

ALLEGATION INTAKE FORM

1. COMPLAINANT INFORMATION

Any Allegation of Research Misconduct may be made anonymously

Name:

Title/Position:

Employer, if not SIUE:

Address:

Telephone: (work)
(home or mobile)

E-Mail:

2. RESEARCH INFORMATION

Respondent's Name(s) (the person(s) alleged to have committed research misconduct, if known):

Misconduct part of externally-funded project? Yes No Unknown

If yes, sponsor & other information (e.g., year(s), project title):

Principal Investigator's Name:

Date or Timeframe when the alleged research misconduct occurred:

Description of the alleged research misconduct:

Description of how Complainant learned of the alleged research misconduct (e.g., eyewitness, second-hand account, reviewed documents, etc.):

3. ATTACH EVIDENCE IF AVAILABLE

RIO use only:

Date Allegation Submitted:

Allegation Code:

Research Integrity Officer Signature:

Date: