



Expert Witness Complaint Form

Information about Individual Submitting Complaint

Name:
Address:
Phone Number:
Email Address:

Are you a member of the American Urogynecologic Society (AUGS)? Yes No

Information about Member of AUGS Against whom this Complaint is Being Filed

Name:
Address:
Email Address:

Case in which Expert Witness Testimony was Given

Name of Case:
Case number:
Jurisdiction:

Is this case pending? Yes No

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

If you answered yes to either of the previous questions, do not continue with your complaint. AUGS will not accept a complaint based on a deposition or testimony in a pending case. AUGS will also not initiate any action based upon a complaint where litigation is contemplated.

Was the case settled? Yes No

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.

State your complaint with specificity. State what portion(s) of AUGS' 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 IDENTIFY SHOWN WILL BE SENT TO THE AUGS MEMBER AGAINST WHOM THE COMPLAINT IS FILED TO PROVIDE AN OPPORTUNITY TO RESPOND. ATTACHMENTS MAY ALSO BE SHOWN.

Signed by: _____

Date: _____

Print Name: _____