CRERC FORM 11.1 QUERY/COMPLAINT, NOTICE

INSTRUCTIONS: *This form should be accomplished by any party communicating queries, notices, and complaints or grievances for information or action by the CRERC. In case of communication from research subjects or participants, the CRERC Administrative Secretary can encode the information on their behalf if needed. Information reported in this form is processed either as a study-protocol-related or non-study-protocol-related communication, as the case may be. For protocol-related communication, put the relevant study protocol information below; if not, put N/A. If necessary, a letter may be attached to this form by the sending party, but a summary of the nature of communication should still be encoded in this form to allow proper filing of communication. This form should be duly signed by the personnel accomplishing this form.*

Nature of Communication ☐ Study-protocol-related ☐ Non-study-protocol-related
CRERC Protocol No.:
Study Protocol Title:
Principal Investigator:

Initial Approval Date: <dd/mm/yyyy>		
Date of Last Continuing Review Approval: <dd/mm/yyyy>		
Version and date of latest approved protocol:		
Version and date of latest approved ICF:		
Email:	**Telephone:**	**Mobile:**
Date Received: <dd/mm/yyyy>		

1. Mode of Communication:

1.1. ☐ Telephone

1.2. ☐ Fax No

1.3. ☐ Regular Mail dated: <dd/mm/yyyy>

1.4. ☐ E-mail dated: <dd/mm/yyyy>

1.5. ☐ Walk-in (indicate date/time)

1.6. ☐ Other, specify:

2. Person Sending the Communication **2.1. <TITLE, NAME, SURNAME>** **2.2. Address:** <Street Number, Street, Barangay, City, Postal Code> **2.3. Telephone**: <area code, number> **2.4. Mobile:** <Provider code, number> **2.5. Email:**
3. Relation of Person to the Study Protocol **3.1. ☐ Study participant** **3.2. ☐ Other: <specify>** **3.3. ☐ Not applicable**
4. Type of Concern
4.1. ☐ Query <specify>
4.2. ☐ Notification <specify>
4.3. ☐ Complaint <specify>
4.4. ☐ Others <specify>
5. Name and Signature of Person Accomplishing this form:

(FOR CRERC USE)

REFERRED TO ☐ Full Committee ☐ Expedited Review at the level of the Chair ☐ Other: <Specify>

RECOMMENDED ACTION: ☐ Noted, No Further Action ☐ Request further information: <specify> ☐ Recommend further action: <specify> COMMENTS:		
CRERC Chair	Signature	
DATE: <dd/mm/yyyy>	Name	<Title, Name, Surname>

If study-protocol-related, this form should be reviewed and signed by primary reviewer

Primary Reviewer	Signature	
Date: <dd/mm/yyyy>	Name	<Title, Name, Surname>