

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

I received my supervisor's 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