The purpose of this form is for any person (IRB user, member, investigator, staff member, faculty, research prospect, research participant, etc.) to report attempts of any person (university officials, deans or department chairs, faculty, investigators, research staff, IRB chairs, etc.) to exert undue influence upon them in regard to research participation, research approval, or research conduct.

YOUR NAME: ________________________________

POSITION/TITLE: ________________________________

PO Box______________ Telephone____________________

E-mail: ________________________________________

1. IRB # of Study (if relevant and known): ___________________________

2. Title of Study (if relevant and known): ___________________________

3. Who is the source of this attempt to exert undue influence upon you?
   Name: ____________________________________________
   Position: _________________________________________

4. How are you connected to this person(s)? (RA, PI, etc.)
   __________________________________________________

5. What was the date(s) of this attempt to influence you? ______________

6. Please describe the attempt to influence you.
7. How did you respond, if you did? What is the current state of the matter?

8. Do you wish to remain anonymous during the initial investigation of your charge?

   YES    NO

______________________________
Signature