RESEARCH MISCONDUCT REPORTING FORM

Instructions: This form should be completed by the person reporting the alleged misconduct. If the person is not able or not willing to complete this form, or wants to make a verbal complaint, this form may be completed by the St. Luke's representative who receives the information. The complaint form must be signed to ensure that the complaint was recorded accurately. If a complaint is taken over the telephone, a copy of this form must be sent to the person who made the complaint, with a postage pre-paid, self-addressed envelope for the person to mail the form back to St. Luke's. This form will only be used to investigate the allegation.

CONTACT INFORMATION:

_____ /_____

(First Name) (Middle Initial) (Last Name) (Today's Date) (Time)

_____

(Address) (Telephone Numbers)

EVENT INFORMATION:

Please describe the research misconduct you believe occurred. Make sure your description includes the following information (if known): 1) Person(s) involved; 2) Description of alleged misconduct; 3) Dates or general timeframe when the alleged misconduct occurred; and 4) Place(s) where alleged misconduct occurred. If you need more room, please attach pages.

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I☐ DO ☐ DO NOT (mark one) have more documentation to support this allegation. Please attach additional information to this form.

The information provided above is true and correct and I want St. Luke's to investigate this matter.

_____ _____

Signature (Name of St. Luke's representative, if applicable)

☐ Individual wished to remain anonymous