



Complaint or Concern Form For Research Participants or Others

Upon completion, this form may be submitted by email IRB_Office@thechristhospital.com, fax 513-585-2107, or mail: The Christ Hospital Institutional Review Board Office, 2139 Auburn Avenue, 3-North, Room 3140 Cincinnati, Ohio 45219.

To be Completed by Research Participant or Other	
1) Personal Information	
Date:	
Name:	Do you prefer to remain anonymous: Yes No
Would you like to be contacted? Yes No	
If "Yes", please provide your contact information.	Email Address:
	Phone Number:
Are you making this report on behalf of someone else? Yes No	If "Yes," please provide a brief explanation (e.g., Reporting on behalf of a relative, friend, etc.):
2) Research Study Related	
Is this complaint associated with a research study? (If "No", please skip to Section 3 below.) Yes No	
Are you or were you a participant in this study? Yes No	If "Yes," please tell us the name of the study or provide a description of the study:
Have you contacted the Principal Investigator or study staff about this concern? Yes No	
If "Yes," please tell us the name of the person you contacted:	If "No", may we reveal your name to the study Investigator? Yes No

3) Complaint or Concern Details	
Please describe your complaint or concern:	
How would you like this complaint or concern resolved?	
Please provide any additional information you would like us to know about your complaint or concern:	

For IRB Use Only	
IRB Chair Recommendation:	
<p>Accept</p> <p>Initiate Investigation</p> <p>Notify other sources (e.g., Risk Management, Compliance, Finance, Regulatory Bodies)</p> <p>Refer for Full Board Review</p>	
Principal Investigator:	IRB Study #
Study Risk Level:	Minimal Risk Greater than Minimal Risk
IRB Chair Comment:	
IRB Chair Signature	