

**University of the Witwatersrand, Johannesburg**

**Human Research Ethics Committee (Non-Medical) Appeals Form**

Please fill in the first table, providing as much detail as you can. Please send this completed form to Eleni Flack-Davison Eleni.Flack-Davison@wits.ac.za , tel 011 717 1328

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| **Your contact details** |
| Name:  | Email:  | Phone number: |
| **Research project you wish to make a complaint about** |
| Name of researcher (if known): | HREC (non-medical) Clearance number (if known) (This will be in the format H17-06-15, or similar): |
| Title of research project (if known), or topic of the project: |
| **Reason for appeal** |
|  |
| Your signature:  | Date:  |

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