

# Texas Workforce Commission

A Member of Texas Workforce Solutions

## Complaint Form

You may email this form to: [customers@twc.texas.gov](mailto: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](mailto: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):

\_\_\_\_\_

