# Queries/Complaints

**INSTRUCTIONS: *This form should accomplished by any party communicating queries, notifications, and complaints or grievances for information or action by the PELI-IRB. In case of communication from research subjects or participants, the PELI-IRB personnel can encode the information on their behalf if needed. Information reported in this form is processed either as a study-protocol-related or non-study-protocol-related communication, as the case may be. For protocol-related communication, put the relevant study protocol information below; if not, put N/A. If necessary, a letter may be attached to this form by the sending party, but a summary of the nature of communication should still be encoded in this form to allow proper filing of communication.***

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| **NATURE OF COMMUNICATION*** Study-protocol-related
* Non-study-protocol-related
 |
| **PELI-IRB CODE:** |
| **STUDY PROTOCOL TITLE:** |
| **PRINCIPAL INVESTIGATOR:** |
| **INITIAL APPROVAL DATE:** <dd/mm/yyyy> |
| **DATE OF LAST CONTINUING REVIEW APPROVAL:** <dd/mm/yyyy> |
| **Version and date of latest approved protocol:** |
| **Version and date of latest approved ICF:** |
| **Email:** | **Telephone:** | **Mobile:** |
| **STUDY SITE:** <Name and address> |
| **STUDY SITE ADDRESS:** |
| **SPONSOR:** |
| **SPONSOR CONTACT PERSON:** |
| **Email:** | **Telephone:** | **Mobile:** |
| **DATE RECEIVED:** <dd/mm/yyyy> |
| 1. **RECEIVED BY (PELI-IRB) :** <TITLE, NAME, SURNAME>
 |
| 1. **COMMUNICATION DELIVERED/SENT THROUGH:**
	1. □ Telephone
	2. □ Fax No
	3. □ Regular Mail dated: <dd/mm/yyyy>
	4. □ E-mail dated: <dd/mm/yyyy>
	5. □ Walk-in (indicate date/time)
	6. □ Other, specify:
 |
| 1. **PERSON SENDING THE COMMUNICATION**
	1. **<TITLE, NAME, SURNAME>**
	2. **Address:** <Street Number, Street, Barangay, City, Postal Code>
	3. **Telephone**: <area code, number>
	4. **Mobile:** <Provider code, number>
	5. **Email:**
 |
| 1. **CONNECTION/RELATION OF PERSON TO THE STUDY PROTOCOL**
	1. □ **Study participant**
	2. □ **Other: <specify>**
	3. □ **Not applicable**
 |
| 1. **TYPE OF CONCERN**
 |
| * 1. □ Query <specify>
 |
| * 1. □ Complaint <specify>
 |
| * 1. □ Others <specify>
 |
| 1. **Signature of Person Accomplishing this form:**
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**RECOMMENDATIONS (for PELI-IRB use only)**

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| **REFERRED TO*** Full Board Review
* Expedited Review
* Other: <Specify>
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| **RECOMMENDED ACTION:*** NO FURTHER ACTION
* REQUEST INFORMATION: <specify>
* RECOMMEND FURTHER ACTION: <specify>
* PENDING, IF MAJOR CLARIFICATIONS ARE REQUIRED BEFORE A DECISION CAN BE MADE
 |
| **PELI-IRB CHAIR**DATE: <dd/mm/yyyy> |  | Signature |  |
| Name  | <Title, Name, Surname> |
| *If study-protocol-related, this form should be reviewed and signed by primary reviewer* |
| **PRIMARY REVIEWER** |  | Signature |  |
| Date: <dd/mm/yyyy> |  | Name  | <Title, Name, Surname> |