



**NATIONAL CENTER FOR MENTAL HEALTH  
RESEARCH ETHICS COMMITTEE**

Version no. 7

June 19, 2023

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**FORM 3.6  
QUERY/COMPLAINT RECORD**

**INSTRUCTIONS:** This form should be accomplished by any party communicating queries and complaints for information or action by the NCMH-REC. In case of communication from research subjects or participants, the NCMH-REC personnel 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. Obtain an electronic copy of this form and encode all information required in the space provided, and email this form at [ncmhrec@gmail.com](mailto:ncmhrec@gmail.com)

**NATURE OF COMMUNICATION**

- Study-protocol-related  
 Non-study-protocol-related

**NCMH-REC PROTOCOL CODE:**

**STUDY PROTOCOL TITLE:**

**PRINCIPAL INVESTIGATOR:**

**INITIAL APPROVAL DATE:** <dd/mm/yyyy>

**DATE OF LAST CONTINUING REVIEW APPROVAL:** <dd/mm/yyyy>

Reason, if no CRA Approval:

- Pending SJREB Approval  
 Less than 10 months since last initial approval  
 No CRA Submission  
 Others (specify): \_\_\_\_\_



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Version and date of latest approved protocol:

Version and date of latest approved ICF:

Email:

Telephone:

Mobile:

STUDY SITE: <Name and address>

STUDY SITE ADDRESS:

SPONSOR:

SPONSOR CONTACT PERSON:

Email:

Telephone:

Mobile:

DATE RECEIVED: <dd/mm/yyyy>

1. RECEIVED BY (NCMH-REC Staff) : < NAME >

2. COMMUNICATION DELIVERED/SENT THROUGH:

- 2.1.  Telephone  
2.2.  E-mail dated: <dd/mm/yyyy>  
2.3.  Walk-in (indicate date/time)  
2.4.  Other, specify:

3. PERSON SENDING THE COMMUNICATION

- 3.1. <TITLE, NAME, SURNAME>  
3.2. Address: <Street Number, Street, Barangay, City, Postal Code>  
3.3. Telephone: <area code, number>  
3.4. Mobile: <Provider code, number>  
3.5. Email:

4. CONNECTION/RELATION OF PERSON TO THE STUDY PROTOCOL

- 4.1.  Study participant  
4.2.  Other: <specify>  
4.3.  Not applicable

5. TYPE OF CONCERN

- 5.1.  Query <specify>  
5.2.  Notification <specify>  
5.3.  Complaint <specify>



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5.4.  Others <specify>

6. **Signature of Person Accomplishing this form:**

**RECOMMENDATIONS (for NCMH-REC use only)**

**REFERRED TO**

- Full Board Review by Panel
- Expedited Review at the level of the Panel Chair
- Other: <Specify>

**RECOMMENDED ACTION:**

- NO FURTHER ACTION
- REQUEST INFORMATION: <specify>
- RECOMMEND FURTHER ACTION: <specify>
- PENDING, IF MAJOR CLARIFICATIONS ARE REQUIRED BEFORE A DECISION CAN BE MADE

**NCMH-REC 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>