

Appendix A: COMPLAINT PROCESS

This section describes the complaint process regarding a breach of policy *7.1.3 Responsible Conduct of Research Policy*. It details the minimum requirements for addressing allegations of policy breaches, including point of contact, the mechanism for investigating and reviewing alleged breaches, and rectifying breaches.

1. FILING A COMPLAINT

Responsible allegations, and all particulars related to responsible allegations, should be submitted in writing directly to the Office of the Vice President (VP) Academic and Applied Research. This can be done via email. Submissions that identify a Complainant are more credible than anonymous complaints, as are complaints with full particulars. Individuals are expected to report in good faith any information pertaining to possible breaches of policy.

2. RECEIPT OF ALLEGATIONS

The VP Academic and Applied Research will conduct an initial inquiry to determine if the allegation is a Responsible Allegation. If so, the allegation formally enters investigation pursuant to policy *4.8.10 Investigations*.

3. INQUIRY

An inquiry is the process of reviewing an allegation to determine:

- whether the allegation is a Responsible Allegation;
- determine if there is a *prima facie* case;
- confirm that this particular policy is relevant; and
- whether an investigation is warranted based on the information provided in the allegation.

If the allegation is determined to not be a Responsible Allegation then the Complainant may be asked to provide more information, or the allegation file may be closed.

If the allegation is determined to be a Responsible Allegation, then the allegation claim will become the subject of an investigation.

4. POSSIBLE OUTCOMES OF AN INQUIRY

Below is a table describing examples of possible outcomes of an inquiry.

Situation	Outcome
If the allegation is not responsible ...	The allegation is dismissed and the matter concludes at inquiry.
If the allegation is responsible AND a breach is not substantiated ...	The allegation is dismissed and the matter concludes at inquiry.
If any issues identified through the inquiry warrant an investigation (e.g., other individuals in addition to the Respondent involved in the breach; other possible breaches suspected)	An investigation is initiated.

Inquiries should be conducted and concluded within two months of the institution receiving an allegation (Footnote 1, ([Framework, section 4.4.d](#))). If circumstances warrant and appropriate justification is provided, the Secretariat may extend this timeline.

5. FORMAL INVESTIGATION

The process of Investigation is described in policy *4.8.10 Investigations* and its corresponding document *4.8.10 Investigations Procedures*

6. FINDING OF NO FAULT

In situations where allegations are determined to be unfounded, every effort will be made by the College to protect or restore the reputation of those wrongly subjected to an allegation. Strict adherence to protecting the privacy of researchers under investigation will minimize the possibility that unfounded accusations will harm the reputation of the researchers or the College.

7. RECTIFYING A BREACH OF POLICY

Breach of policy will result in appropriate sanctions determined by the Office of the VP Academic and Applied Research, in consultation with the Office of the Executive Director Human Resources & Payroll.

8. REPORTING REQUIREMENTS

The College is required to report to the Tri-Agency in the following circumstances:

- *Immediately, if* the allegation relates to activities funded by one of the three federal research agencies (CIHR, NSERC, SSHRC) that may involve significant financial, health and safety, or other risks. If this is the case, it must immediately be reported to the Secretariat on Responsible Conduct of Research (Footnote 1, ([Framework, section 4.4.a](#))). This will allow the Agencies to determine whether immediate action is required (Footnote 1, ([Framework, section 4.3.3.d](#))).

- *At the conclusion of any inquiry that confirms a breach of Agency policy and involves Agency funds.* Institutions have two months from the date of receipt of an allegation to submit their inquiry report to the Secretariat. This timeline may be extended with appropriate justification provided to the Secretariat.
- *Regardless of the finding, at the conclusion of any inquiry in which the Secretariat is aware of the allegation.* When the Secretariat is made aware of an allegation (e.g., was copied on the allegation sent to the institution)(Footnote 1, ([Framework, section 4.4.b](#))), it opens a RCR file. Following the inquiry, the institution must advise the Secretariat in writing whether the institution is proceeding with an investigation so that the Secretariat can either close its file or keep it active until the investigation is completed. At that point, the institution must provide its investigation report to the Secretariat.
- *At the conclusion of every investigation that involves Agency funds, regardless of the finding and regardless of whether the Secretariat was aware of the allegation.* The institution must report to the Secretariat on each investigation it conducts involving Agency funds, regardless of the finding (Footnote 1, ([Framework, section 4.4.c](#))). The institution has five months following the end of the inquiry to investigate and submit its report to the Secretariat. This timeline may be extended with appropriate justification provided to the Secretariat. Investigation reports should only be submitted to the Secretariat when the institutional process is complete, that is, following the close of the appeal period (if the Respondent does not appeal) or following the completion of the Respondent's appeal of the institution's findings.

If none of the above apply, institutions are not required to report to the Secretariat.