## IRB/IACUC/IBC Committee Complaint Form

4-	- Researcher Information:			
	•	Name:		
	•	College/center:		
	•	Department:		
	•	Position:		
	•	Contact Email:		
	•	Contact Phone Number:		
3-	Issi	sue Details:		
ι. <sup>·</sup>	Туре	e of Committee (Select one):		
		Institutional Review Board (IRB)		
		Institutional Animal Care and Use Committee (IACUC)		
		Institutional Biosafety Committee (IBC)		
2.	Desc	cription of the Issue:		
		provide a detailed description of the issue or concern you wish to address with ittee. Include the following information:	n the respective	
	•	Date(s) of the issue occurrence (Please be specific with th submission, revisions, and decisions (if any).	e dates of	
	•	Names of individuals involved, if applicable.		
	•	Specific aspects of the committee's processes or decisions are of concern. (U	se more pages	

when necessary)

3. Desired Changes or Resolutions:		
•	cific changes or resolutions you would like to see as a result of submitting this complaint. concise as possible.	

#### 4. Relevant Documentation:

Application number (if Any):

Approval number (if Any):

List and attach any supporting documentation, such as emails, correspondence, or records related to the issue. Ensure that all documents are labeled with dates and relevant details.

### 5. Witnesses or Supporting Parties (if applicable):

If there are any witnesses or supporting parties who can provide additional information or context	
regarding the issue, please list their names and contact information. Use more pages when necessar	у.

•	Name 1:
•	Contact Email:
•	Contact Phone Number:
•	Name 2:
•	Contact Email:
•	Contact Phone Number:

#### 6. Previous Actions Taken:

Describe any previous actions you have taken to address this issue, including communication with the committee or university administration.

### 7. Additional Comments or Information:

Include any further comments or information you believe is relevant to the complaint.

## Declaration:

I hereby declare that the information provided in this complaint form is accurate and truthful to the best
of my knowledge. I understand that this form will be reviewed by the relevant committee, and I am
willing to cooperate in any further investigation or discussion related to this matter.

Claustina	Data.
Signature:	Date:

For students the signature of your supervisor and course coordinator is mandatory with your signature.

# **Submission Instructions:**

Please submit this completed complaint form to the Research Planning and Development Director by email to <a href="mailto:RPD@qu.edu.qa">RPD@qu.edu.qa</a>