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| **FACULTY OF MEDICINE & HEALTH SCIENCES****WALTER SISULU UNIVERSITY HEALTH RESEARCH ETHICS COMMITTEE** |

**Complaints Form**

*(Kindly type in all details)*

***NB****: Please email/ scan to* *fhsrec@wsu.ac.za**.*

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| **SECTION 1**: **Personal details (*optional*)**: ***Please note****: direct follow up will not be possible without personal details*. Name of complainant (*optional*): ………………………………………………………………………………………………………………………………….Contact Number (*optional*): …………………………………………………………………………………………………………………………………………Email address (*optional)*: …………………………………………………………………………………………………………………………………………….Address (*optional*): ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….. |

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| **SECTION 2**: NAME OF PERSON/ ENTITY AGAINST WHOM WHICH THE COMPLAINT IS LODGED:  |
| **Name of complainee** *(one who is complained about):*

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| Title | Names | Surname |
|  |  |  |
| Contact Number:  |
| Email address:  |

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| **SECTION 3**: **Complaint details** [ ]  [ ]  Conduct in an approved study [ ]  [ ]  About HREC in general. [ ]  [ ] Conduct of a researcher [ ]  [ ]  Alleged protocol violations.[ ]  [ ]  Discrimination[ ]  [ ]  Conflict of interest [ ]  [ ]  Informed consent process [ ]  [ ]  Health & Safety issues [ ] [ ]  Inappropriate communication [ ]  Researcher/ Fieldworker wellbeing[ ]  [ ]  Human participants wellbeing/ monitoring[ ]  [ ]  Data Security [ ]  [ ]  Guidance or clarification [ ]  About HREC Chairperson/s [ ]  [ ]  General HREC processes[ ]  About HREC Member/s[ ]  Other, please specify: ………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………………………………………………………………. |

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| **Section 4: Nature of the complaint**  |
| 4.1. If complaint pertains to a particular research project, please provide the following (if available)[ ]  Research title: ………………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………………………….[ ]  Name/s of the researcher/s: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..[ ]  Contact details: …………………………………………………………………………………………………………………………………………………….[ ]  Site/s at which the research is being conducted: ……………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………….[ ]  Name of the HREC that approved the study: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………………………………………………….. |

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| 4.2. Please provide sufficient details of the complaint, with supporting evidence if possible. Attach file if any: ……………………………………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….............................. |
| 4.3. Confidentiality associated with the complaint: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………. |

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| **Section 5: Declaration by the complainant**  |
| I ……………………………………………………………………….. (*optional*) hereby declare that the above submission is accurate and true to the best of my knowledge. Signature: …………………………………………………… Date: …………………………………. |