
CDMS COMPLAINT FORM

This form is supplied by the Certified Disability Management Specialists Commission (CDMS Commission) to individuals (complainants) who wish to submit a complaint against an individual certified by the CDMS Commission. In order to file a complaint, you must complete this form and mail it in an envelope marked "Confidential" to: Executive Committee, CDMS Commission, 8735 W. Higgins Rd, Suite 300, Chicago, IL 60631.

This complaint form is an official form and must be completed in its entirety, signed, and submitted to the CDMS Commission along with suitable documentation in support of this complaint. Upon receipt, the Executive 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:

Email:

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 CDMS Commission with any and all additional information, if any, as it becomes available, whether or not requested by the CDMS 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 Executive Committee and/or the CDMS 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 Executive Committee, the certificant (in the event that an inquiry is initiated), and may be forwarded to the CDMS Commissioners, if necessary. I understand that, in the event a complaint is accepted by the Executive Committee, the certificant will be requested to submit evidence addressing the allegations of the complaint.
3. Further, by signing this form, I acknowledge that I must treat all information as confidential, and that the CDMS Commission will keep all information it receives strictly confidential, except if it discloses the information to its attorneys, the respondent, or me, or is required by law, regulation, or court order to disclose the information.
4. I further acknowledge that I have read the enclosed Rules and Procedures and understand the process applicable to professional ethics complaints.

Signature of Complainant

Date

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

Notary Public

My CDMS certification expires: