COMPLAINT CONSENT FORM

**SUBMISSION INSTRUCTIONS**

Please submit the signed and completed consent form as a PDF to lcme@aamc.org. The consent form must be signed with a handwritten signature (meaning the form will need to be printed, signed, and scanned as a PDF) or with an electronic or digital program signature. Typed signatures will not be accepted.

I,

 Click here to enter text.

 *(Name of Complainant or Corroborator)*

hereby provide consent and authorization for the following:

1. I authorize the LCME to release my complaint or corroborating letter and other written

 materials to the dean of

Click here to enter text.

 *(Name of Medical School)*

 (the “School”), to members and staff of the LCME, to their respective attorneys, and to

 other persons authorized by the School, required by law, or necessary, in the discretion

 of the LCME, to full investigate the complaint against the School.

1. I authorize the School to release any information and materials deemed necessary by

 The LCME.

Click here to enter text.

Signature

Click here to enter text.

Name (please print)

Click here to enter text.

Date