|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medical Education & Research Dept**  Medical Research Section  Dubai Scientific Research Ethics Committee | | | | **إدارة التعلـــــــــــــيم الطـــــــــــــبي والأبـــــــــــــــحاث**  قسم البحـــــــــــــــــــــــوث الطبية  لجنة أخلاقيات البحث العلمي | |
| **Report Research Misconduct Form** | | |  | | |
| **Complainant Information** | | | | | |
| **Full Name (DHA doesn’t accept anonymous complaints):** | |  | | | |
| **Company/Organization:** | |  | | | |
| **Designation/Grade/Band:** | |  | | | |
| **Hospital/Dept./Section:** | |  | | | |
| **E-mail:** | |  | | | |
| **Contact No.:** | |  | | | |
| **Complaint Details** | | | | | |
| **Please select your role:** | | Choose an item. | | | For others write here |
| **Violation date:** | |  | | | |
| **Principle Investigator’s name:** | |  | | | |
| **Study Site/s:** | |  | | | |
| **Research Title (if applicable):** | |  | | | |
| **Journal Name & Issue # (if applicable):** | |  | | | |
| **Violation Details** | | | | | |
| Write more details about the observed violation and attach supporting documents if there’s any. | | | | | |
| List of the documents attached, if any | | | | | |
| **Signature:**  **Date:** | | | | | |
| **DSREC User Only** | | | | | |
| **DSREC Chairman Decision:** |  | | | | |
| **DSREC Chairman Signature:** |  | | | | |
| **Decision Date:** |  | | | | |