**(Annexure 15)**

## APPEALS FORM

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Please fill in the first table, providing as much detail as you can. Please send this completed form to MPHREC secretariat: Tel: 0137663766

|  |  |  |
| --- | --- | --- |
| **Your contact details** | | |
| Name: | Email: | Phone number: |
| **Research project you wish to make a complaint about** | | |
| Name of researcher (if known): | MPHREC (non-medical) Clearance number (if known): | |
| Title of research project (if known), or topic of the project: | | |
| **Reason for appeal** | | |
|  | | |
| Your signature: | | Date: |

|  |
| --- |
| *Office use only* |
| **Description of action taken** |
|  |