INCIDENT REPORT INSTRUCTIONS

**Purpose:**

**To report non-fraud related incidents involving customers and staff.**

**Procedure:**

# As soon as possible after an incident has occurred, Workforce Solutions staff must answer all questions on the form as completely as possible and attach any relevant documents or physical evidence.

# **When to Prepare:**

# To preserve the integrity of the information available, the preparer should complete the form immediately upon becoming aware of reportable circumstances.

**Transmittal:**

Use the address below to e-mail the Incident Report to Workforce Board Staff. **In no event will the Incident Report be submitted later than the day the incident occurred.**

**E-Mail** – Incidentreports@wrksolutions.com – e-mail text must not contain details of the incident. The incident report and support documents transmitted through wrksolutions.com email does not have to be encrypted (password protected). In subject line enter “*Incident Report – (Office name) (mm/dd/yy)*”.

Workforce Board staff will submit the report to TWC.

**Instructions for completing the form:**

The fields in the form provide two methods for entering information. Some fields require staff to type in any required information, whereas other fields require staff to select information from a drop-down list.

**Section I: General Information**

***Board area/ office/region –*** Enter Gulf Coast and the office where the incident occurred (i.e. Gulf Coast – Westheimer).

***Incident Type*** — Select the most appropriate description from the drop-down list

***Incident Date*** — Enter the date the incident occurred.

***Incident Time*** — Enter the time the incident occurred.

***Report Date*** — Enter the date the report is completed and submitted.

***Location*** ***of the incident*** — Enter the address, city, building and room or area where the incident occurred.

***Program*** - Select the most appropriate description from the drop-down list. If other, provide a written description.

**Section II: Description of Incident**

Space provided for a full description of the incident. Include names (if known), model numbers of damaged or stolen equipment, observations of witnesses, the sequence of events, and any other information relevant to the incident. The field will expand to fit the text entered.

**Section III: Report to Other Agencies**

Space provided to insert information concerning other agencies and if there was media coverage.

**Section IV: Subject Information**

Space is provided to identify two primary persons, or subjects, involved in the incident. They may be designated by checkbox as employee, person involved, witness, Workforce Board Staff and/or other. Check all that apply.

***Employee*** — check this box if the subject is an employee of Texas Workforce Commission or Texas Workforce Solutions

***Person Involved*** — check this box to identify a person involved in the incident

***Witness*** — check this box to identify a person who witnessed the incident or was the first person to become aware of the effects of the incident.

***Workforce Board Staff*** — check this block to indicate board staff

***Other*** — check this blockfor all others

***Name, Address, Phone Numbers, ID*** — provide complete contact information for the subject in the event subsequent details regarding the incident are needed

**Section V: Property Involved**

Provide details of all state property either damaged or missing as a result of the incident. Include serial and/or asset tag numbers if known, value of the property, extent of damage, and as many details as available on circumstances of the incident.

**Section VI: Emergency Services Notification(s) / Response(s)**

First select a response whether a call was made to request emergency services (i.e. 911, EMS, Fire, or Police). Then indicate by selecting from a drop-down menu which emergency services were notified and which responded. Note the times of the initial calls, the arrivals and departures. Record names of the officers in charge and obtain a copy of any reports completed by emergency responders (e.g. police report). Copies of these reports may be scanned and attached to the email when submitting the RSM-3120, or they may be subsequently mailed to the recipients of the form. Indicate in the email or on the form if a police report or other document will be forwarded in hardcopy form.

**Section VII: Security Measures**

Write a brief description of immediate safety and security actions taken in response to the incident.

**Section VIII: Additional Information**

This is to be used for documentation that is not captured elsewhere on the form.

**Section IX: Submitting the Form**

In all cases, the person completing the form must include their name, job title, and contact information and submit the form by email to Incidentreports@wrksolutions.com.