

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

Type of document	Procedure
Purpose	Prescribes the process for the investigation of an allegation of breach of research norms and standards, as established in the Policy for Responsible Research Conduct at Stellenbosch University.
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Validity	The English version of this procedure is the operative version, and the Afrikaans and isiXhosa versions are translations.

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This procedure prescribes the process for the investigation of an alleged breach of research norms and standards, as established in the Policy for Responsible Research Conduct at Stellenbosch University. It also outlines subsequent recommendations for appropriate further action, in accordance with the *Disciplinary Code: Rules regarding Disciplinary Action against Staff Members* and the *Disciplinary Code for Students of SU*.

This procedure provides for the protection of persons who make a protected disclosure in terms of the Protected Disclosures Act, 26 of 2000 (the "Act"), as amended, and provides for related matters.

1. PREAMBLE

Stellenbosch University (SU) is committed to applying its values in all its activities, including all research conducted at the University as contained in its Vision and Code 2040¹. This includes, by definition, any research conducted at SU.

The fundamental principles of research ethics and scientific integrity, as established in SU's *Policy for Responsible Research Conduct at Stellenbosch University* (hereafter referred to as "the Policy"), are foundational for research conducted at SU. SU also endorses the principles and responsibilities enshrined in the Singapore Statement on Research Integrity².

Allegations of breach of applicable research norms and standards are serious matters. Hence, the investigation thereof must be conducted in accordance with the highest standards of integrity, accuracy and fairness.

2. DEFINITIONS

In this Procedure, unless the context indicates otherwise:

- 2.1. **"Act"** means the Protected Disclosures Act, 26 of 2000.
- 2.2. **"Allegation"** means a claim or assertion that someone involved in research has done something in possible contravention of the Policy for Responsible Research Conduct at Stellenbosch University. This may be brought to the attention of a Research Integrity Officer (RIO) through a formal written complaint or something that they have observed.

¹ Stellenbosch University's Code 2040 (Code of Conduct):
https://sunrecords.sun.ac.za/controlled/C4%20Policies%20and%20Regulations/Code_2040_Ethics.pdf

² <http://www.singaporestatement.org/>

- 2.3. **"Complainant"** means any person, persons or cohort of persons (formalised group) making formal 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 one or more Respondents.
- 2.4. **"Detriment"** will have the meaning corresponding to that of "occupational detriment" as set out in section 1 of the Act, with the changes appropriate for the present context.
- 2.5. **"Breach of research norms and standards" or "Breach of accepted procedures for responsible research"** refers to acts of commission or omission, which include failing to adhere to accepted research procedures or exercising due care in conducting research (i.e., which constitutes negligence). The notion of "research misconduct" is often confined to fabrication, falsification or plagiarism. However, at SU, this procedure applies to any activity that violates the Policy or established and accepted procedures for responsible research, such as the principles and responsibilities outlined in the Position Statement on Ethical Use of Artificial Intelligence in Research and Teaching-Learning-Assessment, as well as the Singapore Statement on Research Integrity.
- 2.6. **"FIC"** means the Formal Investigation Committee, established in accordance with section 6.3 below.
- 2.7. **"Policy"** means the SU Policy for Responsible Research Conduct at Stellenbosch University.
- 2.8. **"Procedure"** means the procedure set out in this document.
- 2.9. **"Promotion of Administrative Justice Act 3 of 2000 (PAJA)"** prescribing the principles underlying the investigation procedure as outlined in section 4 below.
- 2.10. **"Protected Disclosure"** means a disclosure made by a Complainant in accordance with section 9 of the Protected Disclosures Act, 26 of 2000, as amended.
- 2.11. **"Respondent"** means any person(s) who is or has in the past conducted research under the auspices of SU, against whom allegations of breach of research norms and standards have been made. A respondent may include the following person(s):
- 2.11.1. undergraduate student at SU;
 - 2.11.2. post-graduate student at SU;
 - 2.11.3. post-doctoral fellow of SU;
 - 2.11.4. visiting staff member or student doing research under the auspices of SU, irrespective of his/her nationality.
 - 2.11.5. employee of SU, whether temporarily or permanently employed;

- 2.11.6. honorary associates and extraordinary appointments such as research fellows and Emeritus Professors doing research under their SU affiliation;
 - 2.11.7. person formerly in any of the categories of 2.11.1 - 2.11.5 above whose research work (thesis and/or academic articles and/or other written work) was done while the person was in the categories referred to at SU and where documents were published under the name of SU and/or remain published under SU's name, whether locally or internationally.
- 2.12. **"RIO" means** a Research Integrity Officer duly appointed in accordance with clause 5.1 below, with the powers and functions as set out in that clause.

3. APPLICATION

- 3.1. This Procedure is aimed at investigations relating to research integrity, i.e., determining whether a breach of applicable research norms and standards has prima facie occurred and recommending possible outcomes of such an investigation.
- 3.2. The application of this procedure is subject to the Act and all other applicable laws.
- 3.3. A breach of research norms and standards may involve intention, recklessness or negligence on the part of the Respondent, as determined by a reasonable evaluation of the facts by a duly appointed Research Integrity Officer (RIO) in terms of section 5.1 below. The RIO determines whether the matter should be further investigated under this procedure or any other relevant procedure where there is an overlap due to multiple differing allegations.
- 3.4. The standards by which allegations of breach should be assessed must be those prevailing at higher education institutions (HEIs) and other research institutions when the alleged breach of research norms and standards occurred. This is especially relevant to allegations concerning research carried out before the approval of the Policy by SU or an earlier version of the pertinent policies.

4. FUNDAMENTAL PRINCIPLES

The investigation of allegations of breach of research norms and standards is subject to the Principles of the Administrative Justice Act 3 of 2000. The following principles, as outlined below, must govern an investigation into an 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 them and is

presumed innocent until a full investigation in accordance with both this Procedure and the relevant 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 their case in terms of the audi et alteram partem principle;
- 4.1.3. The Complainant will be treated fairly in the process and will receive reasonable feedback at the appropriate time.
- 4.1.4. Any person against whom an allegation may be made in terms of this procedure will be given the same rights in terms of clause 4.1.2.
- 4.1.5. The Respondent's right to a due and fair process during all stages of the investigation process includes the right to ask questions, present evidence and information in their defence, seek advice or support from anyone of their choosing, and question or raise points about any evidence or information given by any witness. At any meeting under clause 6.2.6, the Respondent shall not be entitled to legal representation, unless the RIO, upon application of the Respondent, determines that it is reasonable to allow legal representation, having regard to the following factors:
 - 4.1.5.1. The nature and complexity of the questions of fact and law raised in the investigation; and
 - 4.1.5.2. the potential seriousness of the consequences of the investigation for the Respondent; and
 - 4.1.5.3. any other factor relevant to the fairness or otherwise of allowing or disallowing legal representation.

4.2 Confidentiality and Protected Disclosures

- 4.2.1 All facets of the investigation must be kept confidential as far as reasonably practical.
- 4.2.2 The Complainant's identity may only be disclosed if they have consented thereto in writing (in accordance with Annexure "A").
- 4.2.3 The Respondent's identity must not be disclosed by the RIO in any way before it has formally been decided that they have 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 the relevant role players in the investigation process, including the RIO, the FIC, the DVC: RIPS and any person formally delegated by the DVC: RIPS in terms of paragraph 5.4.5, as well

as others deemed to be materially affected.

- 4.2.4 The Respondent may seek support (e.g. through the appropriate support services at SU, etc.) and inform others as they deem necessary during the process.
- 4.2.5 Should maintaining the confidentiality of the Complainant'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.
- 4.2.6 In the case where the identity of the Complainant is known, the Respondent must not in any way contact or intimidate the Complainant during the course of the procedure. Should it come to light that this has taken place, the RIO may refer the matter to the University's Human Resources Division for appropriate action.
- 4.2.7 Should a Complainant be subject to some prejudice, they will have the remedies as set out in section 4 of the Act.
- 4.2.8 Any further disclosure beyond the notified parties, after recommendations have been made according to this procedure, is subject to applicable law.

4.3 Integrity

- 4.3.1. Anyone asked to participate in this process must act with integrity, ethical rigour and trustworthiness, applying the principles of honesty, responsibility, impartiality, and objectivity.
- 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 reasonable 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 occurred.

5. PROCEDURE FOR THE APPOINTMENT AND FUNCTION OF A RIO

- 5.1. A primary RIO must be appointed by the DVC: RIPS for a 2 (two) year term. The term is renewable on 2 (two) months' written notice by the DVC: RIPS to the RIO. Additional or alternative RIOs may be appointed by the DVC: RIPS either on an ad hoc basis or for a specific term, as required. Should the primary RIO's term not be renewed, the DVC: RIPS must appoint a new primary RIO for the next 2 (two) years. Where appropriate, all references to the RIO include the primary as well as any additional duly appointed alternative RIOs.
- 5.2. For a person to be eligible to be the RIO, they must:
 - 5.2.1. have significant knowledge and experience of research as well as responsible research conduct, not be a Dean of any faculty of SU (or equivalent position);
 - 5.2.2. be formally affiliated with SU.
- 5.3. The RIO will be responsible for:
 - 5.3.1. receiving any allegations of breach of research norms and standards at SU via the Office of Research Integrity and Ethics in the Division for Research Development (DRD);
 - 5.3.2. formally notifying the DVC: RIPS of any such allegations;
 - 5.3.3. initiating and coordinating the procedure for investigating any such allegations and ensuring that the investigation is conducted within a reasonable timeframe;
 - 5.3.4. maintaining an information record and compiling reports, when necessary, during all stages of the investigation proceedings;
 - 5.3.5. taking decisions at all key stages in the process as required in terms of this procedure.
- 5.4. Recusal of the RIO

The RIO must immediately recuse themselves if there is the potential for an actual or perceived conflict of interests and advise the DVC: RIPS accordingly.

6. PROCEDURE FOR REPORTING AND INVESTIGATION OF ALLEGATIONS

6.1 Reporting of alleged breach of research norms and standards

- 6.1.1. A Complainant may contact the Office of Research Integrity and Ethics (DRD) in writing or telephonically to report an alleged breach of research norms and standards or seek advice on research integrity matters.

- 6.1.2. Should the Complainant wish to file a complaint against the Respondent, such allegations must:
 - 6.1.2.1. be in writing;
 - 6.1.2.2. be addressed to the Senior Director: Research and Innovation and/or the Director: Research Integrity and Ethics;
 - 6.1.2.3. set out all the facts and information available to the Complainant;
 - 6.1.2.4. set out the full names and contact details of the Respondent;
 - 6.1.2.5. be substantially in accordance with Annexure "A" hereto.
- 6.1.3. The Complainant may request that their identity remain confidential. All staff members involved in aspects of this process must adhere to this request. If it is not possible to keep the identity of the Complainant confidential, they must be duly informed (See Annexure "D").
- 6.1.4. Should the Complainant request in their written complaint that their identity remains protected, the DVC: RIPS or their delegate may act as the official complainant on behalf of the Complainant, provided that the RIO is satisfied that the complaint has merit and is not spurious (see clause 6.2.2).
- 6.1.5. Should circumstances arise that require 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. The notice should be substantially in accordance with Annexure "D". Written confirmation of receipt of this notification (Annexure D) must be received from the Complainant prior to disclosing their identity.

6.2 Assessment and Preliminary Investigation by the RIO

- 6.2.1. Within 14 (fourteen) days after receipt of an allegation of breach of research norms and standards in the format stipulated by this Procedure, the RIO must:
 - 6.2.1.1. acknowledge receipt thereof to the Complainant in writing and indicate the process
 - 6.2.1.2. that will be followed, which notice must be substantially in accordance with Annexure "B".
 - 6.2.1.3. notify the potential Respondent that an allegation of breach of research norms and standards has been made against them and that a preliminary assessment will be conducted by the RIO as envisaged in clause 6.2.2

below. The RIO is under no obligation at this stage to provide extensive details of the nature of the complaint or the identity of the Complainant, but may outline or describe the allegation received, should the RIO deem this feasible and appropriate.

- 6.2.1.4. In any allegations that involve potential research data breaches, the RIO must, as soon as reasonably possible, consult with SU's Deputy Information Office ("DIO") under the Protection of Personal Information Act (POPIA) and Promotion of Access to Information Act (PAIA), with due regard to confidentiality, to ensure the timeous assessment of institutional risks related to POPIA or any other applicable Act requiring the protection of personal information.
- 6.2.2. The RIO may determine and initiate immediate action (e.g. via the relevant REC) where an allegation involves a situation in which research should be suspended (albeit temporarily pending investigation) to prevent further potential risks of harm to research staff, research participants, or other persons, animals, or the environment.
- 6.2.3. The RIO will independently assess the allegations against the Respondent by referring to the definition of "breach of research norms and standards" as stated in clause 2.5 and the application of this procedure as outlined in section 3.
- 6.2.4. If the RIO considers that the allegation(s) constitutes a possible instance of breach of the Policy, they 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 may include separate discussions with the Complainant and the Respondent to clarify any related issues.
- 6.2.5. The preliminary assessment must be completed within one month after a written 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, other affected parties, and the DVC (or their delegated representative) of such a delay.
- 6.2.6. Should an allegation involve a thesis that is in the public domain (i.e. on the SU SunScholar database), SU (through the DRD) may, at its discretion, place a temporary embargo on the thesis from the time that a preliminary 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 their thesis supervisor 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 SU or other parties are placed at risk by breach of privacy or other potential harm to research participants or intellectual property issues. Wherever possible, all parties concerned will be notified as soon as reasonably possible.

- 6.2.7. Within or after 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 them in writing and furnish the Respondent with:
 - 6.2.7.1. a copy of the written complaint, summarising the essence of the complaint, highlighting the specific potential breach in accepted research norms and standards;
 - 6.2.7.2. a copy of this Procedure;
 - 6.2.7.3. an invitation to a meeting with the RIO as outlined in clause 6.2.8 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 6.1.4 above. The Respondent has the right to be accompanied by legal representation as stipulated in clause 4.1.6 above.
 - 6.2.7.4. The notice referred to in clause 6.2.6 above should be in accordance with Annexure "C".
- 6.2.8. The RIO must meet with the Respondent in person, or if this is not possible, through a mutually acceptable and accessible online platform, such as MS Teams, Zoom, etc. The aim of this meeting is to:
 - 6.2.8.1. discuss with the Respondent the allegations made against them;
 - 6.2.8.2. attempt to clarify issues or acquire additional information;
 - 6.2.8.3. notify the Respondent that failure to clarify or comply will result in the SU taking appropriate steps, which may include a formal investigation; and
 - 6.2.8.4. inform the Respondent of their rights and/or remedies.
- 6.2.9. The meeting referred to in clause 6.2.8 above must take place before the RIO undertakes their preliminary investigation, makes a formal finding of the outcome, or decides to proceed with the appointment of the Formal Investigative Committee (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 DVC: RIPS or their appointed delegate.
- 6.2.10. As stipulated by this procedure, the RIO should aim to complete their preliminary investigation within 2 (two) months of receiving the allegation in writing.
- 6.2.11. Possible outcomes of the RIO's preliminary assessment include the following:
- 6.2.11.1. The allegation is unfounded and requires no action. A written report must be submitted to the DVC: RIPS, and after their approval has been obtained, the RIO must inform the Complainant and, if applicable, other stakeholders of their decision.
 - 6.2.11.2. The allegation does appear to have merit and must be investigated more fully by the RIO or referred to an ad hoc FIC.
 - 6.2.11.3. Alternative or dual action is required (as described in clause 6.2.15 below).
- 6.2.12. The RIO must inform the Respondent in writing of the outcome of the preliminary investigation and must inform all relevant parties (Complainant, Respondent, and Faculty Dean and/or Vice-dean and/or Directors if applicable to Type 3 Schools) of the decision to be undertaken and of the outcome of a more extensive investigation by the RIO, or of the RIO's decision to establish an FIC process.
- 6.2.13. Once the RIO has decided to establish an FIC to investigate the allegations or is in a position to present a formal outcome of their preliminary investigation and/or take alternative steps towards remedial action, as the case may be, they must inform the following persons in writing about such a decision:
- 6.2.13.1. the Respondent (which notice must be substantially in accordance with Annexure "E");
 - 6.2.13.2. the Research Ethics Committee (REC) chairperson, if applicable;
 - 6.2.13.3. the Dean of the relevant faculty (or equivalent position) and, where relevant, the Vice-dean responsible for research;
 - 6.2.13.4. the Complainant and
 - 6.2.13.5. the members of the FIC (if applicable).
- 6.2.14. At this stage of the process, the RIO may not disclose the identity of a complainant who elects to remain anonymous to the aforesaid recipients.
- 6.2.15. The RIO must consider and decide 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:
- 6.2.15.1. referring the matter for further investigation to, for example, HR (to apply the staff disciplinary code) or to the Registrars Division (to apply the student

disciplinary code);

6.2.15.2. recommending alternative remedial action to be taken by the relevant environment (academic department or faculty),

6.2.15.3. notifying the appropriate REC for active monitoring;

6.2.15.4. reporting an incident to the South African Police Services (SAPS) or the appropriate regulator. 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 reasons therefore, must be reported in writing to the DVC: RIPS or the person to whom they have delegated their authority and to the Respondent, Complainant, as well as to the relevant Dean and/or Vice-dean or Directors if applicable to Type 3 Schools.

6.2.16. In all cases involving research data breaches, the relevant institutional processes to ensure compliance with POPIA must be followed.

6.3 Formal Investigation Committee (FIC)

6.3.1 The RIO must share all documentation and media files about the case with the appointed FIC. The RIO will provide the FIC with an investigation brief that clearly outlines the role and responsibilities of the FIC in the context of the specific matter at hand. This brief should furthermore outline the general scope of the FIC investigation, to ensure that the investigation is limited to investigating alleged breaches of research norms and standards (as set out in the Responsible Research Conduct Policy) and that the investigation is subject to the principles stated in the Procedure (fairness, confidentiality and protected disclosures, integrity, and prevention of prejudice).

6.3.2 The RIO, in consultation with the DVC: RIPS or their delegate, appoints the FIC to investigate the allegation further.

6.3.3 The FIC should consist of at least 3 (three) members who will be appointed by the RIO after consultation with the Senior Director: Research and Innovation. The RIO may not serve as a member of the FIC under any circumstances.

6.3.4 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 conflict of interest. Subject to consultation with the RIO and final approval by the DVC: RIPS or their delegate, the FIC shall be entitled to appoint a maximum of 2 additional members with specialised expertise and

- knowledge to assist the FIC in its mandate. At least one FIC member should be from a faculty other than that of the Respondent or the complainant (if applicable).
- 6.3.5 The FIC must elect a chairperson (from its ranks) who will be responsible for coordinating the investigation and providing the RIO with a written report.
- 6.3.6 The FIC must:
- 6.3.6.1 interview the Respondent;
 - 6.3.6.2 interview the Complainant;
 - 6.3.6.3 interview, at its sole discretion, any other related parties or stakeholders named or potentially identified as role-players in their report, to ensure fair representation;
 - 6.3.6.4 gather other relevant information, if applicable.
- 6.3.7 The FIC should determine whether the allegations of breach of research norms and standards:
- 6.3.7.1 are without merit;
 - 6.3.7.2 should be referred to the appropriate REC chairperson (the SREC chairperson must also be notified of this decision);
 - 6.3.7.3 require immediate additional or alternative referral to an external regulatory body, such as but not limited to, SAPS;
 - 6.3.7.4 have some substance, but due to a lack of recklessness or intent to deceive, or due to its relatively minor nature, should rather be addressed through alternative dispute resolution, education and/or training and/or another non-disciplinary approach; or
 - 6.3.7.5 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.
- 6.3.8 The Chairperson of the FIC should aim to ensure that the FIC completes its work within two (2) months, or within another period as agreed upon upfront with the RIO or later if necessary to ensure a fair process.
- 6.3.9 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 DVC: RIPS and provide a copy thereof to the Respondent. In cases where the FIC recommends referral to the relevant disciplinary processes, the report must be forwarded to the relevant officer in the Human Resources (HR) division. The

Complainant should be informed that the matter has been finalised through the Office of the DVC: RIPS.

6.4 Role of DVC: RIPS

- 6.4.1 The DVC: RIPS is responsible for taking a decision on any further action based on the FIC report. The DVC: RIPS is not bound by the recommendations proposed by the FIC and may deviate from the recommendations, where justified.
- 6.4.2 In the event that this leads to a disciplinary hearing, the relevant officer (Director: Employee Relations or Head: Student Discipline or their delegate) shall provide the DVC: RIPS with a report once the disciplinary process is concluded.
- 6.4.3 The DVC: RIPS must take appropriate steps, where necessary and feasible, to protect SU's interest or reputation with respect to its clients or service(s) providers, as the case may be.
- 6.4.4 The RIO must 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 DVC: RIPS has taken the final decision. Once the final decision has been taken and communicated, the RIO may consider the matter closed.
- 6.4.5 The DVC: RIPS may delegate all or any of their duties and responsibilities in this regard to the Senior Director (Research and Innovation). The responsibilities around monitoring and record-keeping of cases will rest with the DRD.

7. PERIODS

The periods referred to in this Procedure may be extended by the DVC: RIPS or their delegated authority if they are of the opinion that valid reasons exist for such an extension. Should the time periods not be complied with, the DVC: RIPS must, on reasonable grounds, justify the extension/non-compliance to the Complainant and/or Respondent and/or other relevant party concerned, in writing.

8. SAFEKEEPING OF RECORDS

All documents and digital recordings relating to an investigation will be kept by a nominee of the DVC: RIPS. These documents and/or recordings must be kept securely and password protected for a period of at least five (5) years after the announcement of the final decision by the RIO, the FIC, and the DVC: RIPS 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 the release of such documents is approved by the DVC: RIPS in consultation with the SU's Deputy Information Office ("DIO") under POPIA and PAIA.

9. APPEAL AND/OR REVIEW

Once a final decision has been made as to the outcome of the investigation, the procedure ends. No internal appeal or review procedure at SU exists against the outcome of the RIO, the FIC and/or the DVC: RIPS. The outcome of the investigation will be referred to the Office of the Rector by the DVC: RIPS for further action, as prescribed by the respective disciplinary codes, where appropriate.

10. 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 2023:

<https://ukrio.org/ukrio-resources/publications/misconduct-investigation-procedure/>

Stellenbosch University. Code 2040: SU's Integrated Ethics Code. Available at

https://sunrecords.sun.ac.za/controlled/C4%20Policies%20and%20Regulations/Code_2040_Ethics.pdf. Accessed 24.03.2025

Definitions of fabrication, falsification and plagiarism can be found at

<https://ori.hhs.gov/definition-research-misconduct>
http://ori.dhhs.gov/misconduct/definition_misconduct.shtml.

Accessed 17.02.2025

Disciplinary Code: Rules regarding Disciplinary Action against Staff Members. Available at

<http://www.sun.ac.za/english/human-resources/hr-documents/policies-procedures> <http://www.sun.ac.za/hr/english/policies-and-procedures.php>

The Disciplinary Code for Students of Stellenbosch University. Available at

https://sunrecords.sun.ac.za/controlled/C4%20Policies%20and%20Regulations/Disciplinary%20Code%20For%20Students%20Of%20Stellenbosch%20University_2021.pdf

Policy on Plagiarism (in support of academic integrity). Available at

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11. LIST OF ANNEXURES:

Annexure B: Confirmation of Complaint Received

Annexure C: Invitation to Meeting

Annexure D: Necessary Disclosure of Complainant Identity

Annexure E: Flowchart depicting Investigation Procedure

Annexure A: Formal Complaint Form

Complainant/s must complete this form in order to formally lodge a complaint of an alleged breach of research norms and standards against a Respondent.

This form must be duly completed and delivered to the RIO by hand or sent by e-mail to researchintegrity@sun.ac.za.

[SU Letterhead]

Filing date:

Name of Complainant:

Do you consent to your identity being disclosed to the Respondent? [Please mark the appropriate answer with an **X**]

Yes/ No

Contact details of Complainant:

Preferred contact number:

E-mail address:

Description of alleged breach of research norms and standards [Please include all evidence as annexures]:

.....

.....

.....

Name of Respondent:

Contact details of Respondent, if known:

Telephone number:

Cellphone number:

E-mail address:

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: Confirmation of Complaint Received

This form must be completed by the RIO and sent to the Complainant by e-mail within fourteen (14) 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 you made 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 them of the allegation/s made against them, to clarify any issues or to acquire additional information, and to inform him/her that SU will take appropriate steps should they fail to cooperate or to clarify any issues.

The Formal Investigation Committee (FIC) or the RIO 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 outcome of the investigation once completed.

6.2.17.

RESEARCH INTEGRITY OFFICER

STELLENBOSCH UNIVERSITY

Annexure C: Invitation to Meeting

This form must be completed by the RIO and sent to the Respondent by e-mail.

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.

[SU letterhead]

INVITATION TO ATTEND MEETING

Dear Mr/Mrs/Miss/Dr/Prof ,

NAME OF COMPLAINANT: DVC: RIPS [or Complainant's name should they 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:

.....

.....

Allegation 2:

..... in that you:

.....

.....

.....

It is hereby requested that you contact the RIO, Prof....., within seven (7) days of 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, an investigation may continue in your absence and that grounds for further action may be found in your absence.

You have the right to be heard during a fair and transparent process of investigation and decision on further action. We would therefore like to urge you to use this opportunity.

Issued by SU.....

Date..... **Time**.....

Annexure D: Necessary Disclosure of Complainant Identity

This form must be completed by the RIO in the event that circumstances arise which necessitate 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: Flowchart depicting Investigation Procedure

