

**HARRIS COUNTY GRIEVANCE
FORM 400
APPEAL TO DEPARTMENT HEAD**

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

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: _____

Department Head's Evaluation and recommendations:

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 Department Head'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 request a hearing before the County Grievance Resolution Committee. I acknowledge that the completion and filing of my written grievance to the County Resolutions Committee is my responsibility.

I UNDERSTAND THAT I MAY NOT GRIEVE A TERMINATION AND THAT ALL GRIEVANCES COMPLAINING OF TERMINATION ARE AUTOMATICALLY DENIED AT THE TLME OF FILING.

Date: ____/____/____

Employee Signature: _____

.Original to employee

.Department Head retains copy for file