

Rehabilitation provider complaint

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

Complete this form as fully as you can to help DLI process your complaint. If you do not have all of the information requested, you may leave the space blank. If you have questions, call Jordan Trumbo at 800-342-5354, ext. 5153, or email at jordan.trumbo@state.mn.us.

Your name:		Company:	
Address:			
City:		State:	ZIP code:
Telephone:		Today's date:	
Cell phone:		Email:	
I am:		I am filing a complaint against:	
<input type="checkbox"/>	an injured worker	<input type="checkbox"/>	a QRC
<input type="checkbox"/>	an attorney	<input type="checkbox"/>	a job-placement vendor
<input type="checkbox"/>	a QRC or QRC intern	<input type="checkbox"/>	a QRC firm
<input type="checkbox"/>	a job-placement vendor	<input type="checkbox"/>	a disability case manager
<input type="checkbox"/>	an insurer or employer	<input type="checkbox"/>	a QRC intern
<input type="checkbox"/>	Other (describe):	<input type="checkbox"/>	Other (describe):
About the rehabilitation provider or firm			
Provider's name:		Company name:	
Address:			
City:		State:	ZIP code:
Telephone:		Date(s) of the incident:	
Injured worker information			
Employee's name:		Worker identification (WID) number:	
Date of injury:		Claim number:	

Type or print what your complaint is and attach additional pages as needed. Also submit any email messages, letters, reports, text messages, etc. that support the complaint.

Nature of the complaint (check all that apply)

	More than one QRC is working on injured worker's claim/rehabilitation file. 5220.1801, subp. 2
	QRC from different firm doing an independent evaluation when there is no dispute. 5220.1801, subp. 5
	QRC or placement vendor advising on claims issue or performing claims related activities, etc. 5220.1801, subp. 8
	Reported, filed false or misleading information or a statement in connection with a rehabilitation case 5220.1801, subp. 9 A
	Failure or inability to perform professional rehabilitation services with reasonable skill because of negligence, habits or other cause. 5220.1801, subp. 9 E
	QRC failed to monitor a vendor or QRC intern, or the failure of a rehabilitation provider to adequately monitor the performance of services provided by a person working at the rehabilitation provider's direction. 5220.1801, subp. 9 E
	Engaged in conduct likely to deceive, defraud or harm the public, or demonstrating a willful or careless disregard for the health, welfare or safety of a rehabilitation client. 5220.1801, subp. 9 F
	Engaged in fraudulent billing practice. 5220.1801, subp. 9 I
	Requested or reported information not directly related to an employee's rehabilitation plan. 5220.1801, subp. 9 K (1)
	Made a recommendation about a settlement agreement or retirement. 5220.1801, subp. 9 L

	Failure to take care that the employee was placed in a job within their physical restrictions. 5220.1801, subp. 9 N
	Failure to maintain service activity on a case without advising the parties of the reason why service activity might be stopped or reduced. 5220.1801, subp. 9 O
	Unlawful discrimination against a person. 5220.1801, subp. 9 Q
	Rehabilitation provider did not accurately represent their level of skill and competency to the department, the public and colleagues. 5220.1801, subp. 10
	Rehabilitation provider did not understand the areas of competence of other professional persons with whom the rehabilitation client establishes relationships. 5220.1801, subp. 10
	Rehabilitation provider did not disclose any potential conflicts of interest to the parties to the case and their attorneys. 5220.1801, subp. 11
	Failure to provide copies of all required reports and progress records to the parties. 5220.1802, subp. 3
	Failure to cooperate in transferring all required rehabilitation reports and progress records, and incurred rehabilitation cost information along with other relevant information, within 15 days from the receipt of notice that a new QRC is assigned. 5220.1802, subp. 4a
	Rehabilitation provider engaged in communications with health care provider(s) without the written consent of the employee, such as scheduling self to attend medical appointments. 5220.1802, subp. 5
	Rehabilitation provider did not safeguard and maintain under conditions of security all information obtained in the course of providing rehabilitation consultation and services and shall limit records access. 5220.1802, subp. 5
	QRC did not furnish other rehabilitation providers designated by the rehabilitation plan with copies of all appropriate medical and rehabilitation reports necessary for effective service provision by the other providers. 5220.1802, subp. 5
	QRC did not, at the first in-person contact, instruct employees of their rights and responsibilities and disclose any ownership or business referral arrangement, whether documented or not. 5220.1803, subp. 1a
	QRC provided medical, rehabilitation or disability case management services and statutory rehabilitation services for the same client. 176.102, subd. 10 (c)
	Rehabilitation provider misrepresented themselves, their duties or credentials. 5220.1805 B
	Has a fee arrangement that prevents or compromises individualized assessment and services for the client. 5220.1805 F
	DLI QRC issue (describe):
	Other (describe):

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 members 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. However, if you do not provide all of the information, DLI may not be able to fully

investigate the claim or contact you with additional questions. During the investigation DLI will not identify you as the complainant unless you authorize DLI to do so below. In some cases, DLI will not be able to investigate your complaint if you do not authorize DLI to identify you.

Release of information regarding a complaint about a rehabilitation provider

Check one of the boxes below, then provide your signature and the date.

<input type="checkbox"/>	<p>I authorize the Minnesota 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 Minnesota 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 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>		
<table border="1"><tr><td>Signature</td><td>Date</td></tr></table>		Signature	Date
Signature	Date		

Send this completed form and any supporting documentation to:

Personal and confidential
Jordan Trumbo, MS, CRC
Rehabilitation policy specialist
Department of Labor and Industry
443 Lafayette Road N.
St. Paul, MN 55155

Or send by encrypted email to jordan.trumbo@state.mn.us.