OFFICE OF INJURED EMPLOYEE COUNSEL

OIEC Customer Complaint Form

Name: _____ Date: _____

Address: _____ Phone number: (_____)_____

City: _____ DWC #: _____

State: _____Zip Code: _____ Organization (if any): _____

OIEC cares about your issue.

(1) Please describe your complaint in the space provided,
(2) Print the form, and
(3) Submit the printed form to: OIEC, 7551 Metro Center Drive, #100, MS-50, Austin, TX 78744

Thank you for your time in noting your above concern. OIEC will make every effort possible to review your complaint and take action if necessary. We will provide a response to you within 30 business days from the date the complaint was received in the Central Office.

For OIEC use only

Date Received:_____ Date Action Taken:_____

NOTE: With few exceptions, upon your request, you are entitled to be informed about the information the Office of Injured Employee Counsel collects about you; receive and review the information (Government Code, §§552.021 and 552.023); and have the Office of Injured Employee Counsel correct information that is incorrect (Government Code, §559.004).

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