



National Association of Medical Examiners Ethics Complaint Form

The National Association of Medical Examiners (NAME) investigates ethical complaints against its members in accordance with the Bylaws and the NAME Policies and Procedures. Complaints will be considered by the Ethics Committee when conduct is alleged that potentially violates the Bylaws provisions related to the Code of Ethics and Conduct.

The NAME Ethics Complaint Form shall be used to submit a complaint. A complainant shall specify how the NAME Code of Ethics and Conduct was violated and provide supporting documents.

Please complete this form and return to via email, fax or mail:

National Association of Medical Examiners
15444 Chinnereth Est
Savannah, MO 64485
Phone: 660-734-1891 Fax: 888-370-4893
Website: www.thename.org
Email: name@thename.org

NAME Code of Ethics

As a means to promote the highest quality of professional and personal conduct of its members, the following constitutes the Code of Ethics and Conduct which is endorsed and recommended to be adhered to by all members of the Association:

- A. Every member of the Association shall refrain from exercising professional or personal conduct adverse to the best interests and purposes of the Association or to the medical examiner profession.*
- B. No member of the Association shall materially misrepresent his or her educational training, experience, area of expertise, certification, membership status within the Association or official title or position in a medicolegal system.*
- C. Every member of the Association shall refrain from providing any material misrepresentation of data upon which an expert opinion or conclusion is based.*
- D. Except for the President and Chairperson of the Board of Directors, no member of the Association shall issue public statements which appear to represent the position of the Association without specific authority first obtained from the Board of Directors.*

1. PERSON COMPLETING THIS FORM (COMPLAINANT)

Provide your contact information below.

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Email: _____

2. SUBJECT OF COMPLAINT (RESPONDENT)

Provide the name of the NAME member who is the subject of this complaint.

Name: _____

Affiliation (if known): _____

3. VIOLATION OF THE NAME CODE OF ETHICS AND CONDUCT

Specify below how the alleged conduct violates the NAME Code of ethics and conduct. Check all that apply.

<input type="checkbox"/>	Refrain from exercising professional or personal conduct adverse to the best interests and purposes of the Association or to the medical examiner profession.
<input type="checkbox"/>	No member of the Association shall materially misrepresent his or her educational training, experience, area of expertise, certification, membership status within the Association or official title or position in a medicolegal system.
<input type="checkbox"/>	Every member of the Association shall refrain from providing any material misrepresentation of data upon which an expert opinion or conclusion is based.
<input type="checkbox"/>	Except for the President and Chairperson of the Board of Directors, no member of the Association shall issue public statements which appear to represent the position of the Association without specific authority first obtained from the Board of Directors.

4. DESCRIPTION OF COMPLAINT

Provide a brief description of the alleged actions that are the subject of the complaint. Additional material can be attached (see below).

A large, empty rectangular box with a thin black border, intended for providing a description of the complaint.

5. ATTACHMENTS

Please list and attach documents that substantiate the alleged actions that are the subject of the complaint. Where applicable, complaints should be accompanied by legible copies of documents related to the complaint, for example court transcripts. If court transcripts are provided, the complaint should reference specific page and/or line numbers. The complaint must provide sufficient detail for the NAME Ethics Committee to evaluate the merit of the complaint. Documents will NOT be returned.

List of attachments:

6. YOUR SIGNATURE AND VERIFICATION

By signing below, I certify that the information provided in this complaint is true. I also certify that the documents or attachments herein are true and correct copies, to the best of my knowledge.

Name: _____

Signature: _____