**COUNCIL ON PODIATRIC MEDICAL EDUCATION (CPME) COMPLAINT FORM**

This form accompanies CPME 925, *Complaint Procedures*. All sections of this form must be completed to submit a formal complaint. Refer to the CPME 925 document for the full complaint procedure including all information and steps that must be followed to submit a formal complaint. Note that the Council cannot and will not act as a judicial board, mediator, or arbitrator in resolving disputes between or among individual parties. The Council will not intrude upon or interfere with the decisions of an entity to evaluate individual students, residents, fellows, or faculty, or of a specialty board to examine or certify candidates. For a complaint to be reviewable by CPME, it must relate to noncompliance with a CPME standard, requirement, criterion, and/or to a specific procedure that has not been followed.

Complaints will be accepted by email, fax, or mail:

Email: CPMEstaff@cpme.org

Mailing Address: Council on Podiatric Medical Education

9312 Old Georgetown Road

Bethesda, MD 20814

**I verify that:** (both criteria must be met)

[ ]  I can demonstrate that efforts have been exhausted to resolve the complaint by means of internal procedures available within the entity.

[ ]  I can provide a detailed written description of the basis of the complaint including evidence of how the complaint relates to noncompliance with a standard, requirement, or criterion, and/or to a specific procedure that has not been followed.

**Indicate the institution/college/provider/specialty board/other named entity against which you wish to file a complaint:**

**List the names of all the parties (and their titles) to which the complaint pertains (e.g., complainant, the institution, the CPME) and a brief description of how the parties are related to one another.**

**Describe the nature of the complaint and attach any supporting documentation to substantiate your complaint.**

**Date(s) of the incident(s):**

**Indicate the specific CPME standard(s), requirement(s), criterion(a) and/or specific procedure(s) impacted by the incident(s) and evidence to support noncompliance.**

**Describe the efforts you have made to resolve the complaint and attach supporting evidence to demonstrate you have exhausted all efforts to resolve issues or problems by means of internal procedures available within the entity. Note that a complaint will be rejected if implementation of such internal procedures has not been attempted previously.**

**Describe the status of any legal action related to the complaint.**

**Do you grant CPME staff permission to release your name to the institution/college/provider/**

**specialty board/other named entity?**

[ ]  Yes [ ]  No

**Sign the complaint and provide your contact information:**

Full Name:

Address:

City, State, & Zip:

Phone Number:

Email:

Signature:

Date:

Forward your completed form and supporting documentation (with the names redacted of any individuals who are not directly related to the complaint) to the Council office.

**Note:** If any patient information is included in a complaint, de-identify to protect the information submitted.