

## RCR Allegation Submission Template

### 1. Complainant Information

*An individual or representative from an organization who has notified an institution or Agency of a potential breach of an Agency policy.*

|   |  |
|---|--|
| I am submitting this allegation anonymously | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of Complainant:                        |  |
| Institution / Organization (if applicable): |  |
| Position with respect to the Respondent:    |  |
| Email address:                              |  |
| Phone:                                      | (     )  |

### 2. Allegation

*An allegation should be based on facts which have not been the subject of a previous investigation, and which fall within Section 2 and 3 of the RCR Framework.*

|   |  |
|---|--|
| <p>Breach of the <i>Tri-Agency Framework: Responsible Conduct of Research</i> (Please refer to <a href="#">Article 3.1</a> of the RCR Framework for the definition of these breaches)</p> <p><i>Check all that apply.</i></p> | <input type="checkbox"/> Fabrication<br><input type="checkbox"/> Falsification<br><input type="checkbox"/> Destruction of research records<br><input type="checkbox"/> Plagiarism<br><input type="checkbox"/> Redundant publications/self-plagiarism<br><input type="checkbox"/> Invalid authorship<br><input type="checkbox"/> Inadequate acknowledgment<br><input type="checkbox"/> Mismanagement of conflict of interest<br><input type="checkbox"/> Misrepresentation in an Agency application or related document<br><input type="checkbox"/> Mismanagement of grant or award funds<br><input type="checkbox"/> Breach of Agency policies or requirements for certain types of research<br><input type="checkbox"/> Breach of Agency review process<br>Other: _____ |
| Brief summary of allegation   |  |
| Has this allegation been submitted to any other institutional official(s) within the institution? <i>(This information is optional.)</i>  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If yes, please indicate to whom the allegation was sent and the date on which it was sent.<br><br>Name and position:<br><br>Date sent:   |

|  |  |
|--|--|
| To the best of your knowledge, have the facts of this allegation been the subject of a previous investigation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

|   |  |
|---|--|
| <b>3. Supporting documentation</b><br><i>Please attach all supporting documentation and information related to the alleged breach, if available. If you are submitting the allegation anonymously, please ensure to include all relevant documentation to enable the assessment of the allegation and the credibility of the facts and evidence on which the allegation is based.</i> |  |
| List supporting documents and information   |  |

|   |  |
|---|--|
| <b>4. Respondent Information</b><br><i>A respondent is an individual who is identified in an allegation as having possibly breached Agency and/or institutional policy.</i> |  |
| Name(s) of Respondent(s):   |  |
| Name of Institution(s):   |  |
| Position(s) at Institution:   |  |
| Email address of Respondent(s), if known  |  |

As a Complainant, I understand the importance of **confidentiality** of the RCR process and of all affected parties. By submitting this form, I declare that this allegation is based on facts which have not been, to the best of my knowledge, the subject of a previous investigation. I also declare that this allegation is made in **good faith**.

Yes       No

\_\_\_\_\_  
Signature of Complainant  
*(not required if allegation is being submitted anonymously)*

\_\_\_\_\_  
Date submitted to Institution's RCR contact