**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:   |  |  |  | | --- | --- | --- | | **By E-mail**:  [irb@hsc.utah.edu](mailto:irb@hsc.utah.edu)  Attn: Lacy Clegg, IRB Administrator | **By Fax:**  Attn: Lacy Clegg, IRB Administrator (801) 587-9138 | **By US Mail:**  Institutional Review Board  University of Utah  Attn: Lacy Clegg, IRB Administrator  75 South 2000 East, #111  Salt Lake City, UT 84112 | | |
| **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. | |

**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: | | | |
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| 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:** | | | | | |
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