**UC Davis Institutional Animal Care and Use Concern Reporting Form**

**(Part A)**

**Date of incident:**

**1. General Information:**

Principal Investigator (PI) if known:

Protocol number, if known:

Species involved:

Number of animals involved:

Animal ID number(s), if known:

Location of animals (Facility, Building, Room #):

**2. Please briefly describe your concern (field will expand as needed):**

**3. Person *Reporting* Concern (*optional – Do not include if you wish to remain anonymous):***

**Contact information:**

**Submit completed forms to the IACUC Office or the Attending Veterinarian:**

* **Campus mail: IACUC Office**
* **Electronic mail:** [**iacuc-staff@ucdavis.edu**](mailto:iacuc-staff@ucdavis.edu) **(include form as an attachment)**
* **Phone: 530-752-2364**
* **Fax: 530-752-4994**
* **In person: IACUC Office - TRACS Headquarters – 980 Old Davis Rd., Building Q3**

**OR Attending Veterinarian – TRACS Headquarters – 980 Old Davis Rd., Building H3**