

**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 recommendation:**

**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 TIME OF FILING.**

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

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

•Original to employee

•Department Head retains copy for file