



University of Fort Hare
Together in Excellence

Health Research Ethics Committee

**FORM FOR THE REPORTING OF POSSIBLE RESEARCH MISCONDUCT, FRAUD,
MALADMINISTRATION, OR NON-ADHERENCE TO APPROVED RESEARCH PROCEDURES,
GUIDELINES OR POLICIES**

PART 1: CONTACT INFORMATION OF THE WHISTLEBLOWER

1.1 Name of the person seeking action:

[Click here to enter text.]

1.2 Status:

Current employee	<input type="checkbox"/>	
Current student	<input type="checkbox"/>	
Other	<input type="checkbox"/>	[If "Other", please click here to specify.]

1.3 Contact information:

Home or postal address: [Click here to enter text.]

Telephone numbers: [Click here to enter text.]

Home: [Click here to enter text.]

Office: [Click here to enter text.]

Cell: [Click here to enter text.]

E-mail address: [Click here to enter text.]

1.4 Department/Unit:

[Click here to enter text.]

1.5 Campus:

[Click here to enter text.]

PART 2: DETAILS OF DISCLOSURE

2.1 Please identify the person:

[Click here to enter text.]

2.2 Research study/project involved:

[Click here to enter text.]

2.3 Please identify the type of wrongdoing you are alleging (Click one or all of the boxes)

Misconduct (mark one or more of the following three items if applicable)	<input type="checkbox"/>
Fabrication (making up research data or results and recording or reporting the fabricated material)	<input type="checkbox"/>
Falsification (manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research records)	<input type="checkbox"/>
Plagiarism (the appropriation of another person's ideas, processes, results, or words without giving appropriate credit)	<input type="checkbox"/>
Fraud	<input type="checkbox"/>
Maladministration	<input type="checkbox"/>
Non-adherence to approved research procedures, guidelines or policies.	<input type="checkbox"/>

2.4 Please describe in detail what you are disclosing (Be as specific as possible and please attach any documents that might support your disclosure)

[Click here to enter text.]

PART 3: CERTIFICATION AND SIGNATURE

I certify that all of the statements made in this allegation are true and correct to the best of my knowledge and belief.

Click here →
to add signature
or print & sign

Signature

[Click here to enter name.]

Date

[Click here to enter a date.]

Please email this form along with supporting documents on the following email address:

Ethics-HRECImpeachments@ufh.ac.za

