

Texas Workforce Commission

A Member of Texas Workforce Solutions

Complaint Form

You may email this form to: customers@twc.texas.gov or call Customer Relations at 800-628-5115. You can also submit a complaint to the Ombudsman Office at Ombudsman@twc.texas.gov.

Instructions: Please complete this form to the best of your ability. Provide as much detail as possible. Your complaint will be reviewed and investigated. You may be contacted for further information. All information provided is subject to the Texas Open Records Act.

Your Information (Complainant)

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Are you filing this complaint on your own behalf? Yes No

If No, please explain your relationship to the person on whose behalf you are filing:

Information Regarding the Civil Rights Employee

Name of Civil Rights Employee (if known):

Date(s) of Incident(s) Giving Rise to This Complaint:

Approximate Time(s) of Incident(s):

Description of Complaint

Please describe in detail the specific actions or inactions of the Civil Rights Division employee that you are complaining about. Be as clear and specific as possible. Include dates, times, locations, and the names of any other individuals involved or who witnessed the incident(s).
