

FORM FOR REPORTING TO THE SCIENTIFIC INTEGRITY COMMITTEE of the Gregorio Marañón Health Research Institute

Code: F-CIC-01

Version: 2.0

Date: 2026-06-08

INSTRUCTIONS: Submit this form via email to tocic@iisgm.com or through the liSGM's official registry. Attach all available supporting documentation. Fields marked with (*) are required for reports. If the report or inquiry is anonymous, do not complete Section 1 and send the form by mail to: **FOUNDATION FOR BIOMEDICAL RESEARCH AT GREGORIO MARAÑÓN. CIC Presidency**
C/DR. ESQUERDO, 46. GOVERNMENT BUILDING 28007
MADRID

Type of communication	Check
Report (cannot be anonymous)	☐
Report or inquiry	☐
Request for mediation	☐

SECTION 1 — CONTACT INFORMATION FOR THE REPORTER (*)

(Do not fill out if the communication is anonymous — see instructions)

Field	Information
First and Last Name (*)	
ID Number / Foreign Resident ID / Passport (optional)	
Job title / professional category	
Department / Unit / Research Group	

Email (*)	
Contact phone number	
Relationship with the liSGM (*)	☐ liSGM staff ☐ External ☐ Visitor ☐ Student ☐ Other
Would you like to receive updates regarding this case?	☐ Yes ☐ No

SECTION 2 — TYPE OF COMMUNICATION (*)

Type of dispute or communication	Check
Serious misconduct — Fabrication of data or results	☐
Serious misconduct — Falsification of data, materials, or processes	☐
Serious misconduct — Plagiarism (misappropriation of ideas, data, or text)	☐
Questionable Research Practice (QRP)	☐
Authorship conflict (attribution, author order, etc.)	☐
Undeclared conflict of interest	☐
Inquiry regarding scientific integrity (without a formal complaint)	☐
Request for mediation in a scientific dispute	☐
Other (specify in Section 3)	☐

SECTION 3 — DESCRIPTION OF THE FACTS (*)

Describe the facts underlying this communication in a clear and chronological manner. Be as specific as possible: dates, locations, individuals involved, publications or projects affected, etc. (Use as much space as necessary).

SECTION 4 — PERSONS INVOLVED

Role in the case	First and Last Name / Identification	Department / Institution	Position / Category
Person Accused 1			
Accused person 2 (if applicable)			
Person Accused 3 (if applicable)			
Witness 1 (if applicable)			
Witness 2 (if applicable)			

(Add rows if applicable)

SECTION 5 — SUPPORTING DOCUMENTATION SUBMITTED

Attach all available documentation. List the documents in chronological order.

No.	Type of document	Description / Reference / Date	Format
1	Emails		☐ PDF ☐ Original
2	Articles / Publications		☐ PDF ☐ Link
3	Data records / protocols		☐ PDF ☐ Original
4	Reports from other liSGM committees		☐ PDF ☐ Original
5	Screenshots / Digital Evidence		☐ PDF ☐ Original
6	Other documents		☐ PDF ☐ Original

(Add rows as needed)

SECTION 6 — DECLARATION AND SIGNATURE OF THE REPORTER

STATEMENT: The undersigned declares that: (1) the information provided on this form is truthful and based on verifiable facts; (2) the report is made in good faith and without the intent to cause unjustified harm to any person; (3) the undersigned is aware that submitting a report in bad faith may result in disciplinary or legal action; and (4) the undersigned consents to the processing of their personal data in accordance with the GDPR and the LOPDGDD for the purposes of processing this case.

	Reporter (do not fill out for anonymous reports)
First and Last Name	
Place and date	
Signature	

CIC CONFIDENTIAL: For internal CIC use only — Not to be filled out by the reporter			
Assigned case number	Date received	Received by	Acknowledgment of receipt sent
			☐ Yes ☐ No (anonymous)