



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?	
<input type="checkbox"/>	Injured Worker	<input type="checkbox"/>	Qualified Rehabilitation Consultant (QRC)
<input type="checkbox"/>	Attorney	<input type="checkbox"/>	Job Placement Vendor
<input type="checkbox"/>	QRC or QRC Intern	<input type="checkbox"/>	QRC Firm
<input type="checkbox"/>	Job Placement Vendor	<input type="checkbox"/>	Disability Case Manager
<input type="checkbox"/>	Insurer/Employer	<input type="checkbox"/>	QRC Intern
<input type="checkbox"/>	Other:	<input type="checkbox"/>	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: _____

Social Security Number or Workers' Identification Number (if available): _____

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:

