**” refers to a person(s) against whom allegations or disclosures of breach of research norms and standards have been made, and includes any person conducting research under the auspices of SU, irrespective of the source of his/her funding or the field in which he/she conducts his/her research; who is a/an:
 - 2.9.1. undergraduate student at the SU;
 - 2.9.2. post-graduate student at SU;
 - 2.9.3. post-doctoral fellow of the SU;

- 2.9.4. visiting student; irrespective of his/her nationality;
 - 2.9.5. employee of SU, whether temporary or permanently employed at SU;
 - 2.9.6. person formerly in any of the categories of 2.9.1 - 2.9.5 above whose thesis and/or academic articles and/or other written work (which documents were drawn up whilst the person was in the categories in question at SU and which documents were published under the name of SU) remains published under SU's name, whether locally or internationally.
- 2.10. **“RIO”** means a Research Integrity Officer, which person shall be appointed in accordance with, and shall have the powers and functions as set out in section 5.1 below.

3. APPLICATION

- 3.1. This Procedure is aimed at investigation and decision making, i.e. determining whether a breach of applicable research norms and standards has *prima facie* occurred.
- 3.2. The provisions of the Act shall *mutatis mutandi* apply to this Procedure and the definition of “employee” as set out in section 1 of this Act shall include a Complainant.

4. FUNDAMENTAL PRINCIPLES

The following principles must form the foundation of an investigation into alleged breach of research norms and standards:

4.1. Fairness

- 4.1.1. The Respondent has a right to be informed of the allegations against him/her and is presumed innocent until a full investigation in accordance with both this Procedure and the disciplinary codes for staff or students, as the case may be, proves otherwise.
- 4.1.2. The Respondent has a right to be heard and to put forward his/her case in terms of the *audi et alteram partem* principle;

- 4.1.3. The Respondent has a right to due and fair process and must be allowed to ask questions; present information/evidence in his/her defence; seek advice or support from anyone of his/her choosing; and question or raise points about any information given by any witness.
- 4.1.4. The Respondent has, in accordance with section 35 of the Constitution of the Republic of South Africa, 1996, a right to legal representation during all stages of the investigation process, starting at the time when the Respondent is informed of the allegation/s against him/her.
 - 4.1.4.1. The Respondent may appoint and instruct a legal representative of his/her choice to represent him/her during the investigation process and meetings.
 - 4.1.4.2. The Respondent's legal representative may be present at all meetings which the Respondent is obliged to attend.
 - 4.1.4.3. The Respondent's legal representative may speak on behalf of the Respondent at such meetings.
 - 4.1.4.4. The Respondent will be responsible for payment of his/her own legal fees.

4.2. **Confidentiality and Protected Disclosures**

- 4.2.1. All facets of the investigation must be kept confidential.
- 4.2.2. The Complainant's identity may only be disclosed if he/she has consented thereto in writing (in accordance with Annexure "A") or orally at a later stage during the investigation process.
- 4.2.3. The Respondent's identity must not be disclosed before it has formally been decided that he/she has breached any of SU's research norms and standards, unless the Respondent has consented thereto in writing, and provided that the Respondent's identity may be disclosed to all the relevant roleplayers in the investigation process, including the RIO, the FIC, the Vice Rector (Research and Innovation) and the person formally delegated by the Vice-Rector (Research and Innovation) in terms of paragraph 5.4.5.
- 4.2.4. Should the maintenance of the complete confidentiality of the Complainant / Respondent's identity throughout the entire process not be reasonably possible; the Complainant should be informed of

this in writing in accordance with Annexure “D”, if and when such a stage in the investigation process is reached.

- 4.2.5. Should a Complainant be subject to some prejudice, he/she will have the same remedies as set out in section 4 of the Act.

4.3. Integrity

- 4.3.1. Anyone asked to participate in this process must act with honesty, impartiality and objectivity at all times.
- 4.3.2. Any interests of any party involved in this process which may constitute a potential conflict of interest or conflict of commitment must be declared to the RIO immediately.

4.4. Prevention of Prejudice

All parties involved in the investigation must take care to protect:

- 4.4.1. the Respondent/s from frivolous, vexatious or malicious allegations of breach of research norms and standards;
- 4.4.2. the reputation of the Respondent/s, during the investigative process and particularly if the allegations are not confirmed;
- 4.4.3. the position and reputation of Complainants who make allegations in good faith, i.e. on the basis of *prima facie* supporting evidence that a breach of research norms and standards has in fact occurred.

5. PROCEDURE

5.1. Appointment and function of a RIO:

- 5.1.1. A RIO must be appointed by the Vice Rector (Research and Innovation) for a 2 (two) year term, which term is renewable on 2 (two) months' written notice by the Vice Rector (Research and Innovation). An additional RIO can be appointed by the Vice Rector either on an ad-hoc basis or for a specific term, as required. Should the RIO's term not be renewed, the Vice Rector (Research and Innovation) must appoint a new RIO for the next 2 (two) years. Where appropriate, references to the RIO, includes the additional RIO.
- 5.1.2. For a person to be eligible to be the RIO; he/she must:
 - 5.1.2.1. have significant knowledge and experience of Research;

- 5.1.2.2. not be a Dean of any faculty of SU;
- 5.1.2.3. be formally affiliated with SU.
- 5.1.3. The RIO will be responsible for:
 - 5.1.3.1. receiving any allegations of breach of research norms and standards at SU;
 - 5.1.3.2. notifying the Vice Rector (Research and Innovation) and his/her appointed delegate of any such allegations;
 - 5.1.3.3. initiating and coordinating the procedure for investigating any such allegations and ensure that the investigation is conducted expeditiously;
 - 5.1.3.4. maintaining an information record and compiling reports, when necessary, during all stages of the investigation proceedings.
 - 5.1.3.5. taking decisions at all key stages in the process as required in terms of this document
- 5.1.4. Recusal of RIO:

The RIO must immediately recuse him/herself if there is the potential for an actual or perceived conflict of interests and advise the Vice-Rector (Research and Innovation) accordingly.

5.2. **STAGE 1: REPORTING OF ALLEGED BREACH OF RESEARCH NORMS AND STANDARDS**

- 5.2.1. A Complainant may contact the RIO in person, in writing or telephonically, to report an alleged breach of research norms and standards, or to seek advice from the RIO on matters relating to research integrity.
- 5.2.2. Should the Complainant wish to initiate formal investigation procedures against the Respondent, such allegations must:
 - 5.2.2.1. be in writing;
 - 5.2.2.2. addressed to the RIO;
 - 5.2.2.3. set out all the facts and information available to the Complainant;
 - 5.2.2.4. set out the full names and contact details of the Respondent;
 - 5.2.2.5. be substantially in accordance with Annexure “A” hereto.
- 5.2.3. The Complainant may request that his/her identity remain confidential. The RIO must attempt to adhere to this request wherever and whenever reasonably possible (See Annexure “A”).

- 5.2.4. After receipt of the complaint, the Vice-Rector (Research and Innovation) or his/her delegate, may act as official complainant on behalf of the Complainant, should the Complainant request that his/her identity remain protected, provided that the RIO is satisfied that the complaint has some merit and is not spurious.
- 5.2.5. Should circumstances arise which requires the RIO to disclose the Complainant's identity, the RIO must inform the Complainant thereof in writing within a reasonable time after becoming aware of these circumstances, and provide written reasons therefor. The notice should be substantially in accordance with Annexure "D".
- 5.2.6. Within 7 (seven) days after receipt of an allegation of breach of research norms and standards, the RIO must:
 - 5.2.6.1. acknowledge receipt thereof to the Complainant in writing and indicate the immediate investigation process that will be followed; which notice must be substantially in accordance with Annexure "B";
 - 5.2.6.2. notify the potential Respondent that an allegation of breach of research norms and standards has been made against him/her and that a preliminary investigation will be conducted by the RIO as envisaged in clause 5.2.7 below. The RIO is under no obligation to inform the Respondent at this stage of the nature of the complaint or of the identity of the Complainant.
- 5.2.7. Before a formal complaint is laid against the Respondent/s, the RIO must independently review the allegations made against the Respondent by referring to the definition of 'breach of research norms and standards' as set out in clause 2. If the RIO considers that the allegation(s) constitute a possible instance of breach of the Policy; he/she must continue with a preliminary investigation of the facts and circumstances surrounding the allegation(s), having due regard to the circumstances of the case. This preliminary investigation must be completed within 14 (fourteen) days after a complaint of an allegation of a breach of research norms and standards has been received from the Complainant. The RIO may extend the period for further investigation as may be required and should advise the Complainant and other affected parties.
- 5.2.8. Within 1 (one) month after receipt of an allegation of breach of research norms and standards, the RIO must inform the Respondent

of the complaint made against him/her in writing and furnish the Respondent with:

- 5.2.8.1. a copy of the written complaint;
- 5.2.8.2. a copy of this Procedure;
- 5.2.8.3. an invitation to a meeting with the RIO as outlined in section 5.2.10 below, including a proposed date and an agenda for the meeting to be held between the RIO and the Respondent,

provided that the Complainant's identity is not divulged if so requested, subject to clause 5.2.5 above.

5.2.9. The notice referred to in 5.2.8 above should be substantially in accordance with Annexure "C".

5.2.10. The RIO must meet with the Respondent in person, or if this is not possible by another mutually acceptable process (e.g. via 'skype'), at any time before a formal investigation is instituted, in order to-

- 5.2.10.1. discuss with the Respondent the allegations made against him/her;
- 5.2.10.2. attempt to clarify issues or acquire additional information;
- 5.2.10.3. notify the person that failure to clarify or comply will result in the SU taking appropriate steps, which may include a formal investigation; and
- 5.2.10.4. inform the Respondent of his/her rights and/or defenses.

5.2.11. The meeting referred to in clause 5.2.10 above, must take place before a final decision is taken to proceed with the appointment of the FIC, unless exceptional circumstances dictate otherwise. In such a case, the RIO must justify the immediate appointment of the FIC in writing and obtain written approval from the Vice Rector (Research and Innovation) or his/her appointed delegate.

5.2.12. Should an allegation involve a thesis that is in the public domain (i.e. on the SU's Sun Scholar database), SU may, at its own discretion, place a temporary embargo on the thesis from the time that a formal investigation is instituted, until such time as the investigation has been finalised, to avoid any damage and/or risk to SU's reputation. Prior to placing such an embargo on a thesis, the RIO must notify the Respondent and his/her supervisor of the thesis of this intention. Under exceptional circumstances SU reserves the right to place an embargo on a thesis earlier in this process, for example in cases where either SU or other parties are placed at risk by privacy

or intellectual property issues. Wherever possible all concerned parties will be notified as soon as reasonably possible.

- 5.2.13. Once the RIO has decided to investigate the allegations formally, or take alternative steps towards remedial action, as the case may be, he/she must inform the following persons in writing about such a decision:
 - 5.2.13.1. the Respondent (which notice must be substantially in accordance with Annexure "E");
 - 5.2.13.2. the Research Ethics Committee (REC) chairperson, if applicable;
 - 5.2.13.3. the Dean of the relevant faculty and, where relevant, the dean of research; and
 - 5.2.13.4. the members of the FIC (once appointed).
- 5.2.14. The RIO may not disclose any confidential information pertaining to the investigation to the aforesaid recipients at this stage of the process.
- 5.2.15. The RIO must consider whether or not other steps need to be taken either simultaneously, or instead of appointing the FIC, which may include, but are not limited to: notifying the appropriate REC; reporting an incident to the South African Police Services (SAPS). However, if the RIO does decide that alternative action, either instead of, or in addition to, appointing a FIC is required, this decision and the justification therefor, must be reported in writing to the Vice-Rector (Research and Innovation) or the person to whom he/she has delegated his/her authority and to the Respondent.
- 5.2.16. In instances where SU is not the Respondent's primary employer, the RIO may need to investigate, in conjunction with the Human Resources Division and the Division for Research Development, any contractual or other relationship that the Respondent has with that institution and/or employer. Where appropriate, the Respondent's primary employer should be notified of the allegation of research norms and standards against the Respondent. Should the Respondent be self-employed, the notice must be sent to his/her partners/co-directors, etcetera, where applicable. This step must only be taken after the preliminary investigation has been completed, unless circumstances dictate otherwise.
- 5.2.17. The RIO should aim to complete this phase of the investigation within 2 (two) months after receipt of the complaint.

- 5.2.18. Possible outcomes of the RIO's investigation include that:
- 5.2.18.1. the allegation is unfounded and requires no action. A written report must be submitted to the Vice Rector (Research and Innovation) and after his/her approval has been obtained, the RIO must inform the Complainant of his/her decision;
 - 5.2.18.2. the allegation does appear to have foundation and must be referred to an *ad hoc* FIC; or
 - 5.2.18.3. alternative or dual action is required (as described in clause 5.2.13 and 5.2.16 above).
- 5.2.19. The RIO must inform the Respondent in writing of the outcome of the RIO's investigation.

5.3. **STAGE 2: FIC**

- 5.3.1. The RIO will provide the FIC with an investigation brief that clearly outlines the role and requirements of the FIC in the context of the specific matter at hand.
- 5.3.2. The RIO, in consultation with the Vice Rector (Research and Innovation) or his/her delegate, appoints the FIC to investigate the allegation further.
- 5.3.3. This committee should consist of at least 3 (three) members who will be appointed by the RIO. The RIO may not serve as a member of the FIC.
- 5.3.4. At least 1 (one) member of the FIC must be a scientist in the same field as the Respondent. This scientist may be an independent member (who is not employed at SU), if appropriate, to avoid a conflict of interest. Subject to consultation with the RIO and final approval by the Vice-Rector (Research and Innovation) or his/her delegate, the committee shall be entitled to appoint a maximum of 2 additional members with specialized expertise and knowledge to assist the committee in its duties.
- 5.3.5. The FIC must elect a chairperson who will be responsible for coordinating the investigation and providing the RIO with a written report.
- 5.3.6. The FIC must:
- 5.3.6.1. interview the Respondent;
 - 5.3.6.2. interview the Complainant;
 - 5.3.6.3. gather other relevant information, if applicable.

- 5.3.7. The FIC should determine whether the allegations of breach of research norms and standards:
 - 5.3.7.1. are unfounded;
 - 5.3.7.2. should be referred to the appropriate REC chairperson (the SREC chairperson must also be notified of this decision);
 - 5.3.7.3. require immediate additional or alternative referral to an external regulatory body such as the SAPS;
 - 5.3.7.4. have some substance, but due to lack of recklessness, intent to deceive, or due to its relatively minor nature, should be addressed through education and/or training and/or another non-disciplinary approach; or
 - 5.3.7.5. are sufficiently serious and have sufficient substance to be referred to the relevant officers appointed in terms of SU's disciplinary codes for staff and students.
- 5.3.8. The Chairperson of the FIC should aim to ensure that the FIC completes its work within 2 (two) months, or such other period as agreed upfront with the RIO.
- 5.3.9. The Chairperson must submit a written report to the RIO documenting the FIC's findings and provide a recommendation for action. The RIO must submit this report to the Vice-Rector (Research and Innovation) and provide a copy thereof to the Respondent. In cases where the FIC recommended referral to the relevant disciplinary processes, the report must be forwarded to the relevant officer.

5.4. **Role of Vice Rector (Research and Innovation)**

- 5.4.1. The Vice Rector (Research and Innovation) is responsible for taking a final decision regarding the outcome of the report.
- 5.4.2. In the event that this leads to a disciplinary hearing, the relevant officer shall provide the Vice Rector (Research and Innovation) with a report once the disciplinary process is concluded.
- 5.4.3. The Vice Rector (Research and Innovation) must take appropriate steps, where necessary, to protect SU's interest or reputation with respect to its clients or service(s) providers, as the case may be.
- 5.4.4. The RIO shall inform both the Complainant and Respondent, in writing, of the final outcome of the investigation, including any

recommendations for further action within 7 (seven) days after the Vice Rector (Research and Innovation) has taken the final decision.

- 5.4.5. The Vice-Rector (Research and Innovation) may delegate all or any of his/ her duties and responsibilities to the Senior Director (Research and Innovation).

6. PERIODS

The periods referred to in this Procedure may be extended by the Vice-Rector: (Research and Innovation) or his/her delegated authority, if he/she is of the opinion that valid reasons exist for such an extension. Should the time periods not be complied with, the Vice-Rector (Research and Innovation) must justify the extension / non-compliance to the Complainant and/or Respondent and/or other relevant party concerned, in writing. The Respondent shall have no claim whatsoever against the RIO, FIC, the Vice-Rector (Research and Innovation) or any other role-player, should the periods set out in this Procedure not be adhered to.

7. SAFEKEEPING OF RECORDS

- 7.1. All documents and digital recordings relating to an investigation will be kept by a nominee of the Vice Rector (Research and Innovation). The Respondent may request copies of the documents and/or recordings in writing and at his/her own cost.
- 7.2. These documents and/or recordings must be kept for a period of at least five (5) years after the announcement of the final decision by the RIO, the FIC, or the relevant Disciplinary Committee, as the case may be. The documents are confidential and will not be made available to any parties unless a written request for release of such documents is approved by the Vice Rector (Research and Innovation).

8. APPEAL AND/OR REVIEW

Once a final decision has been made as to the outcome of the investigation, the procedure ends. No appeal or review procedure at SU exists against the final decision of the RIO and/or the Vice-Rector (Research and Innovation). The outcome of the investigation will be referred to the Office of the Rector by the Vice-Rector (Research and Innovation) for further action, as prescribed by the respective disciplinary codes, where appropriate. However, nothing in this procedure prevents the aggrieved party from approaching a court to obtain the necessary relief and/or to review the decision of the RIO and/or the Vice-Rector (Research and Innovation).

9. REFERENCES AND ACKNOWLEDGEMENTS

- This Policy is adapted, in part, from the Procedure for the Investigation of Misconduct in Research of the UK Research Integrity Office, published in August 2008.
- Definitions: Definitions of fabrication, falsification and plagiarism can be found at http://ori.dhhs.gov/misconduct/definition_misconduct.shtml. Accessed 12.11.2010
- *Sample policy and procedures for responding to allegations of Research misconduct*. Office for Research Integrity, US Federal Government. Available at http://ori.dhhs.gov/policies/ori_policies.shtml. Accessed on 18.01.2011
- *Policy for Responsible Research Conduct at Stellenbosch University*. Available at <http://www0.sun.ac.za/research/research-integrity-and-ethics.html>. Accessed 30.1.2014
- *Singapore Statement on Research Integrity*. Available at <http://singaporestatement.org/>. Accessed 18.01.2011
- *Procedure regarding disciplinary action against staff members*. Available at <http://www.sun.ac.za/hr/english/policies-and-procedures.php>
- *The Disciplinary Code for Students of Stellenbosch University*. Available in the Stellenbosch University Calendar, Part 1.
- *Stellenbosch University Policy on Academic Integrity: The Prevention and Handling of Plagiarism*. Available in the Stellenbosch University Calendar, Part 1.

- *University of Windsor JA Form 1: Report of Academic or Non-Academic Misconduct - Form for any Member of the University Community; Bylaw 31: Judicial Forms: Student Affairs and Integrity.* Available at <http://web4.uwindsor.ca/units/senate/main.nsf/SubCategoryFlyOut/7DCCEC31BB39B32D85257686005F8EE5>. Accessed 13.04/.2014.
- *Section 35 of the Constitution of the Republic of South Africa, 1996.*

10. LIST OF ANNEXURES:

Annexure A: Formal Complaint Form – to be completed by Complainant

Annexure B: Notice of Receipt – to be completed by RIO

Annexure C: Notice to Respondent and invitation to Attend Meeting – to be completed by RIO

Annexure D: Disclosure of Identity Form – to be completed by RIO

Annexure E: Notice to Respondent of intent to investigate – to be completed by RIO

Annexure F: Flowchart depicting the Investigation Procedure

Annexure G: Flowchart depicting the powers of the relevant roleplayers and the delegation of those powers

Name of Respondent:

Contact details of Respondent, if known:

- Telephone number:
- Cellphone number:
- E-mail address:

Address of Complainant:

- Physical address:
.....
.....
- Postal address:
.....
.....

Do you consent to your identity being disclosed to the Respondent?

Yes / No

[Please mark the appropriate answer with an **X**]

On which date did you become aware of the alleged breach of research norms and standards?

.....

On what date did the alleged breach of research norms and standards occur?

.....

I confirm that the information contained in this document is both true and correct and falls within my personal knowledge, unless the context indicated otherwise.

Name and signature

COMPLAINANT

DATE

Annexure “B”

This form must be completed by the RIO and sent to the Complainant by hand/e-mail/registered post, within 7 (Seven) days after a complaint of an allegation of research norms and standards has been received from the Complainant.

[SU Letterhead]

Mr/Mrs/Miss/Dr/Prof

I acknowledge receipt of your complaint regarding the allegation of breach of research norms and standards against Mr/Mrs/Miss/Dr/Prof....., received on(Insert date).

I will proceed to review the allegations made by you to determine whether the alleged breach does indeed constitute a breach of research norms and standards, as defined in the Procedure for the Investigation of Allegations of Research Norms and Standards. If it does; I will continue with a preliminary investigation of the facts and circumstances surrounding the allegation.

I will meet with the Respondent in person to formally inform him/her of the allegation/s made against him/her; to clarify any issues or to acquire additional information; and to inform him/her that the SU will take appropriate steps should he/she fail to cooperate, or to clarify any issues.

The Formal Investigation Committee (FIC) will conduct an interview with you at a mutually acceptable time and place, should a formal investigation be initiated.

I will inform you in writing of the final outcome of the investigation, once completed.

**RESEARCH INTEGRITY OFFICER
STELLENBOSCH UNIVERSITY**

Annexure “C”

This form must be completed by the RIO and sent to the Respondent by hand, e-mail or registered post.

[SU letterhead]

INVITATION TO ATTEND MEETING²

Dear Mr/Mrs/Miss/Dr/Prof

NAME OF COMPLAINANT: Vice Rector (Research and Innovation) [or Complainant's name should he/she have consented to the disclosure thereof].

NAME OF RESPONDENT:

PLEASE TAKE NOTICE that we have received a written complaint of an alleged breach of research norms and standards against you on

The following allegation/s was/were made against you:

Allegation 1:

.....

in that you:

.....

.....

² The same form (with the necessary changes) may be used to inform the Respondent of a disciplinary hearing once a formal investigation has been instituted.

Allegation 2:

.....

in that you:

.....
.....
.....

It is hereby requested that you contact the Research Integrity Officer of Stellenbosch University, Dr Lyn Horn on 021-8089184 or lhorn@sun.ac.za within seven (7) days from receiving this notice, in order to arrange a suitable time for a preliminary discussion regarding this allegation.

You are further informed that should you fail to contact SU in this regard, that an investigation may continue in your absence and that you may be found guilty of the abovementioned allegations in your absence.

You have the right to be heard during a fair and transparent process of investigation and decision. You also have the right to be presumed innocent until such time that a formal investigation proves otherwise. We would therefore like to urge you to use this opportunity.

Issued by SU.....

Date..... Time.....

Annexure “D”

This form must be completed by the RIO in the event that circumstances arises which necessitates the Respondent/Complainant’s identity to be disclosed / made public:

The duly completed form must be sent to the Respondent/Complainant.

[SU Letterhead]

Mr/Mrs/Miss

PLEASE TAKE NOTICE that we are obliged/required to disclose your identity and/or the allegations against you,³ due to the following circumstances:

.....
.....
.....
.....
.....
.....

[Insert relevant circumstances]

Should you have any objections thereto; please inform us in writing of these objections within **15 (fifteen)** days after receipt of this notice; failing which, we will continue to disclose your identity and/or the allegations against you.

DATED AT ON THIS DAY OF 20.....

**Research Integrity Officer
Stellenbosch University**

³ Please circle the information that you intend to disclose.

Annexure “E”

This form must be completed by the RIO and sent to the Respondent by hand, e-mail or registered post.

[SU letterhead]

NOTICE TO ATTEND MEETING⁴

Dear Mr/Mrs/Miss/Dr/Prof

NAME OF COMPLAINANT: Vice Rector (Research and Innovation) [or Complainant's name should he/she have consented to the disclosure thereof].

NAME OF RESPONDENT:

PLEASE TAKE NOTICE that we have received a written complaint of an alleged breach of research norms and standards against you on

The following allegation/s was/were made against you:

Allegation 1:

.....

in that you:

.....
.....

⁴ The same form (with the necessary changes) may be used to inform the Respondent of a disciplinary hearing once a formal investigation has been instituted.

Allegation 2:

.....

in that you:

.....
.....
.....

It is hereby requested that you contact the Research Integrity Officer of Stellenbosch University, Dr Lyn Horn on 021-8089184 or lhorn@sun.ac.za within seven (7) days from receiving this notice, in order to arrange a suitable time for a formal interview with the Formal Investigation Committee (FIC) regarding this allegation.

YOU ARE REMINDED THAT YOU HAVE THE FOLLOWING RIGHTS:

- The right to be assisted or represented by a legal representative during any meetings related to this allegation and its investigation.
- The right to call your own witnesses at any meetings related to this allegation and the right to give evidence in your defence.
- The right to cross-examine any witnesses brought into the investigation by SU
- The right to a fair and transparent process of investigation and a decision.
- The right to be presumed innocent until such time that an investigation proves otherwise.
- The right to bring evidence in mitigation should you be found guilty.

IF YOU DO NOT UNDERSTAND THE CONTENT OF THE ALLEGATIONS AGAINST YOU OR YOUR RIGHTS AS STIPULATED ABOVE, YOU CAN CONTACT DR LYN HORN ON 021 808 9184

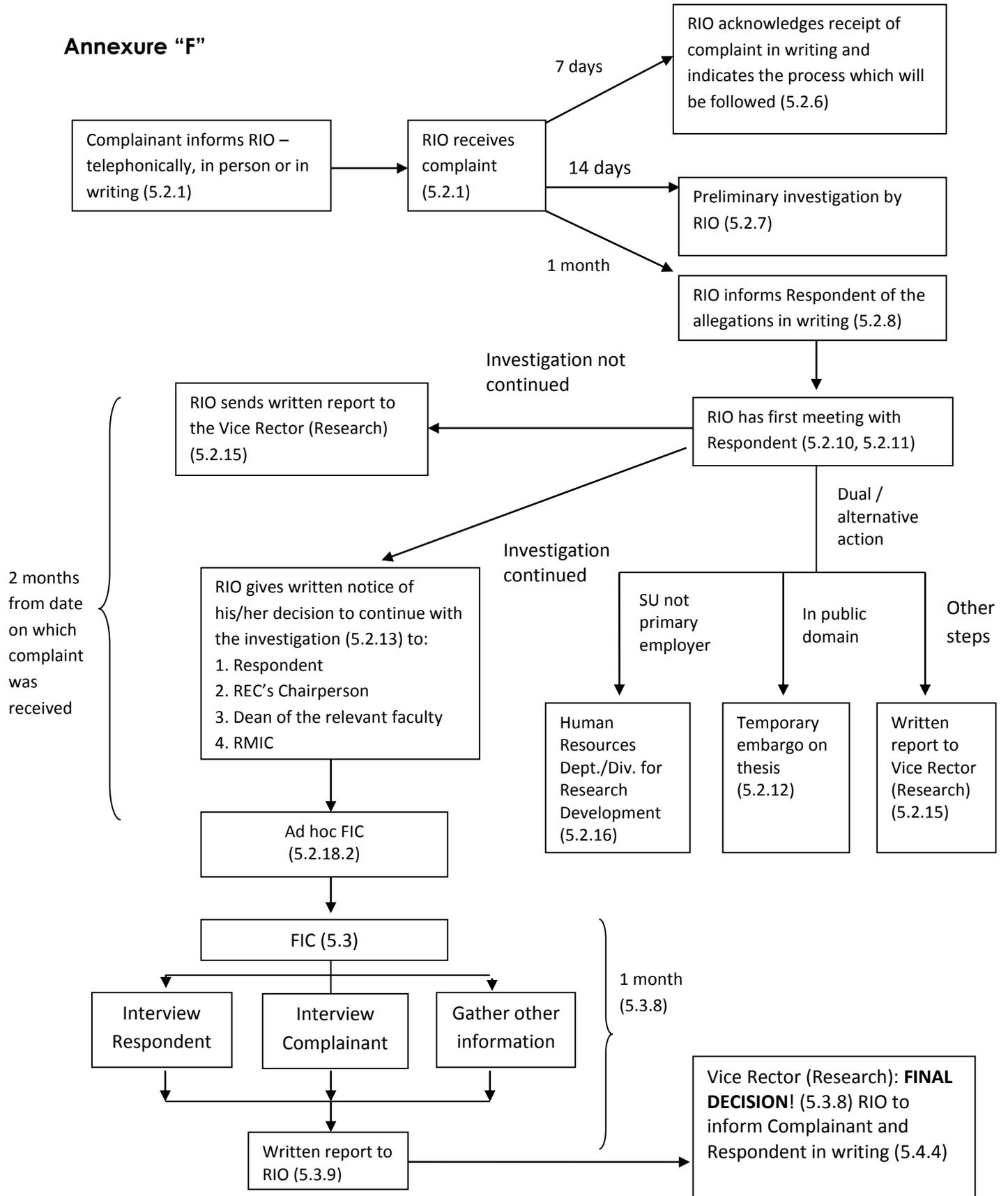
YOU ARE FURTHER INFORMED THAT SHOULD YOU FAIL TO CONTACT SU IN THIS REGARD, THAT AN INVESTIGATION MAY CONTINUE IN YOUR ABSENCE AND THAT YOU MAY BE FOUND GUILTY OF THE ABOVEMENTIONED ALLEGATIONS IN YOUR ABSENCE.

Issued by SU.....

Date.....

Time.....

Annexure “F”



Annexure "G"

