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To: Texas Workers' Compensation System Participants  
From: Dan LaBruyere, Deputy Commissioner for Compliance and Investigations  
Date: October 20, 2025  
Subject: Revised DWC Form-154, *Workers' Compensation Complaint Form*

The Texas Department of Insurance, Division of Workers' Compensation (DWC) is accepting public comments on changes to an existing form: DWC Form-154, *Workers' Compensation Complaint Form* (DWC Form-154).

The DWC Form-154 is the form for individuals to complain about instances of administrative violations committed by system participants. Anyone with knowledge of a violation of Texas Labor Code, Title 5, Subchapter A; Texas Administrative Code, Title 28, Part 2; or a decision or order of the commissioner of workers' compensation can use the DWC Form-154 to file a complaint. The proposed changes add sections 10 and 11 to the existing DWC Form-154. These revised sections will allow complainants to specify, if known, the identity of the person or company their complaint is against. This will allow for faster processing of complaints, and it will both expedite investigations, as well as prevent unnecessary follow-up efforts by Audits and Investigations staff to discern the identity of the alleged violator.

The revised form is not a formal rule proposal under the Administrative Procedure Act. DWC will not treat comments as formal public comments. However, we will consider any substantive comment before the revised form is approved. The proposed form is on our website at [www.tdi.texas.gov/forms/form20.html](http://www.tdi.texas.gov/forms/form20.html). Submit written comments on the form by completing the [comment form](#) or mail your comments to:

Legal Services, MC-LS  
Texas Department of Insurance, Division of Workers' Compensation  
P.O. Box 12050  
Austin, Texas 78711-2050

Submit your comments by 5 p.m., Central time, on October 31, 2025.