

CDMS COMPLAINT FORM

This form is supplied by the Certified Disability Management Specialists (CDMS) to individuals (Complainants) who wish to submit a complaint against an individual certified by the CDMS. In order to file a complaint, you must complete this form and mail it in an envelope marked "Confidential" to: Ethics & Professional Conduct Committee, CDMS, 1120 Route 73, Suite 200,

Mount Laurel, NJ 08054.

This complaint form is an official form and must be completed in its entirety, signed, and submitted to the Commission along with suitable documentation in support of this complaint. Upon receipt, the Ethics & Professional Conduct Committee will determine whether an inquiry can be initiated under its authority.

(PLEASE TYPE OR PRINT LEGIBLY)

SECTION I

Your Name (*hereinafter referred to as "Complainant"*): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

SECTION II

Name of Respondent (must be a CDMS credentialed individual): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Please respond to each of the following:

SECTION III

Cite specific Rule(s) alleged to have been violated:

SECTION IV

Cite the nature of your complaint and specific dates and events (supplemental attachments must be signed and dated):

SECTION V

List supporting documentation attached (e.g., invoices and payments, signed statements from physician(s) and other rehabilitation professional personnel, correspondence to and from certificant, etc.):

IMPORTANT

1. By signing this form, I affirm that the allegations set forth in this complaint and any accompanying materials are based on my own personal knowledge and are true and correct to the best of my knowledge and belief. I further affirm that I have submitted any and all information and materials that I believe relate to the allegations set forth in the complaint currently available to me, and that I will provide the Commission with any and all additional information, if any, as it becomes available, whether or not requested by the Commission. I understand and agree that all information and materials provided by me in connection with this complaint may be used as evidence by the Ethics & Professional Conduct Committee and/or the Commission.
2. Further, by signing this form, I acknowledge that all information, including a copy of this complaint form, any accompanying letters of complaint, and supporting documentation will be submitted to the Ethics & Professional Conduct Committee, the certificant (in the event that an inquiry is initiated), and may be forwarded to the CCMC Commissioners, if necessary. I understand that, in the event this complaint is accepted by the Ethics & Professional Conduct Committee, the certificant will be requested to submit evidence addressing the allegations of the complaint.
3. Further, by signing this form, I hereby acknowledge that I must treat all information relating to this Complaint as confidential, and that the Commission will keep all information it receives strictly confidential, except to the extent disclosed to the Committee, the Certified Disability Management Specialist (CDMS), CCMC staff and attorneys, or as required by law, regulation, or court order to disclose the information.
4. By signing this Form, I hereby grant permission to the Board-Certified Disability Management Specialist to release all records of communications and interactions between the Board-Certified Disability Management Specialist and Client to the Committee and to answer all questions the Committee may have concerning such communications and interactions. I understand that if I am not the Client, I must obtain written authorization from the Client to disclose Client information or remove such information from the materials submitted in connection herewith. I grant permission to allow the Committee to send copies of any materials submitted in conjunction with the Complaint to the Board-Certified Disability Management Specialist.
5. By signing this Form, I hereby agree to indemnify and hold the Commission, including, without limitation, Committee members, Commissioners and other persons acting for or on behalf of the Commission or the Committee, harmless from any and all claims or actions by me or on my behalf or on behalf of a Client arising out of or relating to the processing of this Complaint and/or decisions made by the Committee or the Commission in connection herewith.
6. By signing this Form, I hereby acknowledge that I have read the Code and Procedures and understand the process applicable to this Complaint.
7. To the extent I am the Client or am filing this Complaint on behalf of a Client, I have submitted herewith an appropriate HIPAA release. To the extent I am filing this Complaint on behalf of a Client, I also have submitted appropriate evidence of authority to act on behalf of the Client.

Signature of Self-Reporter

Date

Sworn and subscribed before me this _____ day of _____, _____

Notary Public

My commission expires: _____