

**HARRIS COUNTY GRIEVANCE  
FORM 200  
SUPERVISOR RESPONSE**

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

<b>Employee Name:</b>	<b>Job Title:</b>
<b>Supervisor's Name:</b>	<b>Position:</b>

**Supervisor's Response To Employee Complaint:** DO NOT USE THIS FORM IF THE GRIEVANCE INVOLVES A TERMINATION. GRIEVANCES CONCERNING TERMINATIONS ARE AUTOMATICALLY DENIED AT TIME OF FILING.

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature:** \_\_\_\_\_

**Once you have completed this form, please return to the employee and have the employee**

**Sign the acknowledgement below:**

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Signature: \_\_\_\_\_

- Supervisor returns original to employee
- Supervisor retains copy for file