

Incident Report Form

Risk & Security Management (RSM)

Report incidents involving Texas Workforce Commission, Workforce Solutions staff or customers using this form, as detailed in **WD Letter 01-26**. Submit completed forms to incidentreports.rsm@twc.texas.gov within 48 hours (24 if law enforcement is involved), following WD Letter guidelines. For help, contact risk.securitymanagement@twc.texas.gov or 512-936-7475.

Section 1: General Information

Board area:

Office/Facility Name and Address:

Incident type:

Explain other:

Incident date:

Incident time:

Report date:

Location of the incident (address, building, room, etc.):

Program:

Explain other:

Section 2: Description of Incident

Describe any injuries that occurred:

Briefly summarize the incident including who, what, where, when, how, and why:

Section 3: Reports to Other Agencies

If reports to other agencies were made, list the agency's or official's name(s) and the report number(s):

Section 4: Persons Involved

First Person Involved Section

Witness Workforce Solutions staff Customer
Other, please specify:

Name:

Contact Number:

Work telephone:

Email

Second Person Involved Section

Witness Workforce Solutions staff Customer
Other, please specify:

Name:

Contact Number:

Work telephone:

Email

Section 5 Emergency Services

Were emergency services called? Yes No

First Responders Section

Service or responder:

Badge or vehicle number:

Time notified:

Arrival time:

Departure time:

Name of officer in charge:

Form completed by:

Position/title:

Phone Number/Email: