

## **Workers' Compensation Complaints**

As a workers' compensation health care provider, we are required to comply with the Texas Department of Insurance (TDI), Division of Workers' Compensation (DWC).

If you are a workers' compensation patient and need help filing a complaint, call 1-800-252-7031, from 8 a.m. to 5 p.m., Central Time, Monday to Friday.

## Steps to file a complaint:

- 1. All complaints must be in writing. You can either:
  - Download and print the complaint form (DWC Form-154).

English complaint form:

https://www.tdi.texas.gov/forms/dwc/dwc154compl.pdf

Spanish complaint form:

https://www.tdi.texas.gov/forms/dwc/dwc154scompl.pdf

ΛI

- · Send us an email or letter.
- 2. Gather any documents you think will support your complaint.
- 3. Submit your complaint and supporting documents to one of the following:

Email	DWCCOMPLAINTS@tdi.texas.gov
Fax	1-512-490-1030
In	DWC Field Office
Person	1601 Congress Ave.
1 013011	Austin, TX 78701
Mail	Texas Department of Insurance, Division of Workers' Compensation
	Compliance and Investigations, Mail Code CI
	PO Box 12050
	Austin, TX 78711