### FORM: Report of Complaint or Concern About Research Study

**Complaint #_________** (Assign manually or electronically)

**Instructions:** Upon completion, this form may be printed and e-mailed to Research Compliance (cmyles@fa.ua.edu), faxed to the DRC/IRB Chair at (205)-348-7189, or sent through: participantoutreach@ua.edu

<table>
<thead>
<tr>
<th>Your Name:</th>
<th>Anonymous</th>
<th>Date:</th>
</tr>
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<tbody>
<tr>
<td>May we reveal your name to the Investigator?</td>
<td>□ Yes</td>
<td>□ No</td>
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</table>

1. If not anonymous, Your Phone:  
   E-mail:  
   Other Contact Info:

2. Are you making this report on behalf of someone else?  □ Yes  □ No  
   If “yes,” please provide a brief explanation:

3. Is this complaint associated with a study?  □ Yes  □ No  
   If “yes,” please tell us the title of the study, the IRB number if known, or provide a summary:

4. Principal Investigator for the study:  
   Name of study or description:  
   Study contact and/or number on consent form:

5. Please describe your complaint or concern:

6. How would you like this complaint or concern resolved? Would you like to be notified of findings?  
   □ Yes  □ No

7. Have you contacted the Principal Investigator or study staff?  □ Yes  □ No  
   Name of person contacted:

8. Are you or were you a participant in this study?  □ Yes  □ No  
   IF YES, Did you receive a consent document?  □ Yes  □ No  
   Are you a staff member on this study?  □ Yes  □ No

9. Please provide any additional information you would like us to know: