



## Guidelines for DME Complaints

Dear Constituent:

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

For office use only

Colorado Secretary of State  
DME Program  
1700 Broadway, Ste. 200  
Denver, CO 80290

Phone: 303-894-2200, press 2  
Email: [dme@sos.state.co.us](mailto:dme@sos.state.co.us)  
Form can be mailed or scanned and emailed.

All pages of this form must be typed and submitted.

## Your information

Last name		First name	
<input type="text"/>		<input type="text"/>	
Street address			
<input type="text"/>			
City		State	ZIP code
<input type="text"/>		<input type="text"/>	<input type="text"/>
Home phone number		Business phone number	
<input type="text"/>		<input type="text"/>	
Email address			
<input type="text"/>			

## DME Supplier information

DME Supplier name		
<input type="text"/>		
License #	License expiration date	
<input type="text"/>	<input type="text"/>	
Street address		
<input type="text"/>		
City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone number		
<input type="text"/>		
Email address		
<input type="text"/>		

## 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)**

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

<SEAL>

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_