

Standard Operating Procedure

SOP Number: **02-18-5805**

Service: **Research**

Operating Section: **IACUC**

Unit: **LUC/HSD**

Title: **Procedures for Reviewing Complaints**

Purpose:

To describe the method of reporting perceived deficiencies in husbandry standards, inhumane treatment of animals, research misconduct, facilities operations, administration/IACUC management and/or the safety/security of animals.

Procedure:

- 1) All reports of concern must be treated with the utmost respect and given the highest priority.
- 2) Inquiries and/or complaints should be addressed to the following personnel. If a satisfactory response is not forthcoming or felt to be lacking, then the complaint should be taken to the next higher administrative level:
 - a) Husbandry Concerns
CMF Staff
CMF Operations Manager
CMF Assistant Director
CMF Director/Attending Veterinarian
IACUC Membership/IACUC Director
 - b) CMF Operations and Management
CMF Operations Manager
CMF Assistant Director
CMF Director/Attending Veterinarian
IACUC Membership/IACUC Director
 - c) IACUC Administrative Policies and Procedures
IACUC Membership/IACUC Director
IACUC Chair
Vice Provost, Research & Graduate Programs /Institutional Official
 - d) Animal Safety and Security – Inhumane Treatment of Animals
CMF Staff
CMF Operations Manager
CMF Assistant Director
CMF Director/Attending Veterinarian
IACUC Membership/IACUC Director
Vice Provost, Research & Graduate Programs /Institutional Official
 - e) Research Misconduct in the Use of Animals
IACUC Director
CMF Assistant Director

CMF Director/Attending Veterinarian
IACUC Membership
IACUC Chair
Vice Provost, Research & Graduate Programs /Institutional Official

- 3) Initiating such concerns via the appropriate channels in no way places an employee, volunteer, student or other staff member at risk to be discriminated against or be subject to any reprisal for reporting perceived violations of any standard or regulation.
- 4) See OLAW Animal Welfare Assurance for Domestic Institutions, Section III, D #4.

Comments:
None

OFFICE USE ONLY:

APPROVALS

Responsible Official Signature		Date	
QA Signature		Date	
Version #2	Effective Date	Supersedes #1	Original Date 6/5/06