HARRIS COUNTY GRIEVANCE
FORM 100
EMPLOYEE GRIEVANCE

DO NOT USE THIS FORM IF YOU HAVE BEEN TERMINATED. Please type or print using a ball point pen.

Employee Name:	**Job Title:**
Department:	**Work Phone:**

I have discussed this complaint with my immediate supervisor and I have received his/her verbal answer on (date) ____/____/____. Because this answer is unacceptable to me, I wish to file a formal complaint.

Nature of grievance: Explain how you were unfairly treated including names and dates. (Use additional pages if needed)

A Just and Fair Solution to my grievance is:

I understand that if I wish to further appeal my complaint I have five *(5)* working days from my supervisor's response to submit the grievance to next step in the procedure. Grievances not appealed in a timely manner are considered sealed at the previous level. **I UNDERSTAND THAT I MAY NOT GRIEVE A TERMINATION AND THAT ALL GRIEVANCES COMPLAINING OF TERMINATION ARE AUTOMATICALLY DENIED AT THE TIME OF FILING.**

Date: ____/____/____ **Signature: _____**

•Original to be retained by employee
•Copy submitted to proper appeals person for department personnel file