



# Participant Incident Report

*As a participant in a research study or program under evaluation, your well being is paramount to the personnel of Heartland Institutional Review Board (HIRB). Your well being is also important to the researchers/program evaluators who are a part of the current research study in which you are a participant. At all times, the research study should follow a carefully controlled protocol which sets out a plan that the researcher/program evaluator is responsible for following. All details of the research study are described in the protocol and it is very important that all involved follow the protocol exactly. If an adverse incident has occurred during the research study/program evaluation that either directly involved you or that you were a witness too, it is imperative that two steps be taken: 1) You must inform the researcher/program evaluator as soon as you witness the event or have been made aware of its occurrence; 2) You must complete a Participant Incident Report Form from the HIRB website and send it to HIRB.*

**Directions: Please, complete this Participant Incident Report Form and email it directly to HIRB at [director@heartlandirb.org](mailto:director@heartlandirb.org). Someone from HIRB will review your report, and a response will be provided directly to you no later than 5 working days.**

- 1) Your Name: \_\_\_\_\_
- 2) Project Participant Name: \_\_\_\_\_
- 3) Is the individual involved in this incident a minor/child?     Yes     No
- 4) Are you a participant in this project?     Yes     No
- 5) Are you a parent/guardian of the minor/child who is a participant in this project and involved in this incident?
  - i.  Yes     No

7) Name of Project: \_\_\_\_\_

8) Project Address: \_\_\_\_\_

Street Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

9) Name of Project Supervisor at this address: \_\_\_\_\_

10) Location of Incident (Where at the project address did this incident occur):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11) Date this incident occurred: \_\_\_\_\_

Month Date Year

12) Date this incident was made known to you: \_\_\_\_\_

Month Date Year

13) How were you involved with this incident (Select only one by placing an "X" in the blank next to the description.)?

\_\_\_\_\_ Directly involved in this incident as it happened to me

\_\_\_\_\_ I witnessed the incident

\_\_\_\_\_ I was told about this incident by a participant involved in the research study/program evaluation.

\_\_\_\_\_ Other, please specify: \_\_\_\_\_

\_\_\_\_\_

**Directions: In the text boxes below, answer each question to the best of your ability.**

14) List the main individuals who were involved in this incident (Give full names and/or titles when possible.).

15) Describe the events in the order in which they occurred.

16) Identify any possible injury/injuries or adverse effects that occurred as a result of the incident.

17) Was the incident related to the research study or program evaluation protocols? If so, describe in what way(s).

18) Is there anything else you would like us to know about this project or this incident?