



## **Workers' Compensation Complaint Form**

Este formulario está disponible en español en el sitio web de la División en  
<https://www.tdi.texas.gov/forms/dwc/dwc154compl.pdf>

Para obtener asistencia en español, llame a la División al 800-252-7031.

### **Complainant Information (Person Filing Complaint)**

1. <b>Name*</b> (First, Middle, Last)	2. <b>Date of Complaint</b> (mm/dd/yyyy)	3. <b>Email Address</b>
4. <b>Address</b> (Street or P.O. Box, City, State, ZIP Code)		5. <b>Phone Number</b> (      )

\*Required under Texas Labor Code [§402.023\(d\)\(2\)](#)

### **Injured Employee Information**

6. <b>Name</b> (First, Middle, Last)	7. <b>Phone Number</b> (      )
8. <b>Address</b> (Street or P.O. Box, City, State, ZIP Code)	
9. <b>DWC Claim # (if known)</b>	
10. <b>Employer</b> (at time of injury)	
11. <b>Date of Injury</b> (mm/dd/yyyy)	

### **Complaint**

A **complaint** is a written allegation that a system participant has violated [Title 5, Subtitle A, of the Texas Labor Code](#) or Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) rules. If your issue is a **complaint**, please describe the facts of the alleged violation of workers' compensation laws or rules, including the dates or time period during which the violation occurred, in the space below (attach additional pages if necessary). Also include the following information:

- the nature of the violation, including specific sections of Title 5, Subtitle A, of the Texas Labor Code or TDI-DWC rules alleged to have been violated, if known;
- name and contact information of the subject of or parties to the complaint, if known; and
- name and contact information of witnesses, if known.

**Example:** *By failing to send my impairment income benefit check for the week of December 13<sup>th</sup>, ABC Insurance Company violated Texas Labor Code section 408.081, which requires weekly payment of income benefits. The insurance adjuster is Mr. Jones and his phone number is (512) 555-1234.*

### **12. Description of Complaint**

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## Frequently Asked Questions

### **What types of documentation should I submit to support my complaint?**

Please submit any supporting documentation with your complaint. Supporting documentation may include:

- medical bills;
- explanations of benefits (EOBs);
- copies of invoices or checks;
- evidence of communications (written correspondence or documentation of conversations) between you and the insurance carrier, attorney, or health care provider, including names, dates, and phone numbers;
- proof of timely submission or filing (for example, certified receipts or fax receipts);
- off-work slips;
- copies of relevant DWC forms;
- photographs, reports, and recordings (video, audio, surveillance) if fraud is alleged; and
- any other documentation to support your complaint.

### **Where can I find additional information about complaints?**

- Texas Labor Code [§402.023](#), Complaint Information, and [§402.0235](#), Priorities for Complaint Investigation;
- 28 Texas Administrative Code [§180.2](#), Filing a Complaint; and
- The "File a Complaint" section of the TDI-DWC website, <https://www.tdi.texas.gov/wc/ci/wccomplaint.html>.

### **Is the information I submit confidential?**

The information in TDI-DWC's investigation files is confidential per Texas Labor Code §402.092 and generally may not be disclosed except:

- in a criminal proceeding;
- in a hearing conducted by TDI-DWC;
- on a judicial determination of good cause;
- to a governmental agency, political subdivision, or regulatory body if the disclosure is necessary or proper for the enforcement of the laws of this or another state or of the United States; or
- to an insurance carrier if the investigation file relates directly to a felony regarding workers' compensation or to a claim in which restitution is required to be paid to the insurance carrier.

In addition, TDI-DWC investigation files are not open records for purposes of the Public Information Act, Chapter 552, Government Code.

### **How do I submit my complaint and supporting documentation to DWC?**

**E-mail:** [DWCCOMPLAINTS@tdi.texas.gov](mailto:DWCCOMPLAINTS@tdi.texas.gov)

**Fax:** (512) 490-1030

**Mail:** Texas Department of Insurance  
Division of Workers' Compensation  
PO Box 12050  
Austin, Texas 78711

For questions or assistance with submitting a workers' compensation complaint, call **(800) 252-7031**.

**Note:** With few exceptions, on your request, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact [DWCLegalServices@tdi.texas.gov](mailto:DWCLegalServices@tdi.texas.gov) or refer to the Corrections Procedure section at [www.tdi.texas.gov/commissioner/legal/lccorprc.html](https://www.tdi.texas.gov/commissioner/legal/lccorprc.html)