

**AMERICAN COLLEGE OF SURGEONS
CENTRAL JUDICIARY COMMITTEE (CJC)
COMPLAINT FORM
REGARDING EXPERT WITNESS TESTIMONY**

1. Name of person submitting complaint _____

Address: _____

Phone: _____ Email: _____

2. Are you a member of the American College of Surgeons (ACS)? Yes No

3. Name of member of American College of Surgeons against whom this complaint is filed:

Address: _____

4. Name of case in which expert witness testimony was given:

Case Number: _____

Jurisdiction: _____

5. Is this case pending?

Yes

No

6. Are you or any other defendants in the case contemplating litigation against the member noted in No. 3 based on his/her expert witness testimony?

If yes to either 5 or 6, stop.

The ACS will not accept a complaint based on a deposition or testimony in a pending case. The ACS will also not initiate any action based upon a complaint where litigation is contemplated.

7. Was the case settled?

Yes No

8. Did the case result in a jury verdict or court order?

Yes No

If yes, please describe. _____

If no, please explain. _____

Submit documentation of the final adjudication of the lawsuit.

9. State your complaint *with specificity*. State what portion(s) of the College's Statement 8 – Statement on physician acting as an expert witness, was violated.

Please cite *specific portions* of the deposition transcript or trial transcript, with page and/or line numbers in reference to specific complaints. Submit a complete copy of the transcript.

Use additional sheets as necessary.

Do not attach privileged or confidential documents.

NOTE: THIS FORM WITH YOUR IDENTITY SHOWN WILL BE SENT TO THE COLLEGE MEMBER AGAINST WHOM THE COMPLAINT IS FILED TO PROVIDE AN OPPORTUNITY TO RESPOND. ATTACHMENTS MAY ALSO BE SHOWN.

Signed By: _____

Date: _____

Print Name: _____