

QUERIES & COMPLAINTS TO NHREC



www.nhrec.org.za

Form for directing queries or complaints to the National Health Research Ethics Council (NHREC)

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Version 3.00

The NHREC requests that this form be used for all formal queries and complaints to facilitate tracking and responses. Users are invited to provide feedback, comments or recommendations (e-mail to nhrec@health.gov.za) regarding this form to improve it.

There are seven sections of this template to guide you:

- 1. Type of query or complaint
- 2. Details of the enquirer or complainant
- 3. Additional details in case of a complaint
- 4. Executive summary of the query or complaint
- 5. Nature and history of the query or complaint
- 6. How would you like the NHREC to help?
- 7. Supporting documentation (optional)

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Date received: Click to enter date.

1. Type of Query or Complaint										
Is this a query or con	nplaint? - select	Date of query or complaint Click to enter date.								
Have you consulted the in queries / complaints / wh		ating Pi	rocedures (SOPs) for	N	I/A 🗌	Yes 🗌	№ □			
In the case of a query or complaint related to an approved study, have you communicated with the research ethics committee (REC) to resolve the matter? N/A Yes No								№ □		
Have you exhausted all available internal processes to resolve the matter? Yes No										
If "No", please comment.	If "No", please comment. Click to enter text.									
Which of the following would best describe				Conduct of a researcher		Discrimination		ion		
your query / complaint? (select one or more)	complaint?			Conflict of interest			Data secur	rity		
(select one of more)		Inappropriate communication, etc.		General REC processes		Д	bout the R			
	Human participant wellbeing / monitoring			Animal wellbeing / monitoring			Guidance clarificati			
	From a principal investigator (PI) about the outcome of ethics approval							val		
	Other (please specify)		Click to enter text.							

Note! REC = Research Ethics Committee, which could be a Human Research Ethics Committee (HREC) or an Animal Research Ethics Committee (AREC).

2.	Details of the enquirer or complainant (i.e. person or entity lodging the query or complaint)										
2.1.	Name	Click to enter name.					2.2.	, ,			
2.3.	Capacity / role	- sele	ect -					confidentiality (i.e. protection of you	our identity)?		
2.4.	2.4. Institution / entity affiliated to, or private			text.							
2.5.	Email address	Click t	to ent	er address	j.		2.6.	Telephone no.	Click to 6	enter t	ext.
3.		erson a	nd/or	entity pert	particular study, po aining to the query					nt is loc	lged).
3.1.	Title of the research study or clinical trial				rt.						
3.2.	Name of Princip	oal Investigator			Click to enter te	xt.					
3.3.	3. Name of any sponsor			Click to enter te	xt.						
3.4.	.4. Institution or site where research project is being conducted			Click to enter te	xt.						
3.5.	5. Name of the research ethics committee that reviewed and approved the study			Click to enter te	xt.						
4.	Executive summary of the query or complaint										
4.1.	Provide a short of of the essence of or complaint (500 words max)	-		Click to 6	enter text.						
5.	. Nature and history of the query or complaint										
5.1.	What is the issue problem? (e.g. question, practica ethics review procopolicy, administra	uestion d lines, aut I problen esses, RE	thority n, EC	Click to enter text.							
5.2.	What are the im the problem is n	•		Click to 6	enter text.						
5.3.	Describe how th other entity of to organisation/ins tried to address	he titution	has	Click to enter text.							
5.4.	What was the or	utcome ²	?	Click to enter text.							
5.5.	If possible, indic guideline, regula policy provision when addressing problem.	ation or conside g the	ered	Click to enter text.							
5.6.	Other information	on?		Click to enter text.							

6.	How would you like the NHREC to help?					
6.1.	Guidance on how the problem may be solved.	Click to enter text.				
6.2.	Ethical guidance on how to manage dilemmas of this type.	Click to enter text.				
6.3.	Legal guidance on the implications of this problem.	Click to enter text.				
6.4.	Guidance on how to interpret the guideline/statutory provision concerned.	Click to enter text.				
6.5.	Guidance on where to find appropriate information.	Click to enter text.				
6.6.	Other information?	Click to enter text.				
7.	7. Supporting documentation					
7.1.	Please provide here a list of any supporting documents that you may have attached (if and as applicable).	1. Click to enter text.				

Submission

Please e-mail this completed form to the NHREC, with "QUERY" or "COMPLAINT" in the subject line. Receipt of your query or complaint will be acknowledged.

nhrec@health.gov.za