**(Annexure 15)**

## APPEALS FORM

 ……………………....……………………………………………………………………………………

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** |
|  |