



Ethics and Human Rights Committee Referral Form

Full name of person making the referral	Date of Referral

Phone Number (optional)	Email Address (optional)

Your Affiliation with Hope	
Current Hope employee	Care Coordinator
Former Hope employee	Community Member
Support recipient	Other (please specify):
Family member of support recipient	

Do you consider this situation an emergency that requires a rapid scheduling of the Ethics and Human Rights Committee?		
Yes	No	Unsure

Please describe the nature of your concern(s), including all pertinent information. The Committee is interested in your personal presentation of the issue. Please attempt to be as brief and concise as possible.

IMPORTANT: To submit this form using the button below, you must first download this document to your computer and open it in Adobe Acrobat or Reader.

To be completed by Ethics and Human Rights Committee member

Name of Committee Member	Date Received

Next Scheduled Ethics and Human Rights Committee Session

Date	Time	Location