

Complaints Management and Investigations Policy and Procedure

Purpose

This Policy provides the framework for the management, investigation, and resolution of complaints at UNSW. It is to be read in conjunction with the Procedure, which follows.

Scope

It applies to all complaints about UNSW's operations, activities, services and processes, or the conduct of a member of the UNSW Community. The UNSW Community includes the University, its governing and decision-making bodies including UNSW Council, Council committees and academic governance. The UNSW Community also includes staff, conferred title holders, applicants, students, alumni, student representative bodies, visitors, affiliates, volunteers and any other person engaged to perform duties for the University or its controlled entities in Australia or overseas. These individuals are collectively referred to as UNSW people.

Section 3 of this Policy deals with situations where a complaint or grievance may be declined. Where a complaint or grievance relates to the operations, activities and services of third-party providers, affiliated organisations or the conduct of their staff (i.e., non UNSW staff) UNSW may refer the matter to the relevant organisation where appropriate to do so.

Our commitment

1. UNSW respects the views of the people it engages with and is committed to promoting a culture that values complaints and their effective resolution.
2. UNSW recognises the potential for complaints to enable a better understanding of our people and business and provide opportunities for continuous improvement.
3. UNSW seeks to handle complaints with integrity, dignity and respect for all those involved; and to do so without unreasonable delay, through transparency of process and as close to the source of the complaint as possible through discussion, cooperation and if appropriate, conciliation. It aims to reach a fair and reasonable outcome with minimal detrimental effect on ongoing study or working relationships, or to the reputation of individuals. We will ensure, so far as is reasonably practicable the health and safety of workers, students and other persons is not put at risk by the conduct of UNSW's operations, activities, services and processes.

This commitment is reflected in the University's [Values in Action](#) and [Code of Conduct and Values](#). It is further reinforced under our legal obligations including, but not limited to, laws, regulations and standards dealing with education and research, human rights, foreign and domestic student rights, and employee entitlements.

1. Complaints

1.1 What is a complaint?

A complaint is a concern or matter raised about UNSW people, operations, activities, services, or processes for which a response or resolution is sought or required. Complaints at UNSW are generally categorised based on type, the level of seriousness and complexity, and these factors also go towards determining how they will be managed. They can be about:

- a) UNSW management decisions, academic, research or administrative matters

- b) misapplication of policy/procedures or failure of service provision, denial of procedural fairness, failure to provide rights, failing to consider relevant matters, wrong advice leading to detriment, and negligence
- c) allegations about an individual's conduct or alleged breaches of UNSW's [Code of Conduct and Values](#), including ethical and integrity issues such as plagiarism, unethical or biased marking, conflicts of interest, fraud, dishonesty, improper favouritism, discrimination, bullying, harassment and gendered violence.

1.2 What is not considered a complaint?

General enquiries, requests for information or the provision of feedback will not usually be considered a complaint.

A complaint is distinct from a review of an action or decision, which follows a documented review process under the applicable procedure. Examples include the Enterprise Agreements (EAs) which provide a dispute resolution process for staff for certain matters, and the Review of Results process for students.

2. Guiding principles

The management of complaints at UNSW is underpinned by a set of guiding principles which are set out below.

2.1 Accessibility and support services

2.1.1 Accessibility

The complaint process is easy to access and understand and all individuals feel safe and supported to raise their concerns. UNSW will do this by:

- a) providing information and support services to assist individuals to make a complaint
- b) provide information on or make referrals to support services for both complainants and respondents via UNSW's confidential health services and mental health services
- c) ensuring readily accessible and easy to use methods to make a complaint
- d) providing support for those who need additional help in making a complaint. For example, those who may require a language interpreter to understand and participate or a person with a disability may need information provided in a specific format. UNSW may also communicate through a representative such as a family member, interpreter or legal representative if necessary, and with the relevant consents.

2.2 Responding to complaints

2.2.1 Courtesy and respect

All participants involved in a complaint handling process are expected to behave with courtesy and respect in their interactions with individuals involved with the complaint, including those facilitating resolution.

2.2.2 Confidentiality and privacy

When managing a complaint, the privacy and confidentiality of parties will be respected to the extent practicable and appropriate notwithstanding that a disclosure may be required by law or other policy.

2.2.3 Timeliness and transparency

- a) Complaints will be acknowledged and responded to in a timely manner and those handling complaints will manage expectations by being transparent about the complaint process and possible outcomes. All relevant parties will be advised of delays.
- b) UNSW will assess and prioritise complaints in accordance with their seriousness and urgency. If there is an immediate risk to safety or security the response will be immediate and will be escalated appropriately.
- c) Wherever possible and appropriate, complaints will be resolved quickly and at a local level in order to reduce the likelihood of detrimentally impacting study and working relationships.

3. Declining complaints

There are circumstances where UNSW may not be able to accept or proceed with a complaint. These may include where the complaint:

- a) lacks sufficient information to allow a proper assessment and/or investigation to occur and UNSW has been unable to obtain sufficient information from the complainant or other sources
- b) relates to events that occurred outside of time limits specified in the applicable UNSW policy or procedure
- c) is vexatious or frivolous
- d) involves a complainant who is acting unreasonably, and/or failing to show complaint handlers courtesy and respect.
- e) relates to decisions and/or conduct that is outside the responsibility of UNSW and its affiliates or stakeholders
- f) involves a respondent who was not part of the UNSW Community at the time of the incident
- g) is to be handled in accordance with another process such as to meet legislative or other compliance obligations
- h) seeks to re-agitate issues that have already been addressed or determined, or
- i) is solely due to dissatisfaction with the outcome of a previous complaint and does not raise new or substantive issues.

Where a complaint is not accepted, reasons will be provided to the complainant(s). If a complaint falls outside the responsibility of UNSW, it may be referred to another organisation or agency.

3.1 Modification of process to meet legal obligations in specific cases

UNSW may depart from the approach outlined in this Policy and Procedure where departure is approved by the Director of Conduct & Integrity or the Director of Employee Relations, based on specific legal advice at the time, if deemed necessary to comply with a specific legal obligation.

3.2 Vexatious or frivolous complaints

Vexatious complaints include, but are not limited to, complaints made in bad faith or lacking merit with the intention of causing harm or detriment to a person(s) or UNSW. Frivolous complaints are generally trivial in nature or disproportionate to the significance of the matter. Where a complaint is declined owing to it being vexatious, UNSW must ensure it still facilitates access to support services for the person making the complaint and any respondent who is aware of the fact the complaint was made.

All participants in a complaint process are expected to be honest and not provide misleading information.

4. Managing complaints

UNSW encourages complainants to attempt to resolve issues themselves as soon as possible by raising their concerns with the person they believe is responsible. If this is not appropriate given the nature of the concern, or is not successful, UNSW provides a complaint management process which supports the timely resolution of an issue at the local level or through a formal process. For complaints managed through this UNSW process the person handling the complaint will decide how the complaint is handled. Once a complaint handling process has commenced, requests for parties outside the complaint handling process (e.g., senior managers, academic leaders or governing bodies) to intervene in the process will be referred back to the relevant complaint handler, case manager or process under this policy.

- 4.1 **University Assisted Resolution** - for complaints that can be resolved between parties with the assistance of a UNSW representative - issues are resolved at local level.
- 4.2 **University Formal Resolution** - for serious or complex complaints – complaints are managed or supported by specialists centrally.
- 4.3 **Internal appeal** - A person affected by a decision made about a complaint may seek an internal appeal on the grounds of a lack of procedural fairness or where there is new and exceptional information that was not available at the time of the investigation.
- 4.4 **External appeal** – A person may apply to an external independent body to review the University's handling of their complaint, such as the NSW Ombudsman.

5. Complainant and respondent behaviour and obligations

The conduct of complainants and respondents can significantly affect the progress and efficiency of a complaint, and the psychological and physical health, wellbeing and safety of the complaint handler or manager, and others.

The University will take proactive and decisive action, and support staff, to manage any unreasonable conduct or failing to show complaint handlers courtesy and respect in accordance with UNSW policies and procedures, and

other obligations and/or external agencies where appropriate. Examples of unreasonable conduct include unreasonable persistence, unrealistic demands, attempts to disrupt or bypass the complaint process, lack of cooperation, argumentative conduct, violence, and any other behaviour the University considers to be unreasonable.

6. Protection from reprisal

Victimisation (such as alienation, threats, intimidation, or less favourable working or studying conditions) towards someone because they raised a complaint, or they are participating in the complaints management process, is unacceptable and will result in disciplinary action.

The University will make all reasonable efforts to protect parties involved, including witnesses, from adverse consequences as a result of making a complaint or participating in the complaints management process.

7. Anonymous complaints

UNSW respects the wishes of complainants to remain anonymous and will accept anonymous complaints where possible. However, the University's ability to investigate and/or satisfactorily resolve an anonymous complaint may be limited depending on the level of information provided.

8. Confidentiality and privacy

Those involved in a complaint must maintain strict confidentiality. Complainants and respondents should only discuss the matter for the purpose of seeking support and advice with their nominated support person, union or legal representative, counsellor or medical practitioner, immediate family or household member, who are also bound by confidentiality. Confidentiality protects the integrity of an investigation and respects the rights of those involved in the complaint.

Generally, material relating to a complaint will only be disclosed to persons that are involved in the complaint and/or where UNSW considers disclosure is required to manage the complaint.

Some incidents may need to be reported to external authorities and information including the identity of the complainant, respondent and nature of the incident may need to be disclosed. Where possible, consent from the complainant or relevant party will be sought, however UNSW reserves the right to refer any matter it considers appropriate to an external agency (such as the NSW Police, the Federal Police and/or the Independent Commission Against Corruption) and has an obligation to report certain incidents irrespective of consent. There will also be some serious matters where UNSW will have an obligation to take urgent action to ensure the safety of individuals.

Information and records collected during the complaints process will be kept confidential and handled according to the provisions of the [Privacy Policy](#) and record keeping requirements. These will only be made available to authorised people in the complaints handling process or as required by law.

9. Withdrawing a complaint

A complainant may choose to withdraw their complaint at any time by notifying the complaint handler or case manager in writing. However, the University retains the discretion to act on, or continue its investigation of, a complaint. Where a complainant has indicated that they no longer wish to receive updates following the withdrawal, UNSW may proceed with the investigation and provide further information or feedback to the complainant only where appropriate and required in the circumstances.

10. Record keeping and data sharing

Those involved in handling complaints (whether dealt with locally or handled centrally) will maintain comprehensive records using CaselQ, UNSW's dedicated complaints management, investigations and reporting system, in accordance with relevant legal obligations. Maintaining records is critical to tracking progress, avoiding duplication and ensuring continuous improvement. UNSW may report de-identified complaint management data to its governing committees and are obliged to provide data to certain external bodies on occasion.

11. Acknowledgments

- Australian Human Rights Commission - *Good practice guidelines for internal complaint processes* – November 2014

- NSW Ombudsman - *Effective Complaint Handling Guidelines*, 3rd Edition - February 2017
- Commonwealth, ACT and Overseas Ombudsman – *Complaint Handling at Universities: Australasian Best Practice Guidelines* – March 2016
- Queensland Ombudsman – *Complaints Management*, 5th Edition 2021.

12. Supporting information

12.1 Legislative Compliance

This Policy supports the University's compliance with the following legislation:

- [University of New South Wales Act 1989](#) (NSW)
- [Crimes Act \(NSW\) 1900](#) (NSW)
- [Public Interest Disclosures Act, 2022](#) (NSW)
- [Ombudsman Act 1974 \(NSW\)](#)
- [Ombudsman Act 1989 \(ACT\)](#)
- [Independent Commission Against Corruption 1988](#)
- [State Records Act, 1998](#) (NSW)
- [Privacy and Personal Information Protection Act, 1998](#) (NSW)
- [Government Information \(Public Access\) Act, 2009](#) (NSW)
- [Work Health and Safety Act, 2011](#) (Cth)
- [Child Protection \(Working with Children\) Act, 2012](#) (NSW)
- [Education Services for Overseas Students Act 2000](#) (Cth)
- [Tertiary Education Quality and Standards Agency Act 2011](#) (Cth)
- [Australian Human Rights Commission Act 1986](#) (Cth)
- [Work Health and Safety Act 2011 \(NSW\)](#) & [Work Health and Safety Regulation 2017](#) (NSW)
- [Work Health and Safety Act 2011 \(ACT\)](#) & [Work Health and Safety Regulation 2011](#) (ACT)
- [Fair Work Act 2009](#) (Cth)
- [Anti-Discrimination Act 1977 \(NSW\)](#)
- [Discrimination Act 1991 \(ACT\)](#)
- [Age Discrimination Act 2004](#) (Cth)
- [Disability Discrimination Act 1992](#) (Cth)
- [Racial Discrimination Act 1975](#) (Cth)
- [Sex Discrimination Act 1984](#) (Cth)
- [Universities Accord \(National Higher Education Code to Prevent and Respond to Gender-based Violence\) Act 2025](#) (Cth)

12.2 Related documents

- [Code of Conduct and Values](#)
- [Bullying & Harassment in the Workplace Prevention & Management Policy](#)
- [Conflict of Interest Disclosure & Management Policy](#)
- [Health and Safety Policy](#)
- [Public Interest Disclosure \(Whistleblowing\) Policy & Procedure](#)
- [Sexual Misconduct Prevention and Response Policy](#)
- [Privacy Policy](#)
- [Plagiarism Policy & Plagiarism Management Procedure](#)
- [Research Authorship & Publication Dispute Management Procedure](#)

Complaints Management and Investigations Procedure

1. Introduction

This Procedure supports the *Complaints Management and Investigation Policy* and should be read alongside it. It supports the University's commitment to ensuring everyone can raise their concerns about any aspect of UNSW's operations or members of the UNSW Community. It describes how complaints can be made and are handled across the University.

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2. Overview of complaints handling process

UNSW follows a process which encourages, in the first instance and where appropriate, the timely resolution of an issue at the local level before a more formal resolution process is followed. The entry point to the complaint resolution streams shown in the diagram below will depend on the seriousness or complexity of a complaint. Once assessed, the handling of the complaint may move across streams. The person overseeing the complaint will determine the best resolution pathway and will clearly articulate the way forward with involved parties.

In this procedure, the following roles are mentioned throughout:

- a) Complaint handler - anyone who receives a less serious or less complex complaint and attempts to resolve it at a local level.
- b) Case manager (CM) - anyone who manages more serious or more complex complaints at the University Formal Resolution level. A case manager may assist or be supported by a supervisor or other staff member to resolve a complaint.

For some matters other specialists may be included to help resolve the complaint, e.g. Human Resources, Legal & Compliance and Safety. See Appendix A for more information on roles, responsibilities and acronyms used in this Procedure.

Less serious or less complex complaints (local level)

Self-Resolution

Complaint is resolved informally & directly between parties concerned.

See section 5.1

University Assisted Resolution

Complaint is resolved at a local level with assistance from an appropriate UNSW staff member (the complaint handler).

See section 5.2

More serious or more complex complaints (centralised)

University Formal Resolution

Complaint remains unresolved at local level, is serious/complex or a potential breach of the research code.

Complainant relinquishes management of complaint to UNSW.

Complaint is allocated to a case manager & investigation may occur.

See section 6

Appeal Internal & External

Following determination, respondents & complainants can apply for an internal appeal based on a lack of procedural fairness.

External appeal of complaint can be requested if dissatisfied.

See sections 9 & 10

See [Complaints Management & Investigations Process](#) to see the high-level process steps for each resolution method.

3. Complaints about misconduct

An alleged breach of the [Code of Conduct and Values](#), means a failure by a UNSW student, staff member or researcher to meet one or more of the principles or responsibilities found in the Code of Conduct and Values. Breaches of the Code of Conduct and Values may be minor (less serious) to major (more serious). Various factors are considered in determining if a breach of the Code of Conduct and Values constitutes misconduct and how serious it is. Misconduct may involve a single breach or multiple breaches.

4. Complaint acknowledgement and handling process

Complaints will be acknowledged, and the handling process will commence within 10 working days of the lodgement of the complaint.

5. Resolving less serious or less complex complaints

Informal resolution processes allow a complainant to resolve a complaint themselves or with University assistance. These processes are suited to less serious or less complex complaints that can be resolved in a timely and straightforward way. The focus is on finding a resolution reasonable to all parties, including UNSW. Outcomes are agreed through discussion and consultation.

5.1 Self-resolution

Self-resolution enables complainants to bring a complaint to the attention of the respondent directly with the aim of resolving the concern themselves. Local resources can informally assist in finding a solution.

Students and staff are strongly encouraged to address straightforward and non-serious issues early on with an open mind and to focus on a positive outcome before a situation escalates. This could be where there is a disagreement between individuals or teams, minor workplace and study environment issues, or research authorship concerns.

Self-resolution is not appropriate if anyone involved is uncomfortable or feels unsafe as a result of an experience of gendered violence.

5.2 University Assisted Resolution (local resolution)

If the complainant is not comfortable attempting to resolve the issue directly with the person(s) concerned without University assistance, or if self-resolution is not successful or appropriate, assistance can be sought from someone within UNSW to help them resolve their complaint.

Examples where University Assisted Resolution is appropriate may include:

- interpersonal or study/work environment related issues
- the application of UNSW policies and procedures
- for students: study and assessment related issues
- for research staff and students: issues relating to research administration such as unintentional administrative errors, clerical errors or oversights. **Note:** a potential research breach of the Code of Conduct and Values must be referred for [University Formal Resolution](#).
- for staff: role specific issues.

It is strongly recommended that, where possible, complainants express their concerns in writing including the resolution and outcome they are seeking, so the person handling the complaint (the [complaint handler](#)) fully understands the issue. If a complainant is unable to express their concerns in writing the complaint handler will summarise the facts, as they understand them, and send this summary to the complainant so they can confirm whether the summary is correct and, if necessary, suggest amendments.

There are various techniques and tools available to support parties to resolve concerns and complaints. Those handling a complaint will consider the most appropriate means based on various factors including the type, severity and complexity of complaints, relationship of parties involved, any mitigating circumstances, external regulations and legislation, history of conduct of those involved, and procedural fairness. Complaint handlers will clearly explain how the complaint will be handled to those involved.

See [Assessing the Seriousness of a Complaint](#) (link available to UNSW staff only) for further information and guidance on the tools to support the appropriate resolution of complaints depending on their seriousness and complexity.

5.2.1 Where to raise a complaint

Students

Assistance in resolving complaints usually involves raising the issue with staff closest to the matter. If the issue relates to a course, the first step for students is to speak with their course tutor or coordinator. If they are uncomfortable having a conversation with course staff, issues can be raised with another member of staff such as staff in roles designated by [Faculties and Schools](#) to assist with any issues related to studies at UNSW. Alternatively, students may seek assistance and advice from the [Student Support Team](#) or [Arc @UNSW](#).

Higher Degree Research (HDR) Candidates

HDR candidates wishing to raise complaints relating to their candidature should do so initially with their supervisor. If the matter is not resolved or they are uncomfortable raising the issue with their supervisor, the concerns should be raised with the [Research Integrity Adviser](#) (RIA) (for research integrity matters), the School Postgraduate Coordinator (for study and personal matters), the Head of School or alternatively the Associate Dean Research Training or Director of Postgraduate Research in the Faculty. Where it is not possible to resolve the matter at Faculty level, the complaint may be referred to the Dean of Graduate Research.

Residences and Colleges

Students with a complaint relating to their accommodation at a UNSW managed residency or College should raise the complaint with the College or Residence Manager, or if they are not comfortable doing so, they should contact the Head, UNSW Colleges.

Staff

The complainant's supervisor or manager is the primary point of contact for those wishing to make a complaint about another staff member or work-related issue. If the complaint is about their supervisor, or they are not comfortable in raising the complaint with their immediate manager, staff should contact the next most senior staff member, who will handle the complaint or refer it to another supervisor or manager at an appropriate level.

Alternatively, staff can reach out to the [Complaint Officer](#) or their [People and Culture Business Partnering \(PCBP\) team](#).

Staff wishing to make a complaint about the conduct of a student should firstly speak with the relevant course coordinator, Grievance Officer or Head of School. Serious complaints about student conduct can be raised online directly through CaseIQ, UNSW's dedicated complaints management, investigations and reporting system.

Raising a complaint online

All complainants may also raise their concern using [CaseIQ](#). Information is provided on how to make a complaint in this way, where to go for assistance and what to expect once the complaint is lodged.

Those who wish to report gendered violence may choose to use the [Gendered Violence Reporting Portal](#) as an alternative.

External complaints

If external complainants are dissatisfied with UNSW people, activities, services, actions or processes and are seeking a response or resolution, they can lodge a complaint through [CaseIQ](#).

5.2.2 Handling the complaint

After considering the nature and circumstances of the complaint and if needed, receiving advice from a specialist or supervisor, the complaint handler may decide to:

- a) take reasonable steps to resolve the complaint
- b) close the matter immediately, on the grounds that there is insufficient detail or evidence to proceed. Complainants who are believed to have made [vexatious](#) or malicious complaints may be referred for investigation
- c) manage or refer the matter to an alternate resolution pathway
- d) refer the matter to an alternative University process

e) advise the complainant that the complaint should be resolved through University Formal Resolution. See s6.

The complaint handler will communicate their decision to all relevant parties.

If the complaint is handled at the local level and is considered resolved or closed by the complaint handler, it will not be progressed to Formal Resolution. UNSW will not reconsider complaints that have been resolved elsewhere unless there are procedural fairness concerns or new and compelling information.

Complainants should see Procedure s9 Internal Appeal process for procedural fairness concerns.

5.3 Alternate Resolution Pathway

If a complaint is suitable for an alternate resolution pathway (such as an educative interview, training, restorative process or mediation) and the complainant agrees, the complaint handler may manage the matter or refer it to an alternate resolution specialist.

The respondent will be told that concerns have been raised, given enough information about the alleged conduct to understand those concerns, and advised of the proposed pathway. At this stage, the respondent is asked to confirm whether they agree to participate in the pathway only, not to respond to the substance of the complaint.

Participation in an alternate resolution pathway does not amount to an admission of wrongdoing. A respondent's agreement to participate will not, by itself, be treated as evidence that the allegations are substantiated.

If the respondent engages meaningfully with the process and complies with the agreed actions, the University will ordinarily treat the matter as resolved and will not commence an investigation into the same allegations, unless:

- a) the allegations involve serious misconduct or ongoing risk that cannot reasonably be addressed through the pathway;
- b) materially new information arises that was not reasonably available when the pathway was agreed; or
- c) there is further related conduct after the pathway begins.

Information provided by the respondent during the pathway will be used primarily to implement the process and manage risk. It will not be used to initiate or support disciplinary action in relation to the same allegations, except where:

- a) there is a serious or immediate safety risk;
- b) unlawful conduct or mandatory reporting obligations are identified;
- c) new and materially different misconduct is disclosed; or
- d) the respondent consents.

If the respondent does not agree to participate, if the pathway cannot be completed, or if it is unsuccessful, the complaint handler or alternate resolution specialist will determine next steps. This may include exploring other resolution options or referring the matter for investigation, considering proportionality, procedural fairness and any ongoing risk.

Where a respondent does not agree and an investigation is not considered appropriate, the alternate resolution pathway may be implemented without the respondent's agreement if it is reasonable and proportionate to do so, having regard to the seriousness of the allegations, whether the facts are disputed, the likely effectiveness of the pathway, and the overall circumstances.

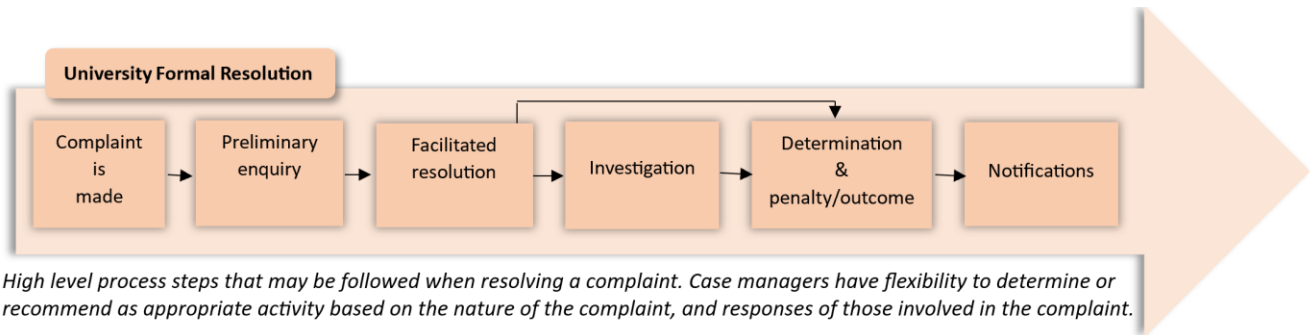
This approach allows the University to respond to concerns in a proportionate and preventative way while maintaining procedural fairness.

6. Resolving more serious or more complex complaints (centralised resolution)

Where a complaint is more serious or complex in nature, it should be raised for formal resolution.

6.1 University Formal Resolution

When entering a formal complaint resolution process, the complainant is required to relinquish management of the complaint to the University and any action taken to handle the complaint is at the discretion of the University in accordance with relevant policies, procedures and the Code of Conduct and Values.



6.2 Making a complaint

Complainants are encouraged to lodge their complaint using [CaseIQ](#). Where this is not possible complaints should be made in writing or complainants may contact the [Conduct and Integrity \(C&I\)](#) (for student or research complaints) or their [PCBP team](#) (for staff complaints) to arrange an alternative means of lodging their complaint.

Those who are unable to lodge a complaint personally may authorise another person to act on their behalf. Such an authorisation may be in writing, or in another manner approved by the University.

Except for any Reports of Gender-based Violence, all other complaints must:

- a) be lodged within 12 months of becoming aware of the issue., complaints received outside of 12 months may be considered and managed at the discretion of UNSW
- b) include evidence to support the complaint.

A complainant may be requested to provide more detail to assist in deciding how to handle the issues raised and may be asked to describe their desired outcome.

6.3 Preliminary enquiry

When a more serious or more complex complaint is received a [Case Manager](#) (CM) will assess it for the following:

- a) if [immediate corrective action](#) (ICA) is required, and if so, address it
- b) whether it is in scope for this Procedure
- c) whether it has already been dealt with.

If the complaint (or some part of it) does not fall within the scope of this Procedure, or an affiliation agreement requires it to be dealt with elsewhere, it may be referred to an alternate University process, to another institution or organisation to be resolved, or it may be dismissed.

Any preliminary enquiry into a Report of Gender-based Violence must be conducted in accordance with the Standard Operating Procedure referred to in clause 7.6 (see below). Initial enquiries may need to be made before a decision is made to proceed with formally investigating the complaint or that it should be handled elsewhere. This can include obtaining further information from the complainant, by consulting experts, reviewing relevant policies and procedures or other relevant documentation and records. The outcome of these enquiries may mean some complaints are rectified more quickly and effectively.

The CM will assess the potential seriousness of the alleged breach and consider if the complaint (or each component of the complaint) should be:

- i. finalised with no further action required
- ii. addressed locally at the Faculty, School, or Division level
- iii. referred to an [alternate resolution pathway](#)
- iv. referred for consideration under a different UNSW policy or procedure
- v. addressed through another mechanism or referred externally e.g. the Police; or they will:
- vi. consider if there is an opportunity to achieve a reasonable outcome through facilitated resolution
- vii. proceed to the investigation stage.

In making these recommendations or determinations the CM may seek the advice of relevant subject matter experts.

In staff related matters, the CM will work with a complaint handler who will make the relevant assessments referenced above.

6.4 Facilitated resolution

If it is determined that the complaint could be managed through facilitated resolution, a respondent may be invited to a meeting to discuss the complaint. The purpose of this meeting is to outline the complaint handling process, the concerns raised by the complainant and offer the respondent an opportunity to ask questions and respond to the complaint. For students this is called a [Courageous Conversation](#).

If the respondent admits to the concerns raised in the complaint, the CM may proceed directly to a determination or recommending an outcome, where applicable. The CM may also consider corrective actions, where appropriate. The respondent can admit to concerns raised in the complaint at any time during the complaint handling process.

If the respondent denies the concerns raised, declines, or fails to meet with the CM or nominee to discuss the complaint, an investigation into the complaint may proceed.

If there is no additional provable or relevant evidence likely to be discovered during an investigation a determination may be made.

A complaint may be referred to another process at any time e.g. where the complainant raises behaviour that should be addressed according to UNSW's student welfare policies and procedures.

6.5 Investigation

The purpose of the investigation is to make findings of fact enabling an assessment of whether a breach of the relevant requirement in the Code of Conduct and Values, policy or procedure has occurred, the extent of the breach and if any further action is required.

6.5.1 Statement of Allegations

Where it is determined that an investigation is required for complaints relating to potential misconduct, the respondent will be provided with a written statement of allegations, including relevant supporting information, and invited to respond to the allegations.

After receiving a submission from the respondent, a CM will recommend or determine next steps. If the respondent admits to the allegations in full, a CM may, where appropriate, make a determination and consider any necessary corrective actions, or penalty.

If the respondent denies the allegations, in whole or in part, or fails to respond, an investigation may proceed.

6.5.2 Conducting an investigation

Where an investigation is required, a CM may conduct the investigation themselves or appoint another CM. The outcome and any penalty incurred will be determined by a different CM to the investigating CM or, in staff related matters, may be determined by the relevant manager or supervisor.

In some matters where a respondent is an academic employee, the National Tertiary Education Union may, where required, be consulted about the appointment of the potential CM.

In conducting the investigation, the CM:

- a) will provide the respondent with an opportunity to respond to any questions within a stipulated timeframe
- b) may request to meet with the respondent who may bring a support person to that meeting
- c) may contact other parties to gather relevant information
- d) may seek expert advice
- e) may consider if additional allegations should be raised with the respondent
- f) will consider any relevant mitigating or aggravating factors
- g) will consider notifying other parties or institutions of the complaint or the commencement of the investigation, in accordance with relevant legislative provisions, agreements, misconduct policies and rules

- h) will consider (throughout the investigation) whether any immediate corrective action(s) need to be implemented.

Upon completion of the investigation, the CM will prepare an investigation report, which includes:

- i. a summary of the complaint and the process undertaken
- ii. an evaluation of the facts, documents and information gathered, including any responses from the respondent
- iii. findings of fact in relation to the alleged allegations
- iv. where requested, recommendations for further action.

Where required, the CM will provide a draft of the investigation report to the respondent for comment on any omissions or errors of fact, subject to privacy requirements. The CM may decide to provide a copy to the complainant where necessary and if there are no privacy concerns. Reasonable steps will be taken to notify the respondent where it is proposed a draft investigation report is provided to the complainant. Submissions from the respondent will be considered by the CM before the investigation report is finalised and submitted to a different CM for determination and penalty.

Where a complaint raises more than one issue these may be dealt with via separate processes including via separate investigations. The information collected or generated in one process may be used in any other process connected to the complaint.

UNSW must notify both the reporter and the respondent in writing if a Gender-based Violence complaint is being investigated on the same date. UNSW must notify the reporter first.

6.6 Determination & Penalty/Outcome (respondents)

In the interests of procedural fairness, a different CM will consider the finalised investigation report and make or recommend a determination; or request additional information.

In making or recommending the determination, decisions made by the CM may include:

- a) on the balance of probabilities, that there has been no breach of the relevant requirement in the Code of Conduct and Values, policy or procedure and dismiss the complaint (with or without corrective actions)
- b) on the balance of probabilities, that there has been a breach of the relevant requirement in the Code of Conduct and Values, policy or procedure and the seriousness
- c) whether the complaint should be resolved at a local level
- d) what further action and processes are appropriate or required under the relevant EA, if applicable
- e) whether to recommend an alternate resolution pathway or disciplinary action
- f) any relevant management actions arising
- g) referring the matter to another authority, institution or internal/external process.

Determining seriousness

The following factors may be considered by the CM when determining seriousness:

- i. the extent of deviation from expected behaviour
- ii. the extent to which members of the UNSW community, University resources, external parties, and/or the integrity of UNSW's courses or programs are or may have been adversely affected by the breach
- iii. any prior breaches of a UNSW Code of Conduct and Values by the individual
- iv. whether any institutional failures contributed to the breach
- v. any mitigating or aggravating circumstances
- vi. the experience, training or seniority of the individual
- vii. the extent to which research participants, animals, the community or the environment are, or may have been, adversely affected by the breach
- viii. the extent to which there is, or may have been, incorrect information on the public record, or the potential to have incorrect information on the public record

- ix. the extent to which the breach affects the soundness or reliability of the research
- x. the extent to which the behaviour is intentional, reckless, or negligent.

However, misconduct or serious misconduct does not include honest differences in judgement or unintentional errors (unless they result from behaviour that is reckless or negligent).

A finding of a breach or serious breach of the Code of Conduct and Values may also constitute misconduct or serious misconduct under the provisions of the applicable EA, employment contract or conferred academic title, or research misconduct under the [Australian Code for the Responsible Conduct of Research](#).

Determination actions

Where decided that the complaint should be resolved at the local level, the CM will refer the matter to the relevant member of the Faculty, School or Division with a recommendation for any action to be taken.

Where the CM determines or recommends that a complaint be resolved through an alternate resolution pathway, the CM will explain the proposed pathway to the complainant and respondent and seek their agreement.

If both parties agree, the CM will implement or recommend the agreed pathway.

If either party does not agree to the proposed pathway, the CM may determine that an alternate resolution pathway should proceed without agreement, where it is reasonable and proportionate to do so. In making this decision, the CM will consider:

- a) whether the proposed action is likely to achieve its intended purpose; and
- b) whether implementing the pathway is reasonable and proportionate in the circumstances.

If the alternate resolution pathway cannot be completed or is assessed as unsuccessful (for example, due to non-engagement, non-compliance with agreed actions, or further related conduct), the CM will consider the appropriate next steps. This may include implementing or recommending a different management response or imposing or recommending a disciplinary outcome consistent with the investigation findings. Where the CM determines that a disciplinary outcome is appropriate, they will request a submission from the respondent on any mitigating circumstances and where relevant obtain a delegated decision from an appropriate [Responsible Officer](#) (RO). UNSW Delegations includes guidance regarding delegations specific to CMs. See Appendix B for outcomes that may apply for students and researchers.

For staff matters, the final determination will be made by the relevant supervisor/manager after reviewing the investigation report and receiving advice from Human Resources. Staff misconduct and related disciplinary matters will be addressed under the relevant EA provisions.

Where the CM determines that the potential breach of the Code of Conduct and Values and the Australian Code for the Responsible Conduct of Research may amount to research misconduct, they will refer the potential breach to the RO for further action (see s6.6.1).

The CM will communicate the determination to the respondent, the complainant (if required), and other relevant parties including those specified under any applicable legislative provisions, agreements, and misconduct policies/rules.

6.6.1 The Investigation Panel (Research breaches of the Code of Conduct and Values and the Australian Code for the Responsible Conduct of Research)

For research misconduct related complaints, if the respondent denies the allegations in whole or part, the Deputy Vice-Chancellor Research and Enterprise (DVCRE) exercising the function of [Responsible Officer](#) (RO) may choose to convene an Investigation Panel (subject to any pre-conditions under the applicable EA being met) to examine the facts and information. The respondent will be advised when and how this will proceed.

Following the Panel investigation, a Panel Report will be prepared which includes findings of fact and any recommendations. This report will be provided to the respondent for comment. Any response is considered by the Panel and the Panel Report is then finalised and issued to the RO.

Determination

The RO will review the investigation report and if applicable, Panel Report and determine any breach of the Code of Conduct and Values, the Australian Code for the Responsible Conduct of Research, or research misconduct, and any appropriate University response including disciplinary action. The RO will communicate their determination to the respondent, the complainant (if required) and all relevant parties.

6.7 Notifications

The respondent will be notified in writing of the outcome, any disciplinary action proposed or imposed, any other proposed action, and their right to request an internal appeal of the investigation. Staff misconduct and related disciplinary matters will be addressed under the relevant EA.

Other relevant parties may also be notified of the outcome including:

- a) the complainant, where appropriate and taking into account privacy requirements
- b) the relevant member of the Faculty, School or Division
- c) the C&O and/or People and Culture
- d) any other entity in accordance with legislative, regulatory or other legal obligations to report the conduct of the student, staff member and/or the subject of the complaint, where the University reasonably considers such disclosure is necessary or appropriate.

The complainant will be informed of the right to request an internal appeal of the investigation if they are directly affected by the outcome and depending on the circumstances of the case.

7. Specific provisions relating to certain types of complaints

Whilst UNSW uses a standard complaint handling process, there are some situations where requirements may differ depending on the nature of the complaint and who the complainant and respondent are.

7.1 Allegations of criminal conduct or other unlawful conduct

If a complaint involves alleged criminal conduct the University may notify the Police or other relevant government authority (e.g. Independent Commission Against Corruption) as required by law or considered appropriate by UNSW. UNSW may suspend any action or investigation under this Procedure pending external investigation in consultation with the relevant authority.

7.2 Public Interest Disclosures - complainants

If a complaint involves alleged corrupt conduct, maladministration, or a serious and substantial waste of public money it must be reported and managed under the [Public Interest Disclosure \(Whistleblowing\) Policy and Procedure](#).

7.3 Authorship disputes

If a matter relates to authorship of unpublished work, it will be managed in accordance with the [Research Authorship Publication Dispute Management Procedure](#).

7.4 Students

7.4.1 Excluded complaints

This Procedure does not apply to matters where a specific University policy or procedure has been established to address complaints, reviews or appeals such as the Review of Results process contained in the Assessment Implementation Procedure or the [Admission to Coursework Programs Procedure](#).

7.4.2 Plagiarism management

If a matter relates to plagiarism in coursework, it will be managed in accordance with the [Plagiarism Policy](#) and [Plagiarism Management Procedure](#).

7.4.3 Exchange Students

Exchange students, including HDR candidates, are bound by the academic requirements and rules of conduct of the host University. If a complaint involves findings of misconduct by an exchange student whilst at UNSW, this information will be shared with UNSW's exchange partner (the student's home University). Similarly, a host University will notify UNSW if there is a finding of misconduct against a UNSW student whilst they are on exchange.

7.5 Staff

7.5.1 Excluded complaints

This Procedure does not apply to:

- a) disputes regarding the interpretation, application or operation of the applicable Enterprise Agreement (EA)
- b) any matters where the relevant EA provides a specific review process (such as issues arising from workplace change)
- c) unsatisfactory performance or a recommendation or decision to take disciplinary action (including dismissal)
- d) any other matters where a specific University policy or procedure has been established to address complaints, reviews or appeals (e.g., academic promotions, which are dealt with under the *Academic Promotions Policy and Procedure*).

If a complaint falls into one of these excluded categories or is to be handled under another procedure or instrument, the complainant, the person responsible for handling the matter, and other relevant people will be advised.

7.5.2 Public Interest Disclosures - staff

If a complaint handler suspects that a complaint may constitute corrupt conduct, maladministration, or a serious and substantial waste of public money, they are to immediately cease managing the complaint and report it in accordance with the University's [Public Interest Disclosure \(Whistleblowing\) Policy and Procedure](#).

7.6 Reports of Gender-based Violence

This clause (clause 7.6) applies to the handling of complaints related to Gender-based Violence as defined below. If there is a conflict between clause 7.6 and any other part of this Procedure, clause 7.6 will take priority in relation to the aspects of the complaint related to Gender-based Violence.

7.6.1 Manner of responding to Gender-based Violence

UNSW will investigate any Report of Gender-Based Violence requiring more than support regardless of any other provision in this policy and will waive any discretion not to investigate such a complaint.

There will be a Standard Operating Procedure titled "Standard Operating Procedure for Managing Gender-Based Violence Reports" (**GBV SOP**) as approved by the Director of Employee Relations and the Director of Conduct & Integrity from time to time. The GBV SOP is based on the process in this Policy and Procedure, the National Code and UNSW obligations under its Enterprise Agreements.

Investigations into allegations of "Gender-based Violence" (as defined below) requiring more than support will be investigated in accordance with the GBV SOP

7.6.6 Definitions

In the context of Gender-based Violence, the following definitions apply:

- **A "Report"** about Gender-based Violence **requiring more than support** means the provision through formal reporting channels of information about their experience of Gender-based Violence by a reporter to UNSW, which requires UNSW to consider taking steps beyond the offer and provision of support services, including (without limitation) the commencement of an investigation and/or a disciplinary process in appropriate circumstances.
- **"Gender-based Violence"** means any form of physical or non-physical violence, harassment, abuse or threats, based on gender, that results in, or is likely to result in, harm, coercion, control, fear or deprivation of liberty or autonomy.

8. Support in the complaints process

8.1 Advice and support in raising and responding to a complaint

Those involved in a complaint are encouraged to seek advice and support. UNSW has a support network both internally and external to the University to provide advice to those wishing to raise a concern and those needing to respond. See [Support and Advice](#) or if emergency help or immediate support is needed see [Emergency Contacts](#).

If the complaint relates to the conduct of research and involves an immediate risk of harm to humans, animals or the environment [UNSW Research Ethics and Compliance Support](#) should be contacted immediately, or emergency services where appropriate.

8.2 Communicating progress and complaint outcomes

The complaint handler or CM will outline to parties what to expect in terms of process, estimated timeframes, correspondence and progress updates. At the outset, those handling a complaint will also provide guidance on what information they can and cannot disclose to each party.

Complainants will be advised when a complaint has concluded although the level of information communicated regarding an outcome will depend on the nature and circumstances of each matter and whether aspects are subject to privacy or confidentiality requirements.

8.3 Support person

The complaint process is strictly confidential and should not be discussed with anyone, including people within, or connected to the University (such as staff or students). However, during any part of the complaint process, complainants and respondents may nominate a support person who may be a union, UNSW student body or legal representative, counsellor or medical practitioner, or an immediate family member or household member (provided that person is not a member of the University community or connected to the University).

The support person can attend meetings with the complainant or respondent and provide advice or support about written documents and processes. They must maintain confidentiality. The support person cannot advocate on behalf of the complainant or respondent.

UNSW maintains its right to directly communicate with and obtain information from an individual (for example, obtaining an account of what happened from the individual in their own words). Representatives and support persons must not be obstructive in the process.

9. Internal appeal

At the conclusion of the complaints process, complainants and respondents may request an internal appeal. Internal appeals are only available where the appellant identifies:

- a) one of the following deficiencies in procedural fairness impacting the decision:
 - i. The decision maker was impacted by conflict of interest so they were unable to bring an unprejudiced mind to the matter.
 - ii. The appellant was not given a reasonable opportunity to respond prior to the decision being made; or
 - iii. The decision maker did not provide reasons for the decision which were sufficient to enable the appellant to understand the reasons for the decision.
- b) new and compelling information as set out in s9.3.

UNSW will not accept requests for internal appeal based on the merits of a decision, meaning a request for appeal may be declined if it is made simply because the individual does not agree with the determination and/or penalty.

Information on how to request an internal appeal will be provided along with the written notification of the outcome. Complainants and respondents will be given one opportunity to request an internal appeal, at which time they should identify how procedural fairness has not been met in the decision-making process and how the identified breach of procedural fairness has impacted the outcome.

If after the internal appeal the party is still not satisfied, or if a request for an internal appeal is declined, the appellant may take the matter to one of the external agencies listed under s10.

9.1 Internal appeal requirements

Any request must clearly outline the grounds for appeal, including any supporting material or documentation. A request for an internal appeal will only be accepted if it is received within 20 working days of receiving the determination or penalty and:

- a) identifies procedural defects; or

- b) there is new and compelling information (see s9.3) that was not known or available at the time of the original complaint.

In exceptional circumstances the [Independent Appeal Officer](#) (IAO) may extend the deadline of 20 working days following a request for an extension from the appellant in writing.

Exceptional circumstances are defined as circumstances that are unusual, uncommon or abnormal such that they are outside of the appellant's control and reasonably prevented them from submitting an internal appeal request within the 20-working day deadline. To be considered for an extension of the deadline, the appellant must outline their exceptional circumstances and provide any relevant supporting documentation to the IAO for their consideration.

9.2 Requesting an internal appeal

A request for an internal appeal must be made in writing to the IAO within Legal and Compliance or their delegate. The IAO will undertake an initial assessment of the appeal application and may decline any application which does not meet appeal requirements. It is at the IAO's discretion to determine whether any additional correspondence or information provided by the appellant will be considered.

If the request is accepted, the IAO will notify all relevant parties and provide details of the appeal process, including the scope of the IAO role.

The IAO will conduct the appeal, consider whether there were any procedural defects outlined in the request for appeal, and make a determination such as affirming the process, identifying a procedural deficiency, recommending action or some other outcome. In the course of conducting the appeal, the IAO may make enquiries with the CM, or any other relevant person/s. Confidentiality will be maintained to the extent practicable. After completing the appeal, the IAO will refer the outcome to the delegated [Executive Appeal Officer](#) (EAO) who will make a final determination and advise the IAO.

The IAO will communicate the outcome to the appellant, and any other relevant party. The outcome will also be communicated to the CM who managed the process under appeal and the relevant senior manager.

The decision of the EAO is final and parties are expected to accept and implement the decision. There is no other appeal mechanism within the University.

9.3 New information

In very limited circumstances, appellants may request an internal appeal if both new and compelling information comes to light.

'New' information is information that was not known or available at the time of the complaints process and therefore could not have been provided to the CM. It is expected that the appellant could not have provided this information to the CM at the appropriate time due to circumstances beyond their control. Circumstances are beyond a person's control if a situation occurs that a reasonable person would consider is not due to the person's action or inaction, either direct or indirect, and for which the person is not responsible.

'Compelling' information is information that, had it been communicated to the CM during the complaints process, may have reasonably impacted the investigation, determination and/or penalty.

This exceptional circumstance does not include a lack of knowledge or understanding of requirements under the Code of Conduct and Values, or UNSW policies and procedures.

An internal appeal that is instigated based on new and compelling information must be identified in the internal appeal request application. If the application for appeal is accepted, the new evidence will be submitted for further investigation.

9.4 Appeals against outcomes related to Gender-based Violence

Where a request for internal appeal is made against an outcome related to the investigation of an allegation of Gender-based Violence, the following requirements will apply in addition to the internal appeal framework outlined above:

- a) The reporter is to be notified within 2 business days of the appeal being lodged where the appellant is appealing against a disciplinary decision. Where this requirement applies, the reporter must be provided with information on potential outcomes from the appeal.
- b) The IAO will provide their report to the relevant EAO within 15 business days of receiving a complete request for internal appeal under the internal appeal framework set out above.

Extensions of time will only be permitted where required, such as in the following circumstances:

- The extension is needed to pause the internal appeal process where required in response to a communication from the NSW Ombudsman's office, the National Student Ombudsman's office, the Police, or owing to the commencement of proceedings before a Court or tribunal;
- Owing to delays in receiving a complete or sufficient appeal request from a reporter or respondent in relation to the appeal;
- To allow the appeal to be considered in a manner that is trauma-informed and person centred.

Any timeframe extensions to finalise appeals to resolution (beyond 20 days) are only permitted where necessary by the UNSW Principle Executive Officer, the Vice-Chancellor and President as specified in the Preventing and Responding to Gender-based Violence at UNSW Policy.

10. External appeal

While UNSW is committed to resolving complaints internally, complainants and respondents may request assistance from an outside agency or lodge an application with an external body at any time. Where this occurs, UNSW may decide to suspend an internal process pending external investigation.

Relevant external agencies include:

- National Student Ombudsman (NSO)
- NSW or ACT Ombudsman
- NSW Anti-Discrimination Board (or ACT Human Rights Commission for staff, students and HDR candidates at UNSW's campuses in Canberra)
- Australian Human Rights Commission
- Independent Commission Against Corruption (ICAC) or ACT Integrity Commission
- NSW or ACT Police
- Fair Work Ombudsman
- Australian Research Integrity Committee (ARIC)
- National Health and Medical Research Council (NHMRC)
- Australian Research Council (ARC)
- NSW Civil and Administrative Tribunal (NCAT)

These agencies may or may not have jurisdiction, depending on the circumstances. Some of these external agencies may require a complainant to have lodged an internal complaint first before they will become involved and have strict time limits. Individuals should seek advice from the relevant agency or from an independent advisor as soon as possible.

11. Immediate corrective actions

After receiving a notification or complaint, UNSW will conduct a risk assessment to identify if any immediate corrective actions (ICAs) are necessary to ensure, as far as reasonably practicable, the safety and protection of people, animals, environment, physical and financial resources.

ICAs may also be implemented at any time during the management of a complaint.

ICAs may include directed absence from the learning environment, the workplace according to the applicable EA, suspending or restricting an individual from all or part of the University's resources. This will only occur to prevent or minimise a threat from the person concerned to:

- a) the physical or psychological health, safety or wellbeing of any member of the UNSW community; or
- b) the proper functioning of any University activity or damage to University resources.

A suspension or restriction does not prevent an allegation of a breach of the Code of Conduct and Values or misconduct being made.

A person may be suspended or restricted from:

- i. all or part of the University or from access to its premises, facilities, including student accommodation
- ii. all or part of the University systems or services
- iii. all or part of the virtual space connected to the study or work; and/or

- iv. accessing UNSW information technology resources, clinical sites, laboratories, and affiliated entities used for UNSW research or teaching.

The following approvals are required to suspend or restrict a person, as an ICA under this procedure:

Authorisation to suspend or restrict as an ICA can only occur with two signatures. An authorisation from only one person (regardless of the seniority of the person or the role that they perform) is not sufficient to suspend or restrict a person.

Circumstance	Approver
Where the person is a staff member	Chief People Officer and any one of: Provost, VPO, DVC, PVC, Dean, Director, Conduct & Integrity, Chief Legal Officer, Director of Health & Safety, Director Protective Services.
Where the person is a coursework student	Registrar and any one of: Provost, DVC, PVC, Director, Conduct & Integrity, Chief Legal Officer, Director of Health & Safety, Rector Canberra, Director Security & Traffic. Where the student is also a staff member the Chief People Officer must be the second approver.
Where the person is a researcher (staff or student)	DVC Research & Enterprise and any one of: PVC Research, PVC Research Infrastructure, PVC Research Training, PVC Industry and Innovation, Chief People Officer (must be the second approver if the researcher is a staff member), Director, Conduct & Integrity, Chief Legal Officer, Director of Health & Safety, Director Security & Traffic.
Where the person is a contractor or consultant to UNSW or any of its Controlled Entities	The UNSW representative under the contract between the parties and either the Chief Legal Officer, the Deputy Chief Legal Officer or any Head of Legal & Compliance. <i>* note that the terms of the contract must first be reviewed to determine UNSW/CE's right to take this action, as well as UNSW/CE's obligations under legislation (eg safety and other laws)</i>
Where the person is a member of the public	Director Protective Services and any one of: , Director Conduct & Integrity, Director of Health & Safety.

Where the circumstance involves a person who is in a direct reporting line of an approver, an alternative approval must be obtained from one of the other approvers listed above.

Where a suspension or restriction is necessary the person will be notified in writing. They will be offered an opportunity to respond before a suspension or restriction is imposed.

In urgent circumstances, an immediate suspension or restriction might be imposed where there is an imminent and serious threat of harm. In these circumstances, the person will be notified in writing, and they will be offered an opportunity to respond to the reversal of suspension or restriction.

A suspension or restriction shall not in the first instance exceed 14 days. However, the suspension or restriction may be extended to ensure the safety and protection of people, animals, environment, physical and financial resources.

11.1 Corrective actions and referrals

At any stage of the misconduct investigation process, UNSW may take appropriate corrective action, make reasonable directions, offer support services and provide referrals to other internal policies and procedures.

In some cases, UNSW may consider a matter serious enough to refer it to an external agency. In these circumstances it may be necessary for the University to suspend its misconduct process until the outcome of any external process is known.

External agencies may include:

- NSW Anti-Discrimination Board
- Australian Human Rights Commission
- NSW Independent Commission Against Corruption (ICAC)
- NSW or ACT Ombudsman
- National Student Ombudsman
- NSW or ACT Police
- Australian Health Practitioner Regulation Agency (AHPRA)

12. Unreasonable behaviour

Unreasonable, offensive or disrespectful conduct by those involved in a complaint process, including attempts to disrupt or bypass the complaint process, will not be tolerated and will be managed by changing or restricting the way the University interacts with the complainant, respondent or other relevant parties.

In the event of unreasonable behaviour, the following process will apply:

- Assess the situation and decide.** A local manager, in consultation with relevant staff, may change or restrict University interaction with a complainant, or other relevant party who is behaving unreasonably.
- Formal warning.** When the conduct of an individual involved in a complaint poses a risk to the health and safety of staff or other people, UNSW may initially provide a formal written warning to the individual if practical and unlikely to provoke a serious negative response. UNSW may refer the matter to UNSW Security and the Police.
- Notify the individual in writing of change or restriction** if the unreasonable conduct continues after they have been given a written warning.
- Notify other staff**, where an individual is restricted or prohibited from entering UNSW campuses or premises to ensure the health and safety of staff and others at the University.
- Monitor and review.** The decision maker should periodically review any restriction imposed.
- Complete restriction of access.** In exceptional circumstances a complainant, respondent or other interested party may be restricted from any contact or access to the University staff and services, including its campuses and premises. The decision to restrict access may only be made by delegates authorised under Schedule 10 of the Delegations Policy.

A written notification will be issued to the individual concerned outlining the decision and the duration of the restriction(s), if appropriate in the circumstances. The notification should include contact details of a senior manager who may handle any appeal against the decision, or a representative third party.

12.1 Appealing restrictions

A complainant may appeal a decision in writing to the manager cited in the notification within 10 working days of the decision date. UNSW will review a decision to change or restrict its campus or services access once only. The appeal will be reviewed by an independent manager at the same or higher level than the initial decision maker.

Details of the unreasonable behaviour, decision and actions taken will be recorded in CaseIQ.

13. Recording complaints and misconduct

Those involved in managing complaints must maintain full and accurate records of a complaint and how it is managed. This information should be recorded in CaseIQ. All University Assisted Resolutions, University Formal Resolutions and Internal Appeals must be recorded.

13.1 Student complaints - Academic Transcripts

Records of any allegation or proceeding brought against a student will not be included on a student's academic transcript. However, any academic penalties imposed following a determination, such as a mark adjustment, will appear on a student's academic transcript.

13.2 External complaints

Complaints that require formal investigation will be recorded in CaseIQ. This will include correspondence with the complainant, minutes of meetings, notes of discussions and decisions made.

Version: 1.5

Effective: ## 2026 **Responsible:** Chief Assurance and Legal Officer **Lead:** Director, Conduct & Integrity

Consultation draft

Appendix A

Roles and Responsibilities

All those involved in the complaints management and investigations process should make every effort, where reasonably practicable, to eliminate or control risks involving psychological and physical health, wellbeing and safety hazards of all parties involved in a complaint. Individuals should be referred to relevant support services if necessary.

Role	Responsibility
Complaint Handler	The supervisor, manager or identified staff member who receives a less complex or less serious complaint and attempts to handle it at the local level. For staff complaints, a complaint handler may also be the supervisor, manager or identified staff member who works to resolve a more complex or more serious complaint with the assistance of a Case Manager.
People and Culture (PC)/Employee Relations (ER)	Provide advice about dealing with complaints under the Procedure. Advice may be provided to the complainant, respondent or to the complaint handler, subject to any conflict of interest.
Case Manager (CM)	Specialist who manages more complex or more serious complaints that may be part of the C&I, ER, PC or other area depending on who the complainant is, and the details of the complaint. The activities performed in their role will depend on the nature and subject matter of the complaint, but may include one or more of: <ul style="list-style-type: none"> Overseeing a complaint and working with complaint handlers and specialist advisors to achieve resolution. Conducting a preliminary enquiry to determine if: <ul style="list-style-type: none"> the complaint is within the scope of this Procedure; and/or a breach of the Code of Conduct and Values may have occurred; and/or whether the potential breach should be investigated as potential misconduct. Investigating potential breaches that may constitute misconduct or appointing another CM to conduct the investigation. Receiving the investigation report from another CM, deciding if a breach of the Code of Conduct and Values and/or misconduct has occurred, and if so, recommending what action should be taken. <u>Note:</u> for research misconduct the relevant RO will make the determination. Where a CM does not have delegation to make a decision on the outcome (whether it be a penalty, disciplinary action or referral to an Investigation Panel), they should obtain the decision from the Responsible Officer (RO), or in the case of staff complaints, the relevant supervisor/manager. <p><u>Note:</u> Where applicable and necessary, and to preserve procedural fairness, there may be more than one CM managing a complaint. In these instances, if the CM has conducted the investigation, a different CM will determine the outcome.</p>
Research Integrity Advisor (RIA)	Appointed by the RO and is usually the Senior Vice Dean, Deputy Dean or Associate Dean (Research) in each Faculty. <ul style="list-style-type: none"> Advises researchers on the Code of Conduct and Values and all relevant guidelines and procedures regarding the responsible conduct of research, including how to make a complaint Provides training or guidance to researchers on the responsible conduct of research.
Responsible Officer (RO)	In accordance with the relevant Council delegations a Responsible Officer may: <ul style="list-style-type: none"> Suspend or exclude a student, if appropriate, following a finding of a serious breach (misconduct) Issue urgent or interim measures Provide information to regulatory (or similar) bodies where necessary to fulfil mandatory reporting obligations at law, and/or considering the potential serious consequences for the safety of individuals <p>Where the matter relates to potential research misconduct the relevant RO will also:</p> <ul style="list-style-type: none"> Decide whether to convene an Investigation Panel. Issues terms of reference for the Investigation Panel and appoint Panel members Receive the Investigation Panel Report and decide whether any research breach of the Code of Conduct and Values or misconduct has occurred and the appropriate University response.
Independent Appeal Officer (IAO)	Designated officer within Legal and Compliance: <ul style="list-style-type: none"> Receives and considers requests for internal appeal of determinations of complaints (relating to the procedural defects of a complaint investigation)

Role	Responsibility
	<ul style="list-style-type: none"> • Conducts the appeal, recommends action, and refers the outcome to the Executive Appeal Officer for final determination • Advises relevant parties of outcome of internal appeal • Records details of appeal and outcome
Executive Appeal Officer (EAO)	<ul style="list-style-type: none"> • Performed by either the Provost, relevant DVC, Chief People Officer or VP Operations and Chief Operating Officer • Receives internal appeal recommendations from IAO for final determination • May dismiss the appeal, make a fresh determination on all or part of the complaint, refer the matter back to C&O/ER to re-investigate or re-determine the complaint • Advises IAO of decision and rationale
Principal Executive Officer	The Principal Executive Officer is the Vice-Chancellor and President and is responsible for permitting any timeframe extensions to finalise disciplinary processes (beyond 45 days) and appeals to resolutions (beyond 20 days) only where necessary in relation to Gender-based Violence matters.

Acronyms (In addition to those used for roles & responsibilities)

Arc	Arc@UNSW - a not-for-profit organisation for students studying at UNSW
ARC	Australian Research Council

Consultation draft

Appendix B

Potential breach of the Code of Conduct and Values by a student

Actions that may constitute a breach and outcomes that may apply include:

Complaint/ Allegation Type	Breach	Outcomes	
Academic Misconduct <ul style="list-style-type: none"> Exams Falsified documents for academic advantage such as medical certificates or altered transcripts Admissions fraud Serious plagiarism Contract cheating ("Ghost writing") Unauthorised use of AI Non-Academic Misconduct <ul style="list-style-type: none"> Conduct towards another person including behaviour that is unlawful, discriminatory, sexually inappropriate, bullying, harassing, invades another's privacy or causes a person to fear for their safety Failure to treat staff or students with courtesy, tolerance and respect Gendered violence Conduct that causes serious risk to health or safety of others Misuse or damage to property or UNSW reputation Failure to comply with UNSW policy and procedures 	Breach	<ul style="list-style-type: none"> Support provided No formal action Apology Formal warning Formal reprimand Educative interview Remedial educative action Reduction in marks as prescribed by UNSW policy or procedure Capped mark pass (50%) for the work or the course Resubmission of work without further penalty Resubmission or corrected work with a capped mark 0% for the assessment Other reduction in mark Restitution of damages Fail for the course (00FL) 	
	Serious breach/repeated breaches (student misconduct)	All the above, plus: <ul style="list-style-type: none"> Suspension from UNSW Delayed graduation Permanent exclusion Revocation of an award (e.g. certificate, diploma, degree, prize, scholarship) 	
	Further action may be taken in the following circumstances:		
	Admissions fraud	<ul style="list-style-type: none"> Review of eligibility for admission Conditions placed on student's enrolment or re-enrolment Revocation of an award (e.g. certificate, diploma, degree, prize, scholarship) 	
	Misuse of library resources	Penalties as published by the University Librarian on the Library website.	
	Misuse of email, IT or resources	Loss or restricted access to UNSW IT facilities	
Misuse of the resources of a School or Department	<ul style="list-style-type: none"> Formal reprimand or warning Withdrawal of student access to the property of the School/Faculty for a period not exceeding the remainder of the current term. Restitution of damages Remedial educative action 		

UNSW reserves the right to impose a different outcome to the complaint/allegation type depending on the circumstances.

Potential research breach of the Code of Conduct and Values and the Australian Code for the Responsible Conduct of Research

Actions that may constitute a breach and outcomes that may apply include:

Complaint/ Allegation Type	Breach	Outcomes*
Authorship	<ul style="list-style-type: none"> Acknowledgement – failing to fairly acknowledge the contribution of others involved in the research Author – exclusion (of author) - failing to offer authorship to those whose contribution warrants inclusion Author- inclusion (of author) - awarding authorship to those who do not meet the minimum criteria Author – order (of author) 	<ul style="list-style-type: none"> Addressed at local level Counselling Remedial training/education

Complaint/ Allegation Type	Breach	Outcomes*
Conflict of interest (COI)	<ul style="list-style-type: none"> • Failure to disclose or declare conflicts of interest • Failure to manage conflicts of interest 	<ul style="list-style-type: none"> • Reasonable direction to comply • Disciplinary action – permanent exclusion or termination of employment (In accordance with provisions of applicable Enterprise Agreement and/or employment contract) • Academic title or visiting appointment may be withdrawn
Copyright	<ul style="list-style-type: none"> • Copyright (management) • IP (management) 	
Duplicate publication of data and/or results	<ul style="list-style-type: none"> • Duplicate publication of data and/or results 	
<ul style="list-style-type: none"> • Drones • Export controls/DTC • Gene Technology • *Human Research Ethics (HRE) • Import/Export & Quarantine • *Radiation Safety *Scheduled Drugs 	<ul style="list-style-type: none"> • Deviation/breach of approval • Research without necessary approvals • Other/General – <ul style="list-style-type: none"> ○ HRE – Failure to engage Aboriginal and Torres Strait Islander people in a respectful manner and Privacy related ○ Radiation – complaint from members of public, compliance with Ethics Review Process ○ Drugs – loss/inappropriate disposal 	
• Environment	<ul style="list-style-type: none"> ○ Harm to the environment 	
• Falsification and/or fabrication	<ul style="list-style-type: none"> • Fabrication (of data) • Falsification (of data) • Misrepresentation/misleading (data) 	
• Peer review	<ul style="list-style-type: none"> • Breach of confidentiality • Conflict of interest • Failure to undertake (peer review) • Irresponsible peer review 	
• Plagiarism	<ul style="list-style-type: none"> • Contract cheating (making use of a third party to complete work and submitting it as their own) • Inappropriate referencing and citation • Plagiarism general (including theories, concepts, research data and source material) • Self-plagiarism – duplicating publication without proper acknowledgement of the source(s) 	
• Privacy	<ul style="list-style-type: none"> • Privacy breach – general • Privacy breach – HREAP • Privacy breach – HREC 	
• Grant related	<ul style="list-style-type: none"> • Funding rules (breach of) • Grant administration (related to) • Grant application (related to) • Grant funds (misuse/related to) 	
• Other	<ul style="list-style-type: none"> • Failure to comply with relevant legislation, policies and guidelines • Failure to consider the consequences and outcomes of research • Failure to dissemination research findings responsibly • Failure to ensure good stewardship of public resources • Failure to promote or undertake RCR training • Failure to report suspected research breaches (of the Code of Conduct and Values) • Lack of attention to detail • Lack of robust methodology • Disrespectful and unfair treatment of researchers • Failure to acknowledge known biases • Failure to communicate research methodology, data and findings 	
• Seriously deviates from research standards	<ul style="list-style-type: none"> • Seriously deviations from research standards – e.g. conducting Research without ethics approvals, permits or licences required by laws, regulations, disciplinary standards and UNSW policies relating to the responsible and safe conduct of Research 	
• Supervision/ mentoring	<ul style="list-style-type: none"> • Failure to comply with Supervision Policy • Failure to provide adequate guidance and mentorship • Failure to train, supervise or monitor 	
• Recordkeeping	<ul style="list-style-type: none"> • Failure to allow access and reference to research records • Failure to keep clear, secure and complete records • Failure to protect records • Inappropriate destruction/retention (of records) 	

Complaint/ Allegation Type	Breach	Outcomes*
	<ul style="list-style-type: none"> Inappropriate record keeping – inappropriate disclosing or accessing research records 	

*May include outcomes/ penalties (consequential actions) imposed by funding bodies which are outside of UNSW control

Consultation draft