

HUMAN RESEARCH PROTECTION INSTITUTIONAL REVIEW BOARD

PARTICIPANT WITHDRAWAL/COMPLAINT REPORT

NOTE: The form is subject to the disclosure requirements of Florida Sunshine Laws.

SEC	TION 1 Withdrawal information to be completed by the principal invest	igator.	
Parti	cipant Identifier:		
Chec	k all that apply:		
	Withdrawal		
	Effective Date of Withdrawal:		
	Reason for Withdrawal: (attach additional documents if necessary)		
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SEC	TION 2 Complaint information to be completed by the participant.		
SEC'			
SEC	Complaint Participant Name:		
SEC	Complaint Participant Name: (optional)		
SEC	Complaint Participant Name: (optional) Participant Signature: (or		
SEC	Complaint Participant Name: (optional)	Date:	
SEC	Complaint Participant Name: (optional) Participant Signature: (or Parent/Guardian/ Legal	Date:	Y
SEC	Complaint Participant Name: (optional) Participant Signature: (or Parent/Guardian/ Legal		Y
SEC	Complaint Participant Name: (optional) Participant Signature: (or Parent/Guardian/ Legal Rep) (optional)		Y
SEC	Complaint Participant Name: (optional) Participant Signature: (or Parent/Guardian/ Legal Rep) (optional)		Y
SEC	Complaint Participant Name: (optional) Participant Signature: (or Parent/Guardian/ Legal Rep) (optional)		Y
SEC	Complaint Participant Name: (optional) Participant Signature: (or Parent/Guardian/ Legal Rep) (optional)		Y
SEC	Complaint Participant Name: (optional) Participant Signature: (or Parent/Guardian/ Legal Rep) (optional)		Y

Participants may choose to submit the complaint directly instead of giving it to the investigator by mailing it to: IRB Chair, College of Central Florida, 3001 S.W. College Road, Ocala, FL 34474-4415.

Principal investigators must submit withdrawal forms to the IRB within thirty working days of occurrence or knowledge of occurrence, and must submit complaint forms to the IRB within five working days of receipt.

College of Central Florida does not discriminate against any person on the basis of race, color, ethnicity, religion, gender, pregnancy, age, marital status, national origin, genetic information, sexual orientation, gender identity, veteran status or disability status in its programs, activities and employment. For inquiries regarding nondiscrimination policies contact Dr. Mary Ann Begley, Director of Diversity and Inclusion – Title IX Coordinator, Ocala Campus, Building 3, Room 117H, 3001 S.W. College Road, 352-291-4410, or Equity@cf.edu.

SECTION 3
Title of Passage

To be completed by the principal investigator.

Title of Research Protocol:					
Principal Investigator:					
Address:	Telephone:				
PI Signature:	Date:				
		MM/DD/YY			
SECTION 4					
Supervisor/Administrator:					
Principal Investigator:	Telephone:				
Supervisor/ Administrator Signature:	Date:				
Administrator Signature:	Date:	MM/DD/YY			
All Participant Withdrawal Report forms are reviewed by the full IRB for discussion and recommendation at the next scheduled meeting. All Participant Complaint forms are reviewed by the full IRB for discussion and recommendation at the next scheduled meeting, or earlier. If you have any remaining questions about CF's IRB process, contact the IRB Chair at ie@cf.edu.					
Date Received by IRB Chair or Designated Representative: Date Distributed to IRB: IRB Recommendation: No action at this time: Changes to Consent Form: Reconsenting Referral to: (specify)					

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