

**HARRIS COUNTY GRIEVANCE
FORM 300
APPEAL TO GRIEVANCE COORDINATOR**

I received my supervisors response on (date) ____/____/____. I am dissatisfied with my supervisor's solution to my grievance. I hereby appeal to the grievance coordinator.

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

Reason for further appeal:

Date: ____/____/____

Signature: _____

Grievance Coordinator's Response:

Date: ____/____/____

Signature: _____

Once you have completed this form, please return to the employee and have the employee sign the acknowledgement below:

I have read the grievance coordinator'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 I MAY NOT GRIEVE A TERMINATION AND THAT ALL GRIEVANCES COMPLAINING OF TERMINATION ARE AUTOMATICALLY DENIED AT THE TIME OF FILING.**

Date: ____/____/____

Employee Signature: _____

- Grievance Coordinator returns original to employee .
- Grievance Coordinator retains copy for file