

*Texas Workforce Commission
Office of Investigations*

CUSTOMER INCIDENT REPORT

DATE SUBMITTED _____

SUBMITTED BY _____ TITLE _____

PHONE NUMBER _____

BOARD AREA _____ CONTRACTOR _____

I. REPORT SOURCES

1. Has the incident been reported to other agencies or responsible officials?

Yes, Name of agency(ies) or official(s) _____ Report # _____
 No

2. Is a copy of the outside agency report attached?

Yes No N/A

3. Has there been media coverage?

Yes No

If yes, please describe coverage. Attach copies of any relevant materials such as newspaper clippings, recordings or Internet links.

II. INCIDENT INFORMATION

4. When did the incident-related event occur?

Date _____ Time _____

5. Was there injury to the participant or others? Yes No

If yes, please describe:

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6. Was there property damage? Yes No

If yes, please provide:

Property Description _____ Estimated Value \$ _____

7. Are there relevant documents/records available? Yes No

If yes, please describe _____

If yes, are copies of the relevant documents/records attached? Yes No

If not, where are the documents/records located? _____

8. Identify any other individual/witness who may have information about to the incident:

Name _____ Phone _____

Name _____ Phone _____

9. Name of Participant _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number: _____

Other Identifiers: SSN _____ DOB _____ TX DL# _____

Name of Parent or Guardian if applicable _____

10. What program(s) are involved in the incident?

- WIA
- CHILD CARE
- CHOICES
- ES/ PROJECT RIO / VETS
- SNAP E&T
- UI
- Other: _____

11. Briefly summarize the incident (attach original complaint document, if applicable, and/or additional pages if needed):

