

COUNCIL ON PODIATRIC MEDICAL EDUCATION (CPME) COMPLAINT FORM

This form accompanies CPME 925, Complaint Procedures (May 2018). Please refer to the CPME 925 document for the full complaint procedure. Please note that the Council cannot and will not act as a judicial board, mediator, or arbitrator in resolving disputes between or among individual parties.

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

Email: CPMEstaff@cpme.org

Fax Number: 301-571-4903

Mailing Address: Council on Podiatric Medical Education
9312 Old Georgetown Road
Bethesda, MD 20814

I verify that:

I have made reasonable efforts to resolve the complaint by means of internal procedures, or alternatively that such efforts would be unavailing.

The complaint is related to standards, requirements, or criteria and/or to specific procedures I believe are not being met by the institution/college/provider/specialty board/other named entity.

Please 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) involved (e.g., complainant, the institution, the CPME) and a brief description of how the parties are related to one another.

Please describe the nature of the complaint. Please also attach supporting documentation to substantiate your complaint.

Date(s) of the incident(s):

Please indicate the specific standards, requirements, criteria and/or specific procedures that have not been followed and with which the entity is in non-compliance.

Please describe the efforts you have made to resolve the complaint. Please also attach supporting documentation to demonstrate the complaint or grievance policy has been followed and reasonable efforts made to resolve the complaint internally, or alternatively, information to demonstrate such efforts would be unavailing. Note that a complaint will not be entertained 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

Please sign the complaint and provide your contact information: *(CPME staff will protect the confidentiality of the complainant unless release of identity has been authorized.)*

Full Name:

Address:

City, State, & Zip:

Phone Number:

Email:

Signature:

Date:

Please 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, please de-identify to protect the information submitted.