**HTA-35: Complaints form**

*To be completed with reference to the standard operating procedure “HTA-35: Complaints Procedure for human Tissue Studies*

***Part 1: Record of Verbal Complaint***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name(s) of Complainant |  | Relationship to research participant | |  |
| Complainant/ Participant Postal Address and Tel No. |  | | | |
| Staff member receiving complaint |  | **Date complaint received** | |  |
| Chief Investigator |  | **Research Project Title** | |  |
| Nature of complaint (include date/time of incident, details of incident and staff involved, desired outcome of complainant) | | | | |
|  | | | | |
| Immediate Action Taken | | | | |
|  | | | | |
| Was complaint Resolved? YES / NO | | | | |
| Signed – Complainant | | | **Date** | |
| Signed – Staff | | | **Date** | |

*Part 2: Response by Designated Individual*

|  |  |  |  |
| --- | --- | --- | --- |
| Name(s) of Complainant |  | Relationship to research participant |  |
| Complainant/Participants address and Tel No |  | | |
| Type of complaint | **VERBAL / WRITTEN** | **Date complaint received by DI** |  |
| Chief Investigator |  | **Research Project Title** |  |
| Nature of complaint (include date/time of incident, details of incident and staff involved, desired outcome of complainant) | | | |
|  | | | |
| Action Taken | | | |
|  | | | |
| Was complaint Resolved? YES / NO Referred to Research Governance? YES / NO | | | |
| Signed - Complainant | | **Date** | |
| Signed – CI | | **Date** | |
| Signed – DI | | **Date** | |