



REHABILITATION PROVIDER COMPLAINT FORM

The Department of Labor and Industry investigates complaints against workers' compensation vocational rehabilitation providers, which include qualified rehabilitation consultants (QRCs), QRC interns, QRC firms, registered job placement specialists, and/or rehabilitation vendors. If the investigation indicates that the rehabilitation provider has violated Minnesota Statutes or rules, the Department of Labor and Industry may initiate a disciplinary proceeding against the person. The laws and rules that govern disciplinary proceedings against rehabilitation providers are in [Minn. Stat. § 176.102, subd. 3a](#); [Minn. R. 5220.1806](#); and [Minn. Stat. § 14.57 to 14.62](#).

Please complete this form as fully as you can to help us process your complaint. If you do not have all of the information requested, you may leave the space blank. If you have questions, contact Mike Hill at (800) 342-5354, ext. 5153.

Your Name:		Company:	
Address:			
City:		State:	Zip Code:
Telephone:		Today's Date:	
Cell Phone:		E-mail:	
Please Describe Yourself		Who Are You Filing the Complaint Against?	
Injured Worker		Qualified Rehabilitation Consultant (QRC)	
Attorney		Job Placement Vendor	
QRC or QRC Intern		QRC Firm	
Job Placement Vendor		Disability Case Manager	
Insurer/Employer		QRC Intern	
Other:		Other:	
ABOUT THE REHABILITATION PROVIDER OR FIRM			
Provider's Name:			
Address:			
City:		State:	Zip:
Telephone:		Date(s) of the Incident:	

INJURED WORKER INFORMATION

Employee's Name: _____

Date of Injury: _____

Workers' Identification Number (WID): _____

Please type or print what your complaint is about and attach additional pages as needed. Also, submit any documentation that supports the nature of the complaint:

NATURE OF COMPLAINT (please check all those that apply)

Placement vendor functioning as QRC	Rehabilitation provider has fee arrangement which compromises services
Rehabilitation provider misrepresented self	QRC's disclosure statement false or misleading
Copies of forms, reports, correspondence not provided as requested	R-2 form not filed within 45 days of 1st in-person meeting
R-8 form not filed with narrative history of rehabilitation services provided	Engaging in conduct likely to deceive
QRC failed to monitor the activities of the QRC intern or placement person	Prompt and necessary services not being provided
Rehabilitation provider performing claims adjustment, investigation activities, etc.	QRC's failure to monitor the activities of the QRC-intern or vendor
QRC authorizing or denying payment of medical services or bills	Collection of fees for services from the injured worker
Rehab. provider arranged for medical examinations not rec'd by treating doctor	QRC's objectivity or neutrality questioned
Services provided were outside of the approved rehabilitation plan	Reporting or filing false information
Engaging in adversarial communication or activity	Failure or inability to perform professional services because of negligence, habits, etc.
Services continued after request to suspend or terminate the plan filed	Engaging in fraudulent billing practice
Knowingly aiding, assisting, advising or allowing an unqualified person to provide rehabilitation services	Obtaining money, property, or services other than reasonable fees
QRC not communicating with Managed Care Nurse	Failure to see that client is placed into suitable job
Rehabilitation provider engaging in sexual conduct with client	Making a recommendation for settlement or retirement
Failure to maintain activity on a case without advising the parties why	DLI-QRC Issue: _____
Unlawful discrimination against any person due to basis of age, gender, religion, race nationality, sexual preference or behaviors	Other:

NOTICE:

Private or confidential information you provide on this form, and in later communications or proceedings, will be used by Department of Labor and Industry staff to process and investigate your complaint. The information may also be used for statistics. You are not required to submit this form or provide all of the information requested on the form. However, if you do not provide all of the information, we may not be able to fully investigate the claim or contact you with additional questions. During the investigation we will not identify you as the complainant unless you authorize us to do so below. In some cases we will not be able to investigate your complaint if you do not authorize us to identify you.

RELEASE OF INFORMATION REGARDING A COMPLAINT ABOUT A REHABILITATION PROVIDER	
Please check one of the boxes below, then sign and date it.	
<input type="checkbox"/>	<p>I authorize the Department of Labor and Industry to release my name as the complainant to the rehabilitation provider named in this complaint and to any other person as necessary to investigate my complaint. I also authorize the Department to release to the rehabilitation provider and any other person whatever facts the Department believes are necessary to investigate the complaint.</p> <p>I understand that while the Department is investigating my complaint, the information I provide may also be released to those authorized by law to receive the information, such as representatives of the Department of Labor and Industry; the office of the Attorney General; the Office of Administrative Hearings; and anyone having a court order or otherwise authorized by law to obtain the information. I understand that after the investigation is complete, information about me might become public or might be introduced as evidence in a court hearing in a disciplinary proceeding against the rehabilitation provider.</p>
<input type="checkbox"/>	<p>I do not authorize the Department of Labor and Industry to release my name or any information that would identify me to the rehabilitation provider named in this complaint. I understand that the Department may not be able to investigate my complaint if the investigation will require the Department to disclose information that would identify me.</p>

Signature

Date

Return all pages and any supporting documentation to:

**Personal & Confidential –
Michael Hill, Rehabilitation Policy Specialist
Department of Labor & Industry
443 Lafayette Road N.
St. Paul, MN 55155**