

ATTACHMENT 3 - Metro South Health Research Biorepository Complaint Form

Metro South Health Research Biorepository Complaint Form

YOUR INFORMATION:

Mr, Mrs, Ms, or Miss

Given name: _____

Address: _____

Telephone: _____

E-mail*: _____

*I consent to being contacted at this e-mail address or through that of my representative on my behalf. I acknowledge that sending e-mail over the Internet is not secure, in that it can be intercepted and/or manipulated and retransmitted.

REPRESENTATIVE INFORMATION: (complete only if you will be represented)

I authorise the following person to act on my behalf and to receive any personal information pertaining to me, as necessary to investigate this complaint

Mr, Mrs, Ms, or Miss

Given Name: _____

Address: _____

Telephone: _____

E-mail*: _____

COMPLAINT

Name of research biorepository or collection site that this complaint relates to:

Details of complaint:

I have reason to believe that one or more of the following has occurred:

- The research biorepository has inappropriately collected my personal /clinical information.
- The research biorepository has inappropriately disclosed my personal /clinical information.
- The research biorepository has inappropriately used my personal /clinical information.
- The research biorepository has inappropriately disposed of my personal /clinical information.
- The service I received from a research biorepository staff member or affiliated staff member i.e. during consent process etc. Please provide the name of the person involved: _____
- Other - please specify _____

RESOLUTION OF COMPLAINT

Please describe how the complaint could be resolved:

Where to send this form:

Please e-mail this completed form to the relevant research biorepository. Contact details are listed on the [Metro South Health Research internet page](#).

Signature: _____ Date: _____

POST REVIEW (to be completed by the research biorepository)

Immediate actions taken:

Custodian/Director's findings and comments: