



## American College of Foot and Ankle Surgeons®

### Conflict of Interest Complaint Form (Version January 2013)

#### To the Complainant:

The American College of Foot and Ankle Surgeons (ACFAS) is committed to upholding the highest ethical values and to encourage professional and principled behavior by its volunteer leaders, authors, speakers, and staff. ACFAS has been proactive in ensuring that conflict of interests in governance, clinical papers, or education presentations are avoided, or at very least, fully disclosed. The College's [Conflict of Interest Policies and Disclosure Forms](#) are available for inspection and are signed by all volunteer leaders. The COI forms are updated and reviewed at the start of every governance meeting. Decision-makers with conflicts must recuse themselves from discussion and voting. All authors and speakers are subject to other disclosure policies.

Allegations of conflict of interest are taken seriously by the College. If you believe a conflict of interest has biased a decision, presentation, or scientific paper, you are encouraged to file a complaint to the Board of Directors Conflict of Interest Committee. Your complaint will be reviewed and you will be informed in writing of the outcome of its review and decision.

Concerns of conflicts may also be expressed on education program evaluation forms, but they do not constitute a formal complaint. You must use this complaint form.

Please provide all requested information, sign and date the form, and return it to Executive Director, American College of Foot and Ankle Surgeons, 8725 West Higgins Road, Suite 555, Chicago, IL 60631, or e-mail to [ExecutiveDirector@acfas.org](mailto:ExecutiveDirector@acfas.org). Your complaint will be adjudicated pursuant to College policies, and you will be informed in writing of the outcome of its review and decision.

#### The complaint described below:

Occurred during an educational activity sponsored by ACFAS:

Name of activity: \_\_\_\_\_

Date of activity: \_\_\_\_\_

– or –

Is a general allegation not connected to an ACFAS sponsored educational activity.

**Please state the nature of your complaint and include any background information or evidence you wish to be considered by the investigating committee. Use additional space if needed.**

See additional comments next page

(Signature required): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

