

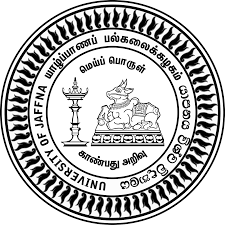
**Researchers Complaint Form**  
**Ethics Review Committee**  
**Faculty of Medicine, University of Jaffna**

**A. Researcher Details**

|  |  |
| --- | --- |
| **Full Name** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Affiliation** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Designation** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Contact Number** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Email Address** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**B. Research Project Details**

|  |  |
| --- | --- |
| **Title of the Research Project** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Reference Number (ERC Approval No.)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date of Ethics Approval** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Principal Investigator** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Other Investigators (if applicable)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



**C. Nature of Complaint**

Please indicate the type of complaint (tick as appropriate):

☐ Delay in Ethics Review Process  
☐ Inappropriate Communication or Conduct  
☐ Unfair Rejection of Proposal  
☐ Issues Related to Amendments/Resubmissions

☐ Breach of Confidentiality  
☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. Details of Complaint**

Please provide a detailed description of your complaint. Include specific dates, correspondence (if applicable), and any supporting facts.

(Attach additional pages if necessary.)

**E. Previous Steps Taken (if any)**

Have you taken any steps to address the issue prior to submitting this complaint?  
☐ Yes  
☐ No

If yes, please describe the steps taken and the outcome:

**F. Supporting Documents**

List any documents you are attaching to support your complaint (e.g., emails, letters, decisions):

**G. Declaration**

I hereby declare that the information provided in this form is accurate to the best of my knowledge. I understand that the Ethics Review Committee will maintain confidentiality but may use the information for the purpose of investigation and resolution of this complaint.

**Signature of Researcher**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**H. For Office Use Only**

| **Field** | **Information** |
| --- | --- |
| **Complaint Received By** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date Received** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Reference Number Assigned** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Initial Action Taken** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Remarks** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |