



Guidelines for DME Complaints

Thank you for contacting the Colorado Secretary of State's DME Public Program. The Secretary of State has jurisdiction to investigate possible violations of the Colorado Durable Medical Equipment Supplier License Statute. If a violation occurred, it may result either in a request for a plan of correction or in disciplinary action against the DME Supplier, up to and including a DME license revocation hearing.

This memo provides some guidelines regarding the complaint-handling process. These guidelines are meant to help you understand what we will be doing with your complaint.

1. **We do not represent you.** Any action that we take is on behalf of the state and citizens in general. By accepting your complaint, we have not agreed to represent you in any capacity.
2. **Our jurisdiction is limited to violations of the DME License Statute.** Our investigations are not designed to provide individual remedies. In addition, we do not have jurisdiction over civil or criminal matters. If you have concerns about civil or criminal questions related to this DME complaint, you should seek your own legal counsel. Additionally, all complaints will be automatically forwarded to the federal Centers for Medicare and Medicaid, as Medicare is a federal program.
3. **How you can help us to evaluate your complaint:** In order to help us accurately evaluate your complaint, include copies of all relevant documents with your complaint form. Don't send original documents; keep the originals for your own records.

If your documents contain confidential information, such as social security numbers, bank numbers, or similar items, redact those numbers from the copies of the documents before submitting them.

4. **What we might ask you to do:** In order to fully investigate your claims, we will need your full cooperation. We may ask you to provide us with additional information in writing or in an interview. In addition, while the great majority of complaints are resolved without a hearing, you might be asked to be a witness. If you are unable or unwilling to testify about your complaint, please let us know.

This office can't provide legal advice to you. To preserve any legal rights you may have, you may wish to seek a private attorney.

Thank you for your time, and we appreciate your bringing this situation to our attention.

DME Complaint Form

DME Program

Colorado Secretary of State

1700 Broadway, Ste. 550 Denver, CO 80290

Phone: 303-894-2200

Fax: 303-869-4864

Email: dme@coloradosos.gov

Website: www.coloradosos.gov

All pages of this form must be typed and submitted. Form can be mailed or scanned and emailed.

Your Information

Name

Street address

City

State

ZIP code

Province (if applicable)

Country

DME Supplier Information

DME Supplier Name

License #

License expiration date

Street address

City

State

ZIP code

Phone number

Email address



Complaint

Date of violation

Select violation(s) that occurred (See [DME complaint FAQs](#) for additional information):

- Geographic violation
- Accreditation violation
- Staffing violation
- Business hours violation
- Sufficient inventory violation
- License violation
- Other (enter details below)

Enter detailed information regarding the violation(s) below. Attach additional pages if necessary.

Attachments

Attach copies of any related documents.

I have attached copies of all related documentation.

Center for Medicare and Medicaid Services (CMS)

A The form you are completing is a state complaint form. To place a federal complaint, please visit [CMS.gov](https://www.cms.gov)

I have notified CMS of this complaint.

Complaint review

We will review your complaint to determine if a violation of the Colorado Durable Medical Equipment Supplier License Statute has occurred. If the evidence supports a probable violation, we will process your complaint. We may resolve the matter informally or investigate further. You may be asked to provide additional information.

The supplier that you filed the complaint against will be given a summary of the complaint and copies of any relevant documentation that you submitted. The supplier is required to respond to the complaint.

Can we disclose your name and address to the supplier that is the subject of the complaint?

Yes No

Are you willing to testify about this complaint in an enforcement proceeding?

Yes No

Notarized signature

Must be signed before a notary public.

I solemnly affirm, under penalty of perjury, that I have read the preceding information, and it is true to the best of my knowledge and belief.

Signature

Date

State of _____

County of _____

Subscribed and affirmed before me this _____ day of _____, 20____, by

Notary Public

[Insert seal above]