

**RESEARCH PARTICIPANT COMPLAINT FORM**  
**Southwestern Community College District**

As a participant in research conducted at Southwestern Community College District or by a researcher affiliated with Southwestern Community College District, you have the right to report any concerns you have about the way the research was conducted or possible misconduct by the researcher. The Institutional Research Review Board (IRRB) will keep this report confidential and conduct an investigation if necessary. Please be as specific as possible in completing this form.

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**Study Title:** \_\_\_\_\_

**Principal Investigator:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Date(s) you participated in the research: \_\_\_\_\_

What did your participation require?

Describe what specifically concerned you about the research.

You may submit this form anonymously by mailing it to the address below. If you prefer to leave contact information (optional), you may do so in the space below.

**Your name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

This form may be submitted electronically to [gabasolo@swccd.edu](mailto:gabasolo@swccd.edu)  
Or mailed to: SWC Institutional Research and Planning Office, Building 16, 900 Otay Lakes Rd, Chula Vista, CA 91910