



Texas Department of Criminal Justice

Bobby Lumpkin
Executive Director

Date Faxed/Emailed: _____

THE STATE OFFICE OF RISK MANAGEMENT

Workers' Compensation Division

Fax #: (512) 370-9025

Email: coordforms@sorm.texas.gov

Human Resources Headquarters

Fax #: (936) 437-3105

Email: workcomp@tdcj.texas.gov

RE: NAME:

SSN:

DATE OF INJURY OR ILLNESS:

The original report for the above injury or illness is attached. Your office was initially notified by the Texas Department of Criminal Justice's Workers' Compensation department via entry into the SORM on-line system.

Sincerely,

Signature

Human Resources Representative:

Telephone:

Unit/Department Name:

Unit/Department Address:

Attachments:

Copy: Unit or Department Medical File

Our mission is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime.

Human Resources Division
2 Financial Plaza, Ste. 600, Huntsville, TX 77340
www.tdcj.texas.gov