



Duncanville ISD – EMPLOYEE INJURY REPORT FORM

1. Name (Last, First, MI)		2. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		16. Date of Injury Mon Day Yr		17. Time of Injury : <input type="checkbox"/> am <input type="checkbox"/> pm		18. Date Lost Time Began Mon Day Yr	
3. Social Security # - -		4. Work Phone () -		5. Date of Birth Mon Day Yr		19. Nature of Injury (sprain, fracture, bruise, cut, etc.)		20. Part of Body Injured (indicate Rt/Lt if applicable)	
6. Does the Employee speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, specify language:			Work or Home email:			21. How & Why Injury/Illness Occurred-			
7. Race White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/>		8. Ethnicity Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/>		22. Was Employee doing his/her regular job? <input type="checkbox"/> Yes <input type="checkbox"/> No		23. Worksite location of injury (stairs, classroom, etc.)			
9. Employee Home Address – Street or PO Box <input type="checkbox"/> provide Payroll with this new address Home Phone () - City State Zip County				24. Address where Injury Occurred (business name if incident occurred on business site)- Campus or Bldg Name/Number (as applicable) Street Address City State Zip County					
10. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced				25. Cause of Injury (fall, tool, machine, etc.)-					
11. Number of Dependent Children		12. Spouse's Name		26. List Witness(es) to the incident-					
<u>MARK ONE BOX: 13, 14 OR 15</u>				27. Return to Date Expected: Mon Day Yr		28. Date Reported to Campus/Dept: Mon Day Yr IMPORTANT, PLEASE PROVIDE			
13. <input type="checkbox"/> First Aid Only (employee did not go to doctor or hospital)				29. Supervisor's Name - PRINTED					
14. <input type="checkbox"/> Received Medical Assistance from Doctor or Hospital Address City State Zip				SUPERVISOR'S SIGNATURE & Date: (supervisor MUST sign form)					
15. <input type="checkbox"/> Lost Time from Work (employee must have doctor's orders to miss work)				EMPLOYEE'S SIGNATURE & Date: (employee must sign and receive a copy of injured employee rights and responsibilities unless emergency)					

Please send original to the Risk Management Office in the Education Plaza (keep copy for your records)
Attn: Risk Management nwhavers@duncanvilleisd.org 972-708-2000 phone – 972-708-2020 fax

As an injured employee in Texas, you have the right to free assistance from the Office of Injured Employee Counsel (OIEC). This assistance is offered at local offices across the State. These local offices also provide other workers' compensation system services from the Texas Department of Insurance (TDI). TDI is the State agency that administers and regulates the workers' compensation system through the Division of Workers' Compensation (DWC).

Many services provided by OIEC and DWC can be completed over the telephone. You can contact OIEC by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432). Additional information, including office locations, is available on the Internet at: www.oiec.texas.gov. You can contact DWC by calling the toll-free telephone number 1-800-252-7031. Information about DWC is available on the Internet at: www.tdi.texas.gov.

1-866-EZE-OIEC
(1-866-393-6432)

www.oiec.texas.gov
OIECInbox@oiec.state.tx.us

Office of Injured Employee Counsel Central Office
7551 Metro Center Drive, Suite 100, MS-50
Austin, TX 78744-1609

Local Field Offices exist throughout
the State of Texas and are staffed to assist you.



The statutory authority for the
Office of Injured Employee Counsel
is found in the Texas Labor Code, Chapter 404.

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Injured Employee Rights and Responsibilities

in the Texas Workers'
Compensation System



YOUR RIGHTS IN THE TEXAS WORKERS' COMPENSATION SYSTEM

You have the right to hire an attorney to help you with your workers' compensation claim.

For assistance locating an attorney, contact the State Bar of Texas' lawyer referral service at 1-877-983-9227 or www.texasbar.com. Attorney referral information can also be found on OIEC's website at www.oiec.texas.gov.

You have the right to receive assistance from OIEC if you do not have an attorney.

OIEC Customer Service Representatives and Ombudsmen are available to answer your questions and provide assistance with your workers' compensation claim by calling OIEC or visiting an OIEC office. You must sign a written authorization before an OIEC employee can access information on your claim. Call or visit an OIEC office to fill out the written authorization. Customer Service Representatives and Ombudsmen are trained in the field of workers' compensation and can help you with scheduling a dispute resolution proceeding about your workers' compensation claim. An Ombudsman can also assist you at a benefit review conference (BRC), contested case hearing (CCH), and an appeal. However, Ombudsmen cannot make decisions for you or give legal advice.

You may have the right to receive medical and income benefits regardless of who was at fault for your injury, with certain exceptions. Your beneficiaries may be entitled to death and burial benefits.

Information about the exceptions can be found at www.tdi.texas.gov or by visiting with OIEC staff.

You may have the right to receive medical care to treat your workplace injury or illness for as long as it is medically necessary and related to the workplace injury.

You may have the right to reimbursement of your incurred expenses after traveling to attend a medical appointment or required medical examination if the trip meets qualifying conditions.

You may have the right to receive income benefits for your work-related injury.

There are several types of income benefits and eligibility requirements. Information on the types of income benefits that may be available and the eligibility requirements can be found at www.tdi.texas.gov or by visiting with OIEC staff.

You may have the right to dispute resolution regarding income and medical benefits.

You may request Medical Dispute Resolution if you disagree with the insurance carrier regarding medical benefits. You may request Indemnity (Income) Dispute Resolution if you disagree with the insurance carrier regarding income benefits. The law provides that your dispute proceedings will be held within 75 miles from your residence.

You have the right to choose a treating doctor.

If you are in a Workers' Compensation Health Care Network (network), you must choose your doctor from the network's treating doctor list. You may change your treating doctor once without network approval. If you are not in a network, you may initially choose any doctor who is willing to treat your workers' compensation injury; however, changing your treating doctor must be pre-approved by DWC if you are not in a network. If you are employed by a political subdivision (e.g., city, county, school district) you must follow its rules for choosing a treating doctor. It is important to follow all the rules in the workers' compensation system. If you do not follow these rules, you may be held responsible for payment of medical bills. OIEC staff can help you to understand these rules.

You have the right for your workers' compensation claim information to be kept confidential.

In most cases, the contents of your claim file cannot be obtained by others. Some parties have a right to know what is in your claim file, such as your employer or your employer's insurance carrier. Also, an employer that is considering hiring you may get limited information about your claim from DWC.

YOUR RESPONSIBILITIES IN THE TEXAS WORKERS' COMPENSATION SYSTEM

You have the responsibility to tell your employer if you have been injured at work while performing the duties of your job. You must tell your employer within 30 days of the date you were injured or first knew your injury or illness might be work-related.

You have the responsibility to know if you are in a Workers' Compensation Health Care Network (network).

If you do not know whether you are in a network, ask the employer you worked for at the time of your injury. If you are

in a network, you have the responsibility to follow the network rules. If there is something you do not understand, ask your employer or call OIEC. If you would like to file a complaint about a network, call TDI's Customer Help Line at 1-800-252-3439 or file a complaint online at www.tdi.texas.gov/consumer/complfrm.html#wc.

If you worked for a political subdivision (e.g., city, county, school district) at the time of your injury, you have the responsibility to find out how to receive medical treatment.

Your employer should be able to provide you with the information you will need in order to determine which health care providers can treat you for your workplace injury.

You have the responsibility to tell your doctor how you were injured and whether the injury is work-related.

You have the responsibility to send a completed Employee's Claim for Compensation for a Work-Related Injury or Occupational Claim Form (DWC041) to DWC.

You have one year to send the form after you were injured or first knew that your illness might be work-related. Send the completed DWC041 form even if you already are receiving benefits. You may lose your right to benefits if you do not timely send the completed claim form to DWC. For a copy of the DWC041 form you may contact DWC or OIEC.

You have the responsibility to provide your current address, telephone number, and employer information to DWC and the insurance carrier.

DWC can be contacted at 1-800-252-7031.

You have the responsibility to tell DWC and the insurance carrier anytime there is a change in your employment status or wages. (Examples of changes include: you stop working because of your injury; you start working; or you are offered a job).

Eligible beneficiaries or persons seeking death and burial benefits have the responsibility to send a completed Beneficiary Claim for Death Benefits (DWC042) to DWC within one year following the employee's date of death.

You are prohibited from making frivolous or fraudulent claims or demands.