

**Revisions to Form CMS-10287: Medicare Quality of Care Complaint Form  
OMB-0938-1102**

**APPLICATION/UPDATE FORM**

| <b>Issue #</b> | <b>Page #</b> | <b>Section</b>  | <b>Action to be performed</b>   | <b>Changes to the Application</b>  | <b>Reason for the Change</b>   |
|----------------|---------------|---|---|--|--|
| 1.             | 2             | Page 2 of the Medicare Quality of Care Complaint Form | <b>Original Text:</b><br>10. By signing this form, I am requesting that the QIO review my complaint and ensure a satisfaction survey is sent to me concerning my complaint. | <b>Replace:</b><br>10. By signing this form, I am requesting that the QIO review my complaint. | The current language as stated may allow for misinterpretation of whether a beneficiary would like to receive the satisfaction survey if he/she were to select “no” on question #9 |