# Policy on Ensuring Good Scientific Practice and Handling Suspected Cases of Scientific Misconduct at ISDC – International Security and Development Center gGmbH

## Preamble

The freedom of science, which is guaranteed by the German Constitution, entails responsibility. This responsibility includes, among other things, the obligation of institutions and researchers to ensure that science is conducted in an ethical and high-quality manner. Ethical science and scientific quality are equally based on honesty, transparency, diligence, self-reflection, critical thinking, and mutual respect; furthermore, ethical science and scientific quality are mutually dependent.

The following regulations implement the German Research Foundation's (DFG) "Guidelines for Ensuring Good Scientific Practice" in the version dated September 2024 and supplement the "Code of Conduct" of ISDC – International Security and Development Center gGmbH (ISDC) in its currently valid version. They are legally binding for all persons engaged in research or research support activities at ISDC. ISDC also works to ensure that its partners, within the framework of their collaboration, adhere to the principles and guidelines set forth in this policy and take them into account wherever possible.

## Section I Principles of Good Scientific Practice

### 1. Scope of These Guidelines

1.1 The management and all employees of ISDC, to the extent that they engage in scientific or science-related activities (e.g., in connection with the processing or storage of scientific data) (collectively, the "researchers"), are obligated to comply with the rules of good scientific practice. This applies in particular when they participate on behalf of ISDC in external projects, advisory and decision-making bodies, or similar activities.

1.2 This policy does not affect rights and obligations under labour law.

### 2. Fundamental Principles and Principles of Good Scientific Practice

2.1 Among the principles of good scientific practice is, in particular,

(a) working *lege artis* ("in accordance with the recognized rules of the discipline"),

(b) maintaining strict honesty regarding one's own work and the contributions of third parties,

(c) consistently questioning one's own results, and

(d) to allow and promote critical discourse within the scientific community.

2.2 ISDC's management and the researchers working there recognize that ISDC, as a scientific and nonprofit institute, is ultimately accountable to the public; management and the researchers working at ISDC act accordingly. They ensure that all research conducted complies with the relevant agreements and conditions and facilitate appropriate transparency and public access to the research.

## 3. Professional Ethics of Researchers

3.1 Researchers uphold the fundamental values and standards of scientific work and put them into practice in their actions.

3.2 The teaching of the fundamentals of good scientific practice begins at the earliest possible stage of scientific training and career development.

3.3 Scientists at all career levels regularly update their knowledge of the standards of good scientific practice and the current state of research. They regularly exchange ideas on these topics and support one another.

## 4. Organizational Responsibility of the Management Board

4.1 The Management Board, represented by the Managing Director, bears organizational responsibility for ensuring compliance with good scientific practice at ISDC. It is responsible for ensuring compliance with and promoting good scientific practice, as well as for providing appropriate career support to all researchers.

4.2 The Management Board creates the framework for research conducted in compliance with regulations at ISDC by establishing an appropriate institutional organizational structure. In this way, the Management Board creates the conditions necessary for researchers to adhere to legal and ethical standards.

4.3 ISDC has the following clear, written procedures, principles, and measures in place for personnel selection, professional development, and equal opportunity, as well as for the advancement of researchers in the early stages of their careers:

(a) Consideration of gender equality and diversity in the context of personnel selection and development, as set forth in the Code of Conduct published on the ISDC website,

(b) Maximum transparency in recruitment and staff development processes, as well as the greatest possible avoidance of unconscious bias, through job postings available on the website and through multi-stage selection processes involving multiple decision-makers,

(c) Internal and external training and professional development opportunities, covering both subject-specific and cross-disciplinary competencies as well as adherence to good scientific practice,

(d) Semi-annual staff development and feedback meetings,

(e) In particular, support for researchers in the early stages of their careers through targeted assistance, such as earlier or accelerated tenure-track options, regular meetings for doctoral students pursuing their degrees externally, and additional guidance and counselling for future career development,

(f) Early integration into the academic community and support in building targeted networks, for example through participation in conferences or stays abroad.

## 5. Responsibilities of the Program Directors

5.1 Each director of a research program is responsible for the entire unit under their leadership.

5.2 The responsibilities of a program director include, in particular, the obligation to provide individualized mentoring—embedded within ISDC's overall concept—to researchers in the early stages of their careers, to advance the careers of research and research-related staff, and to instil the principles of research integrity.

5.3 Collaboration within the programs is structured in such a way that the unit as a whole can fulfil its tasks, that the necessary cooperation and coordination take place, and that all members are aware of their roles, rights, and duties.

5.4 Abuse of power and the exploitation of dependent relationships are countered through appropriate organizational measures at both the level of individual programs and at the management level.

5.5 Researchers enjoy a balance of support and personal responsibility appropriate to their career stage.

## 6. Evaluation of Research Performance

6.1 The evaluation of researchers' performance follows a multidimensional approach. A significant component of the evaluation is scientific performance, which is to be assessed primarily according to qualitative standards. Quantitative indicators may be incorporated into the overall evaluation in a differentiated and thoughtful manner. In addition to academic performance, the following aspects in particular may be taken into account: individual characteristics in résumés, characteristics as defined by the General Equal Treatment Act (Allgemeinen Gleichbehandlungsgesetzes), academic attitude (particularly openness to new insights and willingness to take risks), absences due to personal, family, or health reasons, alternative career paths, and communication skills.

6.2 Research results should undergo peer review before they are published.

## 7. Cross-Phase Quality Assurance

7.1 Researchers carry out every step of the research process in accordance with best practices. Continuous, cross-phase quality assurance takes place throughout the entire research process and includes, in particular, adherence to professional standards and established methods, the collection, processing, and analysis of data, the selection and

use of software, the documentation of research activities, and the preservation and publication of research results.

7.2 The origin of data, organisms, materials, and software used in the research process is identified by citing the original sources, and the terms governing their reuse are documented. If publicly available software is used, it must be documented in a persistent and citable manner, including the source code, to the extent that this is possible and reasonable.

7.3 The nature and scope of research data generated during the research process are described.

7.4 An essential component of quality assurance is ensuring that other researchers are able to replicate the results or findings.

7.5 When scientific findings are made publicly available (including through means other than publications), the quality assurance mechanisms applied are always disclosed. If inconsistencies or errors in such findings are subsequently noticed or pointed out, they are corrected.

## 8. Stakeholders, Responsibilities, Roles

8.1 The roles and responsibilities of the researchers involved in a research project must be defined in an appropriate manner by all parties involved and must be clear at all times.

8.2 If necessary, the roles and responsibilities are jointly adjusted.

## 9. Research Design

9.1 When planning a project, researchers comprehensively consider and acknowledge the current state of research. This generally requires careful research into research outputs that are already publicly available.

9.2 The administration ensures, to the best of its ability, that the necessary conditions for this research are in place.

9.3 Researchers apply methods to avoid (including unconscious) biases in the interpretation of findings, to the extent that this is possible and reasonable.

9.4 Researchers assess whether and to what extent gender and diversity may be relevant to the research project.

## 10. Legal and Ethical Framework for Research

10.1 Researchers exercise the freedom of research granted to them under the German constitution in a responsible manner.

10.2 The Management Board is responsible for ensuring that the actions of ISDC staff comply with regulations and promotes compliance through appropriate organizational structures. Among other things, the Management Board has developed the following binding principles for research ethics, which are available on the ISDC website:

(a) Code of Conduct,

(b) Ethical Principles for the Collection of Primary Data and the Conduct of Field Research,

(c) Data Protection Policy.

10.3 Researchers observe their rights and obligations in their conduct, particularly those arising from legal requirements—especially data protection—and from contracts with third parties.

10.4 Researchers obtain approvals and ethics committee clearances where required and submit them to the relevant authorities.

10.5 Researchers must remain constantly aware of the risk of misuse of research results, particularly in the case of security-related research. The consequences of research are thoroughly assessed, and the ethical implications and aspects of the research are evaluated.

10.6 Conflicts of interest

(a) Conflicts of interest may arise due to financial, personal, or institutional factors. Existing and potential conflicts of interest must be reported to the ISDC Management Board immediately.

(b) A research project involving a conflict of interest may only continue if the ISDC Management Board is satisfied that the conflict of interest does not compromise the integrity of the research.

(c) All decisions regarding the existence of even a potential conflict of interest and any resulting restrictions on scientific work must be appropriately documented.

10.7 Collaborative work

(a) In joint research projects, the ISDC Management Board and all ISDC researchers work to ensure that the regulations governing good scientific practice are observed by all partners involved. This requires the partners to cooperate in adhering to common principles and procedures within the framework of collaborative research, including the resolution of any problems and the investigation of any allegations of scientific misconduct.

(b) Issues that may arise from the collaboration must be addressed as early as possible in order to agree in advance on how they can be avoided or resolved. In particular, agreement should be reached on the specific roles of the researchers involved in the project and on issues related to intellectual property, publication, and the attribution of authorship.

(c) Even in collaborative research projects, it must be ensured that it is clearly agreed upon and evident which ISDC researchers are responsible for the scientific leadership or coordination of the work to be carried out at ISDC.

## 11. Rights of Use

11.1 Researchers shall enter into documented agreements at the earliest possible stage regarding the rights of use for the data and results arising from the research project, which shall be consistent with other ISDC regulations. To the extent necessary, these agreements shall include provisions governing use by multiple participating institutions as well as by researchers who are expected to move to another institution in the foreseeable future.

11.2 In particular, researchers who collected or analysed the data are entitled to use the data and results.

11.3 Those entitled to use the data and results shall establish provisions regarding whether and how third parties should be granted access to the research data.

## 12. Methods and Standards

12.1 Scientifically sound and transparent methods are applied in research.

12.2 When developing and applying new methods, researchers place particular emphasis on quality assurance and the establishment of standards.

## 13. Documentation

13.1 Researchers document all information relevant to the production of a research result in a manner that is as transparent as is required and appropriate in the relevant field, so that the result can be verified and evaluated and replication is possible. If specific technical recommendations exist for verification and evaluation, researchers shall document the results in accordance with the respective guidelines. When developing research software, its source code is documented to the extent that this is possible and reasonable.

13.2 Even individual results that do not support one's own hypothesis are always documented. Selecting only certain results is not permitted.

13.3 If the documentation does not meet the requirements set forth in Sections 13.1 and 13.2, the limitations and reasons for them must be clearly explained.

13.4 Documentation and research results must not be manipulated. They must be protected against manipulation to the greatest extent possible.

## 14. Making Research Results Publicly Available

14.1 As a general rule, researchers contribute all their results to the scientific discourse.

14.2 In individual cases, there may be reasons not to make results publicly available. The decision to make results publicly available must not, as a matter of principle, depend on third parties; rather, researchers decide on their own responsibility—and considering the conventions of their respective fields—whether, how, and where they make their results publicly available. Exceptions are permissible, in particular when the rights or

safety of third parties are affected or when the research is contract research or involves security-related matters.

14.3 When results are made publicly available, they are described in a complete and transparent manner. This also includes making the research data, materials, and information underlying the results, as well as the methods and software used, available to the extent that this is possible and reasonable. This is done in accordance with the so-called FAIR principles: Findable, Accessible, Interoperable, Reusable.

14.4 Software developed in-house is made available along with its source code, to the extent that this is possible and reasonable. Where applicable, a license is provided. Workflows are described in detail.

14.5 One's own and others' prior work must be fully and accurately cited, unless, in exceptional cases specific to a particular discipline, this requirement may be waived for one's own results that are already publicly available. At the same time, the repetition of content from one's own publications should be limited to what is necessary for understanding.

14.6 Unnecessarily fragmented scholarly publications must be avoided. Dividing research results into multiple scholarly publications is particularly inappropriate if it is not justified by the subject matter and serves primarily to increase quantitative publication metrics. If, however, there are objective reasons for the chosen publication strategy, this does not conflict with good scholarly practice.

## 15. Authorship

15.1 An author is anyone who has made a genuine, verifiable contribution to the content of a scientific publication of text, data, code, or software.

15.2 Whether a contribution is genuine and verifiable must be assessed separately in each individual case and depends on the relevant field of study. A verifiable, genuine contribution exists, in particular, when a researcher has contributed in a scientifically significant manner to:

(a) the development and design of the research project and/or

(b) the development, collection, acquisition, and provision of data, software, sources, and/or

(c) the analysis, evaluation, or interpretation of the data and sources, as well as the conclusions drawn from them, and/or

(d) the drafting of the manuscript.

15.3 If a contribution is insufficient to justify authorship, the support may be appropriately attributed in footnotes, the preface, or the acknowledgments. Honorary authorship, where no sufficient contribution has been made, is just as impermissible as attributing authorship solely on the basis of a leadership or supervisory role.

15.4 All authors must approve the final version of the work to be published; they bear joint responsibility for the publication, unless expressly stated otherwise. Approval for publication may not be withheld without sufficient cause. Rather, any refusal must be justified by verifiable criticism of the data, methods, or results.

15.5 Researchers shall agree in a timely manner—generally no later than when the manuscript is drafted—on who is to be listed as an author of the research results. This agreement must be based on transparent criteria (e.g., CRediT author statement) and consider the conventions of each discipline.

15.6 Authors ensure, and work toward this as far as possible, that their research contributions are labelled by the publishing bodies in such a way that they can be correctly cited by users, and that the individual contributions of those involved are transparently identified according to recognized standards (e.g., CRediT author statement).

## 16. Publication Outlets

16.1 The scientific quality of a contribution does not depend on the publication medium in which it is made publicly available. In addition to publications in academic journals and books, specialized repositories, data repositories, and software repositories, as well as working papers and blogs, are also relevant.

16.2 Authors carefully select the publication medium, considering its quality and visibility within the respective field of discourse. A new publication medium is evaluated for its credibility.

16.3 Anyone who takes on an editorial role or serves as a reviewer must carefully verify in advance for which publication outlets this task is being undertaken.

## 17. Confidentiality and Neutrality in Peer Review and Consultations

17.1 Integrity is the foundation of the legitimacy of any decision-making process.

17.2 Scholars involved in academic review, advisory, or decision-making processes—such as the evaluation of publications, grant proposals, or the eligibility of individuals—are bound to strict confidentiality in this regard. They must immediately disclose to the appropriate authority any facts that could give rise to concerns about bias. Disclosure shall be made in accordance with the procedural rules of the competent authority.

17.3 Confidentiality requires that information accessed in the course of one's duties not be disclosed to third parties and not be used for personal purposes.

## 18. Archiving

18.1 Research data or research results made publicly available, as well as the underlying primary materials—such as data from surveys or behavioural experiments, questionnaires, and, where applicable, the research software or software code used—shall be preserved in an appropriate manner and, as a general rule, for 10 years. Preservation shall be traceable and generally take place in cross-site repositories. The retention period begins on the date public access is granted.

18.2 If, in exceptional cases, certain data or materials are not to be retained or are to be retained only for a shorter period, the researchers must provide a justification for this.

18.3 The Management Board ensures the availability of the necessary infrastructure to enable archiving in accordance with Sections 18.1 and 18.2 or guarantees access to such infrastructure.

## Section II Ombudsperson System

### 19. Ombudsperson

19.1 ISDC has an ombudsperson and a deputy ombudsperson. The deputy position is provided for in the event that there are concerns regarding the ombudsperson's impartiality or if the ombudsperson is prevented from performing their duties. A concern regarding impartiality exists when there is a reason that could justify mistrust in the ombudsperson's impartiality. This is particularly the case, as a general rule, (a) with regard to the facts of the matter under investigation, where there are current or past close academic ties to a person involved (e.g., joint projects or co-authorship) or other financial interests, or (b) in the case of a direct relationship of subordination (e.g., supervisory, subordinate, or mentoring relationships, with the exception of the Management Board). The foregoing grounds apply to the ombudsperson's relationship with all parties involved. However, with regard to the whistleblower, a concern regarding bias exists only if the whistleblower is directly affected by the conduct in question. Since overlaps are common in smaller organizational structures such as ISDC, these do not automatically lead to bias; the decisive factor is always an assessment of the circumstances of the individual case. In case of doubt, the Investigation Committee shall decide in an informal proceeding in accordance with Section 25.1.

19.2 The ombudsperson and their deputy should be appointed from among scholars of integrity with leadership experience. The ombudsperson and their deputy may not serve as members of the Investigation Committee or the ISDC Management Board during their term of office.

19.3 The ISDC Management Board appoints the ombudsperson and their deputy for a term of five years. A single reappointment is permitted.

19.4 The ombudsperson and their deputy shall receive the necessary substantive support and recognition from ISDC's Management Board in the performance of their duties. To enhance the effectiveness of the ombudsperson system, measures shall be taken to alleviate the workload of the incumbent ombudsperson and deputy, to the extent that the ombudsperson and their deputy are employed by ISDC.

### 20. Ombudsperson Activities

20.1 The ombudsperson and their deputy shall perform their ombudsperson duties independently, in particular free from instructions or informal, case-specific influence by management. ombudsperson duties shall be performed confidentially, i.e., with due regard for confidentiality.

20.2 All ISDC employees may contact the ombudsperson regarding issues of good scientific practice as well as suspected scientific misconduct. Alternatively, ISDC employees may contact the Ombuds Committee for Scientific Integrity in Germany (OWID), which operates on a supra-regional basis.

20.3 The Management Board ensures that the local ombudsperson and their deputy at ISDC are known to the institution. The identities and contact information of the current ombudsperson and deputy are listed on the ISDC website.

20.4 The ombudsperson serves as a neutral and qualified point of contact for questions regarding good scientific practice and in cases of suspected research misconduct. To the extent possible, the ombudsperson contributes to solution-oriented conflict mediation.

20.5 The ombudsperson or their deputy handles inquiries confidentially and, if necessary, refers suspected cases of research misconduct to the Investigation Committee.

## Section III Procedures for Handling Research Misconduct

### 21. General Principles for Handling Suspected Cases of Research Misconduct

21.1 All bodies at ISDC that investigate suspected cases of research misconduct take appropriate measures to protect both the whistleblowers and the person affected by the allegations (the accused). The investigating bodies are aware that conducting a proceeding and the subsequent possible imposition of sanctions may constitute significant infringements on the rights and interests of the accused.

21.2 The investigation of allegations of research misconduct must at all times be conducted in accordance with the principles of the rule of law, fairly, and with due regard for the presumption of innocence. The investigation is also conducted confidentially. Investigations are conducted without regard to the individual's status, and decisions are made without regard to the individual's status. Persons involved in the investigation must disclose any potential conflicts of interest and must be excluded from the entire proceedings if there is a concern regarding a conflict of interest (as defined in Section 19.1).

21.3 Neither the person making the report nor the accused person shall suffer any disadvantages regarding their own academic or professional advancement as a result of the report. For the accused person, this applies until misconduct has been proven and established. The reporting of a suspicion must not result in any disadvantages regarding working conditions or potential contract renewals.

21.4 The whistleblower must also be protected even if misconduct is not proven during the proceedings. An exception applies only if the report was made against one's better judgment.

21.5 All bodies involved in the proceedings shall strive to conduct the entire process as promptly as possible. They shall take the necessary steps to complete each stage of the proceedings within a reasonable period of time.

21.6 The investigating body shall treat the whistleblower's identity as confidential and, as a general rule, shall not disclose it to third parties without the whistleblower's consent. Consent must be provided in writing. Disclosure may occur even without consent if there is a corresponding legal obligation to do so. In exceptional cases, disclosure may also occur if the accused person would otherwise be unable to defend themselves adequately because the identity of the whistleblower is essential for this purpose. Before the whistleblower's identity is disclosed, they will be notified of the intended disclosure. They may then decide whether to withdraw the report of suspected misconduct. In the event of a withdrawal, the identity will not be disclosed unless there is a legal obligation to do so. The proceedings may nevertheless continue if this is necessary in the interest of scientific integrity or in the legitimate interest of ISDC.

21.7 The confidentiality of the proceedings is subject to restrictions if the whistleblower goes public with their allegations. The investigating body decides on a case-by-case basis, after careful consideration, how to address the breach of confidentiality by the whistleblower.

21.8 Scientific misconduct may still be investigated even if the accused individual is no longer engaged in scientific work at ISDC, provided that they were engaged in such work at the time of the misconduct.

21.9 If scientific misconduct is suspected that occurred ten years or more prior to the date of the report, proceedings are generally not initiated (statute of limitations), unless the misconduct is potentially serious. The statute of limitations is suspended as soon as ISDC initiates an investigation regarding this suspected scientific misconduct.

## 22. Definitions of Research Misconduct

22.1 Research misconduct occurs when a researcher employed by ISDC, in a context relevant to research, intentionally or through gross negligence makes false statements, improperly claims credit for the scientific work of others, or interferes with the research activities of others. Research misconduct also occurs in the cases described in sections 22.5 through 22.8.

22.2 False statements include:

(a) the fabrication of scientifically relevant data or research results,

(b) the falsification of scientifically relevant data or research results, in particular by suppressing or discarding data or results obtained during the research process without disclosing this, or by falsifying a diagram or illustration,

(c) the inconsistent presentation of an image and the accompanying statement,

(d) incorrect scientific information in a grant application or as part of reporting requirements,

(e) claiming authorship or co-authorship of another person's work without that person's consent.

22.3 The following cases constitute the impermissible appropriation of another person's scientific achievements:

(a) unattributed use of third-party content without the required citation ("plagiarism"),

(b) the unauthorized use of research approaches, research results, and scientific ideas ("theft of ideas"),

(c) the unauthorized disclosure of scientific data, theories, and findings to third parties,

(d) claiming or making an unfounded assumption of authorship or co-authorship of a scholarly publication, particularly when no genuine, verifiable contribution to the scholarly content of the publication has been made,

(e) the falsification of scientific content,

(f) unauthorized publication and unauthorized disclosure to third parties, as long as the scientific work, finding, hypothesis, theory, or research approach has not yet been published.

22.4 Interference with the research activities of others occurs, in particular, in the following cases:

(a) Sabotage of research activities (including damaging, destroying, or manipulating experimental setups, equipment, documents, hardware, software, chemicals, or other items that others require for research purposes),

(b) Falsification or unauthorized disposal of research data or research documents,

(c) Falsification or unauthorized disposal of documentation related to research data.

22.5 Scientific misconduct by researchers working at ISDC also arises in cases of intent or gross negligence from:

(a) co-authorship of a publication that contains false statements or improperly claimed scientific achievements of others,

(b) neglect of supervisory duties, if another person has objectively committed an act of research misconduct as defined in Sections 22.1 through 22.4 and this could have been prevented or significantly impeded through the necessary and reasonable supervision.

22.6 Research misconduct also arises from intentional participation (in the sense of incitement or aiding and abetting) in the intentional misconduct of others that constitutes research misconduct under this guideline.

22.7 Scientific misconduct by persons involved in scientific review, advisory, or decision-making processes also occurs if they, intentionally or through gross negligence:

(a) unauthorizedly use scientific data, theories, or findings of which they have become aware in the course of their participation for their own scientific purposes,

(b) in the course of their participation, disclose data, theories, or findings to third parties without authorization, in violation of the confidentiality of the proceedings,

(c) fail to disclose to the competent authority, in the course of their participation, facts or circumstances that could give rise to concerns about bias.

22.8 Research misconduct also occurs when individuals involved in scientific review, advisory, or decision-making processes, in the course of their duties and with the intent to gain an advantage for themselves or another person, fail to disclose—against their better judgment—facts that indicate research misconduct on the part of the other person as defined in sections 22.1 through 22.5.

23. **Reporting Suspected Misconduct and Initiating Proceedings**

23.1 Whistleblowers may submit a report of suspected misconduct to the ombudsperson or their deputy (each an "investigating person"). A report of suspected misconduct must be submitted in writing. It may be made orally; in this case, however, it must be documented in writing by the person to which the report is submitted. If a whistleblower submits a report of suspected misconduct directly to a member of the Investigation Committee, that member shall forward the report to the ombudsperson.

23.2 Whistleblowers may also contact the OWID directly, provided that the matter falls within the OWID's jurisdiction. In this case, the procedure will be conducted in accordance with the rules applicable there. Direct contact with the OWID is particularly appropriate—and the offices at ISDC that receive the report should encourage the whistleblower to file a report with the OWID—if the accused person is no longer employed at ISDC. ISDC will support the proceedings conducted by OWID and cooperate with OWID to the extent permitted by law.

23.3 The report of suspected misconduct must be made in good faith. Whistleblowers must have objective grounds to believe that standards of good scientific practice may have been violated. If the whistleblower is unable to verify the facts underlying the suspicion themselves, or if there are uncertainties regarding the interpretation of the guidelines on good scientific practice in Section I with respect to an observed incident, the whistleblower should contact the ombudsperson or OWID to clarify the suspicion.

23.4 A report of a suspected violation in which the whistleblower does not disclose their identity (anonymous report) will be investigated only if the whistleblower presents credible and sufficiently specific facts that allow for an investigation to be conducted with reasonable effort.

23.5 If the suspicion of research misconduct is already being investigated by another public or private institution, ISDC may suspend its proceedings until the other proceedings are concluded. ISDC may also discontinue its proceedings by referring to the final decision of the other institution. However, decisions by other institutions in proceedings to investigate research misconduct generally have no binding effect on ISDC's proceedings.

## 24. Preliminary Review Procedure

24.1 As part of the preliminary review procedure, the person subject to the suspicion of misconduct must be given the opportunity to submit a written statement regarding all allegations made against them, with the incriminating facts specified. The deadline for submitting a statement is generally four weeks. It may be extended depending on the circumstances of the individual case. Accused persons are not obligated to incriminate themselves.

24.2 During the preliminary review procedure, the ombudsperson may carry out all permissible investigative measures. For example, the ombudsperson may obtain and review documents and other evidence and solicit internal or external statements or expert opinions. All persons involved must be requested to treat the inquiry confidentially. The steps taken to clarify the facts must be documented in writing.

24.3 Upon completion of the relevant investigations and after evaluating all relevant evidence, including the statement of the accused person, the responsible ombudsperson shall immediately decide on the further course of the proceedings. The decision depends on whether, based on the facts of the case, a finding of research misconduct by the Investigation Committee appears more likely than a dismissal of the case (reasonable suspicion). If there is no reasonable suspicion, the investigating person shall dismiss the case. If there is reasonable suspicion, the investigating person shall convert the preliminary review into a formal investigation, which shall be conducted by the Investigation Committee.

24.4 The decision is communicated in writing—at least in text form—to both the person who filed the report and the accused person. The decision must state the main reasons that led to it.

## 25. Investigation Committee

25.1 The Investigation Committee is responsible for the formal investigation of alleged misconduct. This committee consists of three members: one member of the ISDC Management Board and two additional expert members from two existing research programs, who are elected by the Shareholders' Meeting and appointed by the Management Board. A substitute is designated for each member of the committee, who will take over in the event of a conflict of interest (as defined in Section 19.1), resignation from ISDC, or inability to serve. The appointment of alternates is governed by succession lists established for the respective term of office. These lists comprise a total of four individuals: one person from each of the two programs represented on the committee, as well as two persons from the programs not represented on the committee. The first alternate always comes from a program not represented on the committee. This also applies in the event of a conflict of interest or inability to serve on the part of a member of the Management Board.

25.2 The term of office for the two expert members and the alternates is 5 years; re-election and reappointment are possible multiple times.

25.3 In the event of a concern regarding bias or the absence of a committee member for more than a short period, the alternate member assumes the role. Concerns regarding bias may be raised by any committee member, by the ISDC ombudsperson, or by accused individuals. The Investigation Committee shall decide on the matter, excluding the person against whom the motion for recusal is directed—that is, including the alternate.

25.4 All members of the Investigation Committee have equal voting rights. Decisions are made by a simple majority. The Investigation Committee has a quorum only if all three members or their alternates are present and able to cast a valid vote.

25.5 The members of the Investigation Committee and their alternates perform their duties independently. Their work is conducted confidentially, i.e., with due regard for confidentiality.

25.6 The current composition of the Investigation Committee can be viewed on the intranet.

## 26. Procedure for the Formal Investigation

26.1 The Investigation Committee schedules a meeting at the earliest possible date. Prior to the meeting, the accused person is given ample opportunity to respond to the allegation either orally before the committee (hearing) or in writing. The whistleblower is also given another opportunity to comment. If the accused person declines to make a further statement, this alone may not be considered to their disadvantage. A decision must then be made based on the evidence in the file.

26.2 The committee may hear from additional individuals or obtain other evidence, such as expert opinions. Any person appearing before the committee may be accompanied by a trusted individual for support. The committee must be informed of this in a timely manner.

26.3 If an allegation is raised for the first time during proceedings before the Investigation Committee, the person concerned may comment on it during the committee meeting. If this is not possible, the person concerned must be given the opportunity to comment before the matter is further considered by the committee.

26.4 The committee's meetings are not open to the public. They may be held in person, digitally, or in a hybrid format. Audio or video recordings of the Investigation Committee's deliberations and hearings are not permitted.

26.5 The identity of the whistleblower is confidential. The conditions set forth in Sections 21.6 and 21.7 apply accordingly to any disclosure of the identity.

26.6 The Investigation Committee shall, in its independent assessment of the evidence, determine whether scientific misconduct has occurred and, if so, whether the proceedings should be discontinued on the grounds of minor significance. Scientific misconduct may only be established if a majority decision to that effect has been reached within the Committee. The proceedings may be discontinued on the grounds of minor significance. The case is presumed to be minor if the misconduct is of minor significance, has no significant consequences, and there is no indication of a recurrence; the decisive factor is an assessment of the circumstances of the individual case. In this context,

consideration may also be given to whether the person concerned has contributed significantly to clarifying the research misconduct or has offered or taken measures to eliminate, mitigate, or remedy the harm.

26.7 The records of the formal investigation are retained at ISDC for 10 years.

## 27. Conclusion of the Proceedings

27.1 The decision and its main grounds are communicated in writing to both the whistleblower and the accused person following the hearing.

27.2 The decision shall also be communicated to affected scientific organizations and third parties who have a legitimate interest in the decision. The Investigation Committee shall determine, based on a careful assessment, whether and in what manner this is to be done. It shall also decide whether and in what manner the public is to be informed and whether the identity of the accused person is to be disclosed in the process. Notifications under this section may be accompanied by a statement of reasons.

## 28. Possible Sanctions and Measures

28.1 If the Investigation Committee finds scientific misconduct and has not discontinued the proceedings on the grounds of insignificance, it shall, depending on the nature and severity of the misconduct found and after a comprehensive assessment of the specific circumstances of the individual case, decide on one or more of the following measures:

(a) A request to the accused person to retract or correct the publications in question within a specified period or to refrain from publishing the manuscripts in question,

(b) Revocation of funding decisions, in particular scholarships, or termination of funding agreements, to the extent that the decision was made by ISDC, or the agreement was concluded by ISDC, including, where applicable, a demand for repayment of funds or exclusion from ongoing funding application procedures,

(c) Exclusion from serving as an expert reviewer for a period of 1 to 8 years.

(d) Employment-related measures such as a warning, a formal reprimand, ordinary termination, termination of contract, or extraordinary termination,

(e) Filing a criminal complaint with the police or the public prosecutor's office,

(f) Reporting of administrative offenses to the competent authority,

(g) Assertion of civil claims—including through interim injunctions—in particular for damages, restitution, or removal/cease-and-desist, as well as the issuance of a ban on entering the premises,

(h) Initiating proceedings to revoke an academic degree with the competent authority.

28.2 The period of validity for temporary measures begins on the date of the Investigation Committee's decision imposing the measure.

## Section IV Effective Date, Miscellaneous

### 29. Other Provisions and Effective Date

29.1 The provisions of the German Civil Code (Bürgerliches Gesetzbuch), as amended from time to time, apply accordingly to the calculation of time limits.

29.2 ISDC expressly reserves the right to adopt generally binding supplementary or more extensive regulations to ensure good scientific practice. The existence of scientific misconduct is assessed in accordance with the regulations in effect at ISDC at the time of the misconduct.

29.3 In the event of discrepancies between the German and English versions of this policy, the German version shall take precedence.

29.4 The principles of good scientific practice to be observed under this guideline will be communicated to researchers working at ISDC via the ISDC website. Additionally, all researchers employed under labour law will be notified by email of the effective date of this guideline.

29.5 This guideline for ensuring good scientific practice and for handling suspected cases of scientific misconduct at ISDC is effective as of 1 August 2026.

Berlin, 26 July 2026

Prof. Dr. Tilman Brück

Managing Director

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