

LOUISIANA TECH UNIVERSITY
INSTITUTIONAL ANIMAL CARE & USE COMMITTEE

CONCERN OR COMPLAINT DOCUMENTATION

Date of this report _____ Date of Problem _____

Person to whom the complaint or concern was first made _____

Date this report reached the Chairperson of the IACUC _____

Place where incident occurred (Building, Room, Laboratory, etc.) Be specific

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Description of the incident or situation: Be specific as to individual(s) involved, animal(s) involved, actions of personnel and complainant, actions and responses of the animal(s), and any other information that will be helpful in resolving the concern or complaint.

Name of Individual(s) with Concern or Complaint _____

Address or Telephone Number at which individual(s) can be reached for additional information or to be informed of the action taken with respect to their concern or complaint.

The above named individual(s) is protected against recrimination as stated in section 1441, "Retaliation" in the Louisiana Tech University "Manual of Policies and Procedures." The name of the individual(s) shall remain confidential.