**REPORT FORM FOR RESEARCH CONCERNS OR COMPLAINTS**

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| Today’s Date:       Time Reported:        |

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| **Instructions for Submitting This Form:** |  |
| You may choose to use this form to report a concern or complaint. You can send us this form in one of three ways:

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| **By E-mail**:irb@hsc.utah.edu Attn: Lacy Clegg, IRB Administrator | **By Fax:**Attn: Lacy Clegg, IRB Administrator(801) 587-9138 | **By US Mail:**Institutional Review BoardUniversity of UtahAttn: Lacy Clegg, IRB Administrator75 South 2000 East, #111Salt Lake City, UT 84112 |

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| **There are two (2) additional ways you can submit this form:**1. You may choose to report your concern or complaint by calling (801) 581-3655 and asking for Lacy Clegg, IRB Administrator.
2. You may send a letter to report your concern or complaint. Please mail it to the address above and use this form as a guide to include important information.
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**Important Note:** All research complaints are taken very seriously. The information you provide will be kept confidential. We may need to share this information with others in order to follow-up with your concern or complaint.

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| **A. Your Name** |
| Optional (Name or Initial Only):        |
| May we reveal your name to the principal investigator or other study staff regarding this complaint or concern? | [ ]  Yes[ ]  No |

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| **B. Personal Contact Information** (Required if you wish to be contacted regarding this complaint or concern.) |
| Phone: |       | E-mail: |       |
| Alternate Phone: |       | Other Contact Info: |       |
| **Unless you agree, we will not share your personal information outside the IRB.** |
| Are you making this report for someone else? | [ ]  Yes 🡪[ ]  No | If yes, please explain:       |

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| **C. Study Information** |
| 1. Please tell us about the study for which you are reporting this complaint: |
| Principal Investigator or Other Study Staff: |       |
| Name or Description of Study: |       |
| Study Phone Number: (found in your consent form) |       |
| 2. Please describe your concern or complaint: |
|       |
| 3. Please explain how you would like us to help resolve this concern or complaint: |
|       |
| 4. Have you contacted the Principal Investigator or other study staff? | [ ]  Yes 🡪[ ]  No | If yes, please state who you contacted:        |
| 5. Are you or were you a participant in this study? | [ ]  Yes 🡪[ ]  No | If yes, please respond to the following questions below (a – d): |
| 1. Please estimate a date when you started this study:

(This does not have to be an exact date) |
| 1. Are you still participating in the study?

[ ]  Yes [ ]  No |
| 1. Do you have a consent form for this study?

[ ]  Yes 🡪 If yes, please provide a copy of what written documents you might have. [ ]  No |
| 1. Do you have any other written information about this study?

[ ]  Yes 🡪 If yes, please provide a copy of what written documents you might have. [ ]  No |

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| **D. Additional Information** |
| Please use this space to provide any additional information you wish to share. You may also attach extra sheets of paper if you need additional space.      |

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| **IRB OFFICE USE ONLY** |
| Initial Intake / Processing: |       | IRB# |       |
| Date Received: |       | Received By: |       |
| Date Entered into ERICA: |       |
| Referred to (if applicable): |       | Date of Referral: |       |
| Resolution Date: |       | Action(s) taken (if any): |       |
| **STUDY INFORMATION:** |
| Principal Investigator: |       | PI Phone: |       |
| Person to Contact: |       | Contact Phone: |       |
| Department: |       |
| Study Title: |       |
| **ADDITIONAL COMMENTS:** |
|       |