Standard Operating Procedure

Management of Human Research Ethics Complaints

1.0 Purpose

This Standard Operating Procedure establishes the framework for the receipt, assessment, management, escalation, and closure of complaints relating to the ethical conduct, review, approval, and oversight of human research conducted under the auspices of Griffith University. It supports fair, timely, confidential, and risk-proportionate management of complaints, and promotes compliance with applicable legislation, the National Statement on Ethical Conduct in Human Research (2025), the Australian Code for the Responsible Conduct of Research (2018), and relevant University policies and procedures.

This procedure describes how human research ethics complaints are to be raised, acknowledged, triaged, considered, resolved, and documented, including when matters should be referred to the relevant Human Research Ethics Committee, the Office for Research, or another University process. It is intended to support consistent decision-making, procedural fairness, appropriate protection of complainants and respondents, and continuous improvement of Griffith University's research ethics governance arrangements.

2.0 Scope

This Standard Operating Procedure applies to staff in the Office for Research, members and Chair of the Human Research Ethics Committee, researchers, students, research support staff, complainants, respondents, and other University stakeholders involved in the receipt, review, management, or oversight of complaints about the ethical conduct of human research. It applies to complaints concerning approved or proposed research, the conduct of researchers, compliance with ethics approval conditions, participant concerns, and complaints about ethics review or administrative processes, except where another University policy or procedure more appropriately governs the matter.

3.0 Responsibilities

The Senior Manager, Research Ethics, Integrity and Governance is responsible for coordinating the receipt, triage, assessment, escalation, referral, and closure of human research ethics complaints, and for ensuring that complaints are managed consistently with this SOP.

The Human Research Ethics Officer is responsible for supporting complaint administration as required, including maintaining complaint records, preparing correspondence, tracking actions and timeframes, and supporting assessment, reporting, and continuous improvement activities.

The HREC Chair is responsible for providing advice on human research ethics risk, urgent protective action, complaints concerning HREC function or decisions, and matters that may require consideration by the HREC.

The HREC is responsible for considering matters within its authority that may affect the ethical acceptability of human research, including conditions of approval, amendments, monitoring requirements, suspension, withdrawal of approval, or other project-level actions.

The Office for Research Director will be regularly updated with a summary of any research ethics complaints received.

Researchers must promptly notify the Senior Manager, Research Ethics, Integrity and Governance of any complaint, concern, serious or unexpected adverse effect, unforeseen event, protocol deviation, privacy or confidentiality concern, or other issue that may affect participant welfare, compliance with an ethics approval, or the continued ethical acceptability of approved human research. This obligation applies even where the matter appears to have been resolved locally or is raised directly with the research team. Participant complaints received directly by the research team should be reported by submitting a complaints report form in Ethics IQ linked to the approved project.

Researchers must preserve relevant records and cooperate with any request for information, corrective action, monitoring, or review under this SOP. For student research, the principal supervisor is responsible for ensuring that relevant matters are reported promptly and appropriately managed.

The Office for Research and Research Integrity functions are responsible for receiving referrals under relevant University procedures where a complaint raises possible breaches of the Australian Code for the Responsible Conduct of Research, or research misconduct.

4.0 Procedure Overview

4.1 Reporting

Research ethics complaints may be submitted by participants, researchers, staff, students, committee members, external institutions, or other persons with a legitimate concern about the ethical conduct, review, approval, or oversight of human research.

Complaints should be directed to the Human Ethics Committee (HREC) by:

- Calling the human ethics team on +61 7 373 54375;
- Sending an email to research-ethics@griffith.edu.au (for anonymous complaints, refrain from providing any identifying information)
- Sending an email to the University's central complaints management team at complaints@griffith.edu.au. The complaints team will refer the matter to the relevant area.

Researchers and supervisors who receive a complaint or concern directly must notify the Senior Manager, Research Ethics, Integrity and Governance as soon as practicable and must not delay notification while attempting to resolve the matter locally. Participant complaints received directly by the research team should be reported by submitting a complaints report form in Ethics IQ linked to the approved project. Where urgent participant safety, privacy, consent, or compliance issues are identified, notification must occur immediately and appropriate interim protective action should be considered.

Participant-facing documents should include an appropriate independent contact for concerns or complaints about the ethical conduct of the research. It is recommended that the Senior Manager, Research Ethics, Integrity and Governance be named as the independent contact.

Complaints may be made anonymously. Anonymous complaints will be assessed where sufficient information is available to identify a relevant project, approval, researcher, risk, or systemic issue;

however, anonymity cannot be guaranteed in all circumstances and limited information may affect the University's ability to fully assess or manage the matter.

4.2 Triage and complaint type

On receipt of a complaint, the Senior Manager, Research Ethics, Integrity and Governance, and/or the Research Ethics Officer must undertake an initial triage assessment. The assessment must identify the nature of the complaint, any immediate or significant risk to participant safety, welfare, privacy, confidentiality, consent, data security, regulatory compliance, or the continued ethical acceptability of the research, whether urgent protective action or escalation is required, and the most appropriate management pathway. This triage is an administrative assessment only and does not determine whether the complaint is substantiated.

Where a complaint or concern identifies an immediate or significant risk, interim protective action may be taken before the complaint has been fully assessed or substantiated. Protective action is precautionary and risk-based; it does not represent a finding that the complaint is substantiated or that any person has engaged in wrongdoing. Any protective action must be proportionate to the identified risk, documented with reasons, reviewed as further information becomes available, and communicated to relevant parties to the extent appropriate.

Complaints must be allocated to the pathway that best reflects the subject matter of the complaint.

The main types of complaints are:

- complaints concerning human research ethics, including concerns about participant welfare, informed consent, privacy or confidentiality, approved or unapproved research activities, monitoring, compliance with ethics approval conditions, or possible non-compliance with the National Statement on Ethical Conduct in Human Research, applicable legislation, or relevant University requirements;
- complaints concerning the function, process, or decisions of the HREC, including concerns about the review of applications or reports, committee processes, decision-making, or unresolved concerns between an investigator and the HREC;
- complaints or disclosures that are more appropriately managed under another University process, including research integrity, staff conduct, student conduct, public interest disclosure, privacy, or general complaints processes; and
- matters that raise more than one issue, where the human research ethics aspects may proceed under this SOP while other aspects are referred or coordinated with the relevant University process.

The triage decision, pathway allocation, any referral, and the reasons for those decisions must be documented.

4.3 Timeframes and progress updates

Complaints should be managed as promptly as practicable and in a manner proportionate to the nature, complexity and risk of the matter. The timeframes below are indicative service standards intended to support timely handling, accountability and communication. They may vary where a matter is complex, high risk, anonymous, dependent on information from third parties, subject to

another University process, or affected by legal, regulatory, privacy or procedural fairness requirements.

Stage	Indicative timeframe
Acknowledgement of complaint	Within 2 working days of receipt, where contact details are available.
Initial triage and pathway allocation	Within 5 working days of receipt, unless urgent risk requires earlier action.
Urgent risk review and interim protective action	Immediately where participant safety, welfare, privacy, consent, data security, regulatory compliance, or the continued ethical acceptability of the research may be at immediate or significant risk.
Early resolution	Usually within 20 working days where the matter is suitable for early resolution.
Assessment or review under this SOP	Usually within 30 working days, depending on the nature, complexity and information required.
Escalation or referral decision	As soon as practicable after triage or assessment identifies that escalation or referral is required.
Progress updates	At least every 20 working days where the matter remains open and contact with the complainant or relevant parties is appropriate.
Closure notification	As soon as practicable after required actions have been completed, referred, transferred, or otherwise addressed.

Where an indicative timeframe cannot be met, the reason should be documented and, where appropriate, the complainant and relevant parties should be provided with a progress update. Timeframes must not delay urgent risk review or interim protective action. Where immediate or significant risk is identified, necessary protective action must occur without delay and should not wait for completion of triage, assessment, review, investigation, escalation, or referral.

4.3 Receipt and assessment of complaints about the ethical conduct of human research

Human ethics complaints may relate to the ethical design, review, approval, conduct, monitoring, or reporting of research involving people. This includes concerns about participant welfare, informed consent, privacy, confidentiality, approved or unapproved research activities, compliance with ethics approval conditions, monitoring requirements, or the continued ethical acceptability of the research.

The Senior Manager, Research Ethics, Integrity and Governance must ensure the complaint is registered and acknowledged to the complainant where contact is possible. The acknowledgement should confirm receipt of the complaint and explain that the matter will be considered in accordance with this SOP.

The complaint must be assessed against the relevant ethics approval, approved protocol and documents, conditions of approval, correspondence, monitoring records, applicable legislation, the National Statement, and relevant University requirements. The assessment must be evidence-informed and proportionate to the nature and seriousness of the concern. The approach used will be based on the assessed level of risk to participants as outlined in the following table.

Risk level	Indicators	Expected response
Low	Minor or administrative concerns with no apparent risk to participants, privacy, consent, compliance, or ethical acceptability. Examples include clarification requests, minor process concerns, or correctable administrative errors.	Managed locally by the Research Ethics Officer or Senior Manager, with documentation and closure. May be suitable for early resolution under section 4.5.
Moderate	Possible non-compliance with the conditions of an ethics approval, repeated minor issues, disputed consent or recruitment processes, delayed reporting, or concerns that may affect participant understanding, privacy, or approved research conduct.	Reviewed by the Research Ethics Officer and Senior Manager, with referral to the HREC Chair where appropriate. Corrective action, amendment, monitoring, or early resolution may be required.
High	Actual or potential participant harm, serious privacy or consent concerns, serious or continuing non-compliance, research outside approval, compromised ethical acceptability, or urgent regulatory or safety concerns.	Escalated immediately to the HREC Chair and, where required, the HREC or another authorised University process. Where participant safety, welfare, privacy, consent, data security, regulatory compliance, or the continued ethical acceptability of the research may be at immediate or significant risk, interim protective action must be considered without delay.

Where required to address an immediate or significant risk, interim protective action may include seeking urgent clarification from the research team, pausing recruitment or data collection, restricting access to data or systems, requiring preservation of records, imposing additional monitoring, requiring urgent corrective action, suspending some or all research activity, notifying relevant stakeholders including funding agencies and/or collaborating institutions, or referring the matter to another University process. Interim protective action may be taken before the complaint has been fully assessed or substantiated, provided the action is precautionary, risk-based, proportionate, documented, and reviewed as further information becomes available.

Information may be sought from the complainant, respondent, research team, HREC Chair, school, external collaborator, or other relevant person where necessary to assess and manage the complaint. Information requests must be limited to what is necessary and must be managed consistently with confidentiality, privacy, procedural fairness, and conflict of interest requirements.

Following assessment, the matter must be allocated to the appropriate outcome or pathway. This may include no further action, provision of information, management of ethics non-compliance under

section 4.4, early resolution under section 4.5, corrective action, amendment to approved documents, additional monitoring, suspension of research activity, referral to the HREC Chair or HREC, escalation for formal review or investigation consideration under section 4.6, or referral to another University process under section 4.13.

The complainant and any respondent should be advised of the outcome to the extent appropriate, having regard to confidentiality, privacy, procedural fairness, anonymous reporting, and any legal or regulatory constraints. The complaint may be closed once all required actions have been completed, referred, transferred, or otherwise addressed, and the closure decision and reasons have been recorded.

4.4 Management of ethics non-compliance identified through a complaint

Where assessment of a complaint identifies possible non-compliance with an ethics approval, the approved protocol, approved participant-facing documents, conditions of approval, reporting requirements, the National Statement, applicable legislation, or relevant University requirements, the matter must be assessed and managed in a risk-proportionate manner.

The Senior Manager, Research Ethics, Integrity and Governance, in consultation with the Research Ethics Officer and, where appropriate, the HREC Chair, must determine whether the issue can be managed as an ethics governance matter under this SOP or should be escalated or referred under section 4.6. This assessment should consider the seriousness of the non-compliance, whether it was isolated or repeated, whether it was intentional, reckless, negligent, or inadvertent, whether participants or others were exposed to harm or increased risk, whether consent, privacy, confidentiality, or data integrity were affected, and whether the approved research remains ethically acceptable.

Where the matter can be managed under this SOP, actions may include requiring clarification from the research team, requiring a corrective and preventive action plan, requiring amendment of approved documents or procedures, imposing additional monitoring or reporting requirements, pausing recruitment or data collection, suspending some or all research activity, requiring communication with participants or sites, or referring the matter to the HREC for consideration of variation, suspension, withdrawal, or other project-level action.

Where the matter may involve a breach of the Australian Code for the Responsible Conduct of Research, research misconduct, staff or student misconduct, serious or repeated non-compliance, research conducted without required approval, or a contested factual matter requiring formal findings, the matter must be escalated or referred under section 4.6 to the relevant University process. The human research ethics aspects must continue to be managed under this SOP until the relevant ethics risk has been addressed, transferred, or formally accepted by the receiving process.

The assessment, decision, rationale, required actions, responsible persons, timeframes, monitoring requirements, referrals, and closure outcome must be documented. Where required actions are imposed, they must be tracked until completed or transferred to another authorised process.

4.5 Early resolution pathway

Where a complaint or concern appears suitable for resolution without referral to a formal investigation process, the Senior Manager, Research Ethics, Integrity and Governance, in consultation with the Research Ethics Officer and, where appropriate, the HREC Chair, may manage the matter through an early resolution pathway. Early resolution may be appropriate where the concern is low risk, does not indicate serious or continuing non-compliance, does not require urgent protective action, and may be addressed through clarification, correction of information, communication between relevant parties, amendment of documents, or other proportionate action.

Early resolution must be conducted in a manner that is impartial, respectful, confidential to the extent possible, and consistent with procedural fairness. The complainant should be advised that early resolution is available where appropriate, that they may request escalation to a formal process if the matter is not resolved, and that the University may escalate the matter without request if the information received indicates risk to participants, privacy, consent, regulatory compliance, or the continued ethical acceptability of the research.

Early resolution may include seeking clarification from the research team, providing information to the complainant, facilitating communication between relevant parties, requiring correction of participant-facing materials, recommending an amendment to approved documents, requiring a minor corrective action, or referring the matter for advice or support. The identity of the complainant must not be disclosed to the respondent or research team unless disclosure is necessary for fair management of the matter, has been discussed with the complainant where practicable, and is managed consistently with privacy and procedural fairness requirements.

The early resolution process, information considered, agreed actions, responsible persons, timeframes, outcome, and closure rationale must be documented. If the matter cannot be resolved through early resolution, if agreed actions are not completed, or if further information indicates a higher level of risk or possible serious non-compliance, the matter must be escalated for formal review or investigation consideration under section 4.6.

4.6 Escalation to formal review or investigation

A complaint must be considered for escalation where the matter is serious, unresolved, contested, or unsuitable for early resolution. This includes matters involving actual or potential participant harm, serious privacy or consent concerns, serious or continuing non-compliance with an ethics approval or the National Statement, research activity conducted without required approval, allegations that may constitute a breach of the Australian Code for the Responsible Conduct of Research, repeated failure to respond to ethics monitoring or reporting requirements, or a complaint that cannot be resolved through early resolution.

Escalation may involve review by the HREC Chair or HREC, referral to the Office for Research, referral under the Research Integrity Breach Investigation Procedure, referral to another authorised University process, or coordinated management across more than one process. This SOP does not establish a separate HREC investigation process for making formal findings about research misconduct, staff misconduct, student misconduct, or breaches of the Australian Code. Those matters must be referred to the relevant University process.

The Senior Manager, Research Ethics, Integrity and Governance must prepare or coordinate an escalation assessment that identifies the complaint issues, relevant ethics approval and project

records, any immediate risks, actions already taken, whether the complainant can or should be identified, any conflict-of-interest considerations, and the recommended pathway. The assessment should include relevant correspondence, approved documents, monitoring or reporting records, advice obtained, and a summary of any early resolution attempted.

Relevant stakeholders may include the HREC, research team, affected participants, research sites, collaborating institutions, sponsors, funders, insurers, regulators, or other bodies, depending on the nature of the complaint, applicable obligations, and any immediate risk management requirements.

Where a matter is referred under another University process, the human research ethics aspects must continue to be managed under this SOP until the relevant ethics risk has been addressed, transferred, or formally accepted by the receiving process. The complainant and respondent should be informed of the referral and any next steps to the extent appropriate, having regard to confidentiality, privacy, procedural fairness, anonymous reporting, and any legal or regulatory constraints.

4.7 Management of complaints concerning HREC function and decisions

Complaints concerning the function, process, or decisions of the HREC may include concerns about the committee's review procedures, communication, procedural fairness, timeliness, management of conflicts of interest, or the way a HREC decision was reached. This pathway considers whether the HREC followed the National Statement on Ethical Conduct in Human Research, applicable legislation, the HREC Constitution, University policy, and relevant HREC procedures. It does not provide a merits review or appeal of an HREC decision and does not allow another University officer or process to substitute its judgement for that of the HREC on the ethical acceptability of human research.

Where a concern is raised about a HREC decision, process, or communication, the complainant should, where appropriate, be encouraged to seek clarification or resolution through direct communication with the HREC Chair before the matter is treated as a formal complaint. This may include clarification of the reasons for a decision, the information considered by the HREC, or the process for submitting further information or a revised application.

If the matter cannot be resolved through direct communication, the complaint must be referred to the Senior Manager, Research Ethics, Integrity and Governance. The Senior Manager will determine whether there is a basis for reviewing the process followed by the HREC. The review may consider relevant HREC records, correspondence, procedures, meeting minutes, decision records, conflict of interest declarations, and any other information necessary to assess whether the relevant requirements were followed.

The outcome must be documented and communicated in writing to the complainant and relevant parties, subject to confidentiality, privacy, and procedural fairness requirements. The outcome may include no further action, clarification of the HREC process or decision, recommendations to improve process or communication, reconsideration of procedural steps, referral to another University process, or other action within the University's authority. The ethical acceptability of human research remains a matter for the HREC, and any process review must not improperly override the HREC's responsibilities under the National Statement, applicable legislation, the HREC Constitution, or University requirements.

Where a process issue is identified, any corrective action should be directed to the process followed, communication provided, or procedural step affected, and must not improperly substitute another decision-maker's view on the ethical acceptability of the research for that of the HREC.

4.8 Confidentiality

Complaints must be managed confidentially to the extent possible, consistent with procedural fairness, privacy obligations, and the need to assess and resolve the matter properly. Information about a complaint must only be disclosed to those with a legitimate need to know for the purposes of assessment, investigation, decision-making, implementation of actions, reporting, or legal compliance. Complainants and respondents should be advised that complete confidentiality cannot be guaranteed where disclosure is necessary to address risk, provide a fair opportunity to respond, comply with law, or refer the matter to another authorised process.

4.9 Protection of complainants

Individuals who raise a complaint or concern in good faith, participate in the management of a complaint, or provide relevant information should be treated respectfully and should not experience unreasonable adverse treatment as a result of their involvement. The University will take reasonable steps to support complainants, participants, witnesses, and other relevant persons during the complaint process.

Where concerns are raised about adverse treatment or inappropriate conduct connected with a complaint process, those concerns should be considered promptly and referred to the appropriate University process where required. Reasonable support or management action may include limiting disclosure of identifying information, clarifying communication arrangements, referring individuals to available support services, escalating the matter to an appropriate manager or decision-maker, or taking other proportionate steps. This does not limit the University's ability to manage complaints or allegations that are assessed as knowingly false, vexatious, malicious, or not made in good faith under the relevant University process.

4.10 Records management

The Research Ethics Officer must maintain complete and secure records of complaints, acknowledgements, correspondence, assessments, referrals, decisions, actions, monitoring, and closure. Records must be stored in approved University systems with access restricted to authorised persons and managed in accordance with Griffith University records management requirements and any applicable legal or regulatory obligations.

Records of complaints must be sufficient to show the nature of the concern, the steps taken, the reasons for decisions, any actions required, and the basis on which the matter was closed or referred. Recordkeeping must support accountability, continuity of oversight, reporting, and continuous improvement, and enable the University to demonstrate that complaints were handled consistently and appropriately.

Where a complaint leads to conditions, corrective actions, monitoring requirements, suspension, or referral, the status of those actions must also be recorded and tracked until finalised. Complaint records may be used in de-identified or aggregated form for reporting, quality assurance, and process improvement.

4.11 Continuous improvement and lessons learned

Each substantive complaint must include consideration of whether the matter identifies a need to improve research ethics guidance, reviewer practice, researcher communication, participant-facing documents, training, monitoring, systems, templates, or University procedures. This consideration must occur regardless of whether the complaint is substantiated, resolved through early resolution, referred to another process, or closed without further action.

Where a lesson learned or improvement opportunity is identified, the closure record must document the recommended action, responsible area, expected timeframe, and method for confirming completion. Actions may include updating guidance material, revising templates, adding training or communication to researchers or reviewers, improving Ethics IQ workflows or records, amending local procedures, or referring systemic issues to the relevant governance forum.

A de-identified summary of human research ethics complaints, including relevant themes, trends, systemic issues, and improvement actions, will be provided to the Research Committee as part of the HREC annual report. The summary must not include information that identifies complainants, respondents, participants, researchers, projects, or research sites unless disclosure has been authorised and is necessary for governance, legal, regulatory, or risk management purposes.

4.12 Conflicts of interest

Any person involved in receiving, assessing, advising on, or deciding a complaint must disclose any actual, potential, or perceived conflict of interest. A conflicted person must not manage or determine the matter unless the conflict is assessed and expressly managed as acceptable. Where required, the matter must be reallocated to another staff member, Chair, committee member, or decision-maker to preserve impartiality and confidence in the process.

4.13 Interaction with other University processes

This procedure governs the management of research ethics complaints. It does not replace other University procedures for research integrity complaints and breach assessment, staff or student misconduct, public interest disclosures, or general complaints and grievances. Where a complaint also raises matters that require formal investigation under another framework, the matter must be referred or jointly managed in accordance with the relevant procedure, while ensuring that any immediate participant safety is addressed without delay.

Matters that may require referral or coordinated management under another University process include, for example:

- **Research integrity:** allegations or concerns involving possible breaches of the Australian Code for the Responsible Conduct of Research, including fabrication, falsification, plagiarism, misleading authorship, inappropriate use or disclosure of research data, failure to retain research records, undeclared or unmanaged conflicts of interest, irresponsible publication practice, or serious or repeated departures from accepted standards of responsible research conduct.
- **Staff conduct or employment processes:** concerns involving staff behaviour, workplace conduct, serious misconduct, adverse treatment, reprisal, failure to follow a lawful and reasonable direction, or other employment-related matters that are more appropriately managed through Human Resources or the applicable staff conduct process.

- **Student conduct, academic integrity, or HDR candidature processes:** concerns involving student behaviour, academic integrity, HDR progression, supervision, candidature management, or conduct by a student that is more appropriately managed under student conduct, academic integrity, or Griffith Graduate Research School processes.
- **Public interest disclosure:** matters that may constitute a public interest disclosure, including allegations of corrupt conduct, maladministration, misuse of public resources, reprisal, or substantial danger to public health, safety, or the environment, must be referred to the relevant University public interest disclosure process.
- **Privacy, data breach, information security, or records management:** concerns involving unauthorised access to, disclosure of, loss of, or misuse of personal information, research data, confidential information, University records, or information systems must be referred to the relevant privacy, information security, records management, or data governance process.
- **General complaints or grievances:** concerns about service quality, administrative handling, communication, interpersonal conflict, or dissatisfaction that do not substantially concern the ethical conduct, review, approval, monitoring, or oversight of human research may be referred to the University's general complaints or grievance process.

Where a matter is referred to another University process, the referral must identify the relevant issues, documents, immediate risks, interim actions already taken, and any human research ethics matters that remain to be managed under this SOP. Referral to another process does not remove the need for the Office for Research, HREC Chair, or HREC to take timely action to protect participants, address privacy or consent concerns, preserve evidence, or maintain the continued ethical acceptability of approved research.

5.0 Definitions

For the purposes of this Standard Operating Procedure and related policy documents, the following definitions apply:

Complaint A concern, allegation, or expression of dissatisfaction relating to the ethical review, approval, conduct, monitoring, or oversight of human research conducted under the auspices of Griffith University.

Human research ethics complaint A complaint about the ethical design, review, approval, conduct, monitoring, reporting, or oversight of human research, including concerns about participant welfare, consent, privacy, confidentiality, compliance with ethics approval conditions, or the continued ethical acceptability of the research.

Ethics non-compliance A failure to conduct, manage, report, or oversee human research in accordance with the conditions of an ethics approval, the approved protocol or participant-facing documents, applicable reporting requirements, the National Statement, relevant legislation, or University policies, procedures, or requirements. Ethics non-compliance may be inadvertent, negligent, reckless, or intentional, and may be isolated, repeated, serious, or continuing.

Early resolution A risk-proportionate pathway for resolving suitable complaints without referral to a formal review or investigation process, where the matter can be appropriately addressed through clarification, correction, communication, amendment, minor corrective action, or other proportionate action.

Escalation The allocation or referral of a complaint to the HREC Chair, HREC, Office for Research, Research Integrity, or another authorised University process for formal review, investigation, coordinated management, or other action appropriate to the nature and seriousness of the matter.

Complainant The person or entity who raises a complaint under this Standard Operating Procedure.

Respondent The person, research team, committee, or organisational unit whose conduct, decision, or action is the subject of the complaint.

Procedural fairness The requirement to manage a complaint impartially, provide an appropriate opportunity for relevant persons to respond, and base decisions on relevant information and proper process.

Serious concern A complaint matter indicating actual or potential serious harm, significant ethical or regulatory non-compliance, or a circumstance requiring urgent review, escalation, or protective action.

National Statement National Statement on Ethical Conduct in Human Research (2025).

6.0 Information

Title	Management of Human Research Ethics Complaints Standard Operating Procedure
Purpose	To provide a clear process for receiving, assessing, managing, escalating, and closing human research ethics complaints. To support fair, timely, confidential, and risk-proportionate complaint handling. To promote compliance with the National Statement, applicable legislation, and relevant University requirements.
Audience	Office for Research staff, Human Research Ethics Committee members, researchers, and other relevant University stakeholders
Category	Governance
Subcategory	Research Staff
UN Sustainable Development Goals (SDGs)	This document aligns with Sustainable Development Goal/s: 4: Quality Education 3: Good Health and Well-Being
Approval date	6 August 2026

Effective date	6 August 2026
Review date	6 August 2028
Policy advisor	Senior Manager, Ethics, Integrity and Governance
Approving authority	Office for Research Director

7.0 Related Policy Documents and Supporting Documents

Legislation	Applicable Australian legislation and regulatory instruments relevant to the management of research ethics complaints.
Policy	Griffith University Research Quality Framework National Statement on Ethical Conduct in Human Research (2025) Griffith University Responsible Conduct of Research Policy
Procedures	Human Research Ethics Committee Constitution (September 2024) Griffith University Human Research Ethics Committee Standard Operating Procedure Monitoring of Griffith sponsored Clinical trials Standard Operating Procedure Research Integrity Breach Investigation Procedure
Local Protocol	Griffith University Research Ethics Manual
Forms	Complaints report form in Ethics IQ, linked to the approved project