Section 1: Reporting a Research Concern or Complaint

The UIUC IRB is concerned about the safety, rights and welfare of all individuals participating in research projects at UIUC and its affiliated sites. If you have a research-related concern or complaint, please submit this form or contact us directly.

Section 2: Instructions for Submitting This Form:

You may choose to use this form to report a concern or complaint. There are three options for reporting:

Option 1: Send us this form by email at: [irb@illinois.edu](mailto:irb@illinois.edu)

Option 2: Report your concern or complaint directly, by calling (217) 333-2670.

Option 3: Mail a copy of the completed form to us at:

M/C 685  
1901 S. First St, Suite A  
Champaign, IL 61820

**Important Note on Confidentiality:**

All research complaints are taken very seriously. The information you provide will be kept confidential. We may need to share this information with others in order to follow-up with your concern or complaint.

Section 3: Name and Contact Information

Please complete the information below.

Note: You are not required to enter your name for a report, unless you wish to share that information. You may enter a full name, a partial name, use your initials only, or leave the name field blank.

1) Your Name

1.1 What is your name (optional)? You may enter a full name, a partial name, use initials only, or leave this blank:

Please enter your name below, if you wish to share that with us.

Click or tap here to enter text.

1.2) May we reveal your name to the principal investigator or other study staff regarding this complaint or concern?

Select Yes or No.

Yes  No

1.3) Are you making this report for someone else?

Select Yes or No.

Yes  No

1.4) If you are making this report for someone else, please explain:

Click or tap here to enter text.

2) Personal Contact Information

This section is required if you wish to be contacted regarding this complaint or concern.

**NOTE: Unless you agree, we will not share your personal information outside the IRB.**

2.1 Phone Number:

Please enter your phone number.

Click or tap here to enter text.

2.2 Email:

Please enter your email.

Click or tap here to enter text.

2.3 Alternate Phone Number:

Please enter your alternate phone number.

Click or tap here to enter text.

2.4 Other contact information:

Please enter your other contact information.

Click or tap here to enter text.

Section 4: Study Information

1) Please tell us about the study which you are reporting this complaint for:

1.1 Principal Investigator or Other Study Staff:

Click or tap here to enter text.

1.2 Name or Description of Study:

Click or tap here to enter text.

1.3 Study Phone Number (found in your consent form):

Click or tap here to enter text.

2) Please describe your concern or complaint:

Please detail below:

Click or tap here to enter text.

3) Please explain how you would like us to help resolve this concern or complaint:

Please detail below:

Click or tap here to enter text.

4) Contact with the Principal Investigator or other study staff

4.1) Have you contacted the Principal Investigator or other study staff?

Select Yes or No.

Yes  No

4.1) If you answered “Yes” above (to contact with PI or staff), please state who you contacted:

Click or tap here to enter text.

5) Participant in study

5.1) Are you or were you a participant in this study?

Select Yes or No.

Yes  No

5.2) If you are a participant – please estimate a date when you started this study (does not have to be an exact date):

Click or tap here to enter text.

5.3) If you are a participant - are you still participating in the study?

Select Yes or No.

Yes  No

5.4 If you are a participant - do you have a consent form for this study?

Select Yes or No. (If yes, please provide a copy of what written documents you might have.)

Yes  No

5.5 If you are a participant - do you have any other written information about this study?

Select Yes or No. (If yes, please provide a copy of what written documents you might have.)

Yes  No

Section 5: Additional Information:

1) Please use this space to provide any additional information you wish to share. You may also attach extra sheets of paper if you need additional space.

Detail below:

Click or tap here to enter text.

TO BE COMPLETED BY OPRS STAFF ONLY:

Section 6: Date and Time Submitted

Today’s Date:

Click or tap here to enter text.

Time Reported

Click or tap here to enter text.