

**REVIEW ETHICS BOARD:**

RESEARCH CONCERNS OR COMPLAINTS REPORT





**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: **ethics@algomau.ca**

**OR Via Mail:** Review Ethics Board

 Algoma University

 1520 Queen Street East

 Sault Ste. Marie, Ontario

 P6A 2G4

| **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.  |