



HUMAN RESEARCH PROTECTION INSTITUTIONAL REVIEW BOARD

PARTICIPANT WITHDRAWAL/COMPLAINT REPORT

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

SECTION 1

Withdrawal information to be completed by the principal investigator.

Participant Identifier: _____

Check all that apply:

[] Withdrawal

Effective Date of Withdrawal: _____

Reason for Withdrawal: (attach additional documents if necessary)

[Empty box for Reason for Withdrawal]

SECTION 2

Complaint information to be completed by the participant.

[] Complaint

Participant Name: (optional) _____

Participant Signature: (or Parent/Guardian/ Legal Rep) (optional) _____

Date: _____ MM/DD/YY

Description of Complaint: (attach additional documents if necessary)

[Empty box for Description of Complaint]

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.

SECTION 3

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: _____

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) _____

Other: (specify) _____