

School of Communication Studies Research Participation System (CSRPS) Research Pool Complaint Form

Instructions for submitting this form:

You may choose to use this form to report a concern or complaint.

You can send us this form in one of three ways:

By E-mail:
coms-research@ohio.edu

By Fax:
740.593.4810
attn: Research Pool Coordinator

By Mail:
Research Pool Coordinator
Lasher Hall
School of Communication Studies
Ohio University
Athens, OH 45701

This form does not replace reporting concerns or complaints to the Office of Research Compliance. You may also report concerns to the Office of Research Compliance at 117 Research and Technology Center, Athens, OH, 45701-2979; Phone: (740) 593-0664; Fax: (740) 593-9838; E-mail: compliance@ohio.edu.

Important Note: All research concerns or complaints are taken very seriously. The information you provide on this form will be kept as confidential as possible. However, we may need to share this information with others in order to follow up with your concern or complaint.

A. Your Name			
Name (Optional or Initials Only)			
May we reveal that you are the source of this concern or complaint to the Office of Research Compliance?			<input type="checkbox"/> Yes <input type="checkbox"/> No
May we reveal that you are the source of this concern or complaint to the study's Principal Investigator and other study staff?			<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Personal Contact Information (REQUIRED if you wish to hear back from us regarding this complaint)			
Phone:		Email Address:	
Alternate Phone:		Other Contact Info:	
Unless you authorize us to do so, your personal contact information will not be released outside the Research Pool Committee			
Are you making this report for someone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	
C. Study Information			
1. Please tell us about the study for which you have a concern or complaint:			
Study name or description:			
Name of Study Investigator(s):		Study Contact (e-mail or phone):	
2. Please tell us about the research concern or complaint you are reporting:			

3. Please tell us how you would like to see your concern or complaint resolved:			
4. Have you discussed this concern or complaint with the Principal Investigator or other study staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please let us know whom you contacted:	
5. Are you or were you a participant in this study?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please answer questions a through d below:	
a. When did you start participating in the study? (Provide an approximate date if you can't remember)		Date:	
b. Are you still participating in the study?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Do you have a consent form for this study?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attach a copy of the consent form or other written information that you have.	
d. Do you have any other written information about this study?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If you have additional comments or need additional space, please attach additional sheets.

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Research Pool Committee Use Only	
Report #: _____	
Date Received: _____	
Principal Investigator: _____	PI Phone #: _____
Study #: _____	
<input type="checkbox"/> Failure to keep appointment	
<input type="checkbox"/> Failure to report credit in timely manner	
<input type="checkbox"/> Other violation of COMS research pool policy: _____	
<input type="checkbox"/> Adverse event (Form must be forwarded to Researcher to be sent to Office of Research Compliance)	