Form 32.1 Query and Complaint Record

**Eastern Visayas Health Research and Development Consortium - Ethics Review Committee**

***QUERY AND COMPLAINT RECORD***

| Date received: |  | Received by |  |
| --- | --- | --- | --- |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Request from : |  | Telephone call Number |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | Fax Number |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | Mailed letter / Date |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | E-mail / Date |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | Walk-in/Date/Time |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | Others, specify |  |  |
|  |  |  |  |  |  |  |

| Participant’s Name: |  |
| --- | --- |

| Contact Address: |  | Phone: |  |
| --- | --- | --- | --- |

| Title of the Participating Study |  |
| --- | --- |

| Starting date of participation : |  |
| --- | --- |

| What are requested? |  |
| --- | --- |

| Action taken: |  |
| --- | --- |

| Outcome: |  |
| --- | --- |