

**HARRIS COUNTY GRIEVANCE
FORM 500
APPEAL TO GRIEVANCE RESOLUTION COMMITTEE**

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

Nature of Grievance:

Date: ____/____/____

Signature: _____

Name of Representative: _____

All written response(s) pertaining to this specific complaint must accompany this request.

**Employee retains a copy
Send Originals to:**

**Harris County Human Resources & Risk Management
1310 Prairie, Suite 240
Houston, TX 77002**