**Complainant/s must complete this form in order to formally lodge a complaint of an alleged breach of research norms and standard against a Respondent.**

**This form must be duly completed and delivered to the RIO by hand, or sent by e-mail to ttheron@sun.ac.za.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*[SU Letterhead]*

Filing date: …………………………………………………………

Name of Complainant: …………………………………………

Contact details of Complainant:

* Telephone number: ……………………………….
* Cellphone number: ………………………………
* E-mail address: ……………………………………

Description of alleged breach of research norms and standards [Please include all evidence]:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Name of Respondent: ………………………………………..

Contact details of Respondent, if known:

* Telephone number: …………………………………….
* Cellphone number: …………………………………….
* E-mail address: ………………………………………….

Address of Complainant:

* Physical address: ………………………………………………………………………………………………………………………………………………………………………………………………
* Postal address:

………………………………………………………………………………………………………………………………………………………………………………………………

Do you consent to your identity being disclosed to the Respondent?

Yes / No

[Please mark the appropriate answer with an **X**]

On which date did you become aware of the alleged breach of research norms and standards? …………………………………………………………………………………

On what date did the alleged breach of research norms and standards occur?

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

I confirm that the information contained in this document is both true and correct and falls within my personal knowledge, unless the context indicated otherwise.

Name and signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMPLAINANT DATE**