



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):

1. _____
2. _____
3. _____

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	_____