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**REVIEW ETHICS BOARD:**

RESEARCH CONCERNS OR COMPLAINTS REPORT

**NOTE**:The information you provide on this form will be kept confidential. However, we may need to share this information with others to follow-up with your concern or complaint.

**NOTE:** When completing form, if question is **NOT APPLICABLE** enter ‘**N/A’** into appropriate field.

**SECTION A: CONTACT INFORMATION**

|  |  |
| --- | --- |
| Your Name: | |
| Cell: | Other #: |
| Email Address: | |
| Other Contact Info: | |
| Date of Submitting Form: | |

**A1:** Are you making this report on behalf of someone else?  NO  YES

**IF YES,** please explain why this is the case.

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**SECTION B: STUDY INFORMATION**

**B1.** Name of Principal or Co-Investigator:

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**B2.** Title of Study (If you know):

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**B3.** Study Phone # or Email:

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**B4**. Are you OR were you a participant/informant in study?  NO  YES

(\* **IF YES,** attach consent form is possible).

**B5.** Are you still participating in the study?  NO  YES

**B6.** What was the approximate date of your joining the study (if applicable)?

**B7.** Have you raised your concerns with Principal or Co-Investigator?  NO  YES

(\* **IF YES**, identity who this was?)

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**SECTION C: INFORMATION ON CONCERN OR COMPLAINT**

**C1**. Describe your concerns and/or your specific complaint.

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**C2.** Describe how you would like your concern or complaint addressed.

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**C3.** If necessary, may we reveal your identity to the Principal or Co-Investigator?  NO  YES

\*\* Email a copy of this submission including relevant appendices to: [**ethicsoffice@algomau.ca**](mailto:ethicsoffice@algomau.ca)

**OR Via Mail:** Review Ethics Board

Algoma University

1520 Queen Street East

Sault Ste. Marie, Ontario

P6A 2G4

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| --- | --- | --- |
| Office Use Only | | |
| Date Received: | | CASE #: |
| REB Approval #: | | |
| Title of Study: | | |
| Principal Investigator: | | |
| Date of REB Referral: | REB Member: | |
| Departmental/Organizational/Band Contact: | | |
| Resolution Date: | | |
| \*\* Attach documentation on Resolution. | | |