

**HARRIS COUNTY GRIEVANCE  
FORM 100  
EMPLOYEE GRIEVANCE**

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

<b>Employee Name:</b>	<b>Job Title:</b>
<b>Department:</b>	<b>Work Phone:</b>

I have discussed this complaint with my immediate supervisor and I have received his/her verbal answer on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_. Because this answer is unacceptable to me, I wish to file a formal complaint.

**Adverse Impact Statement:** Specify the law, ordinance, resolution, policy or rule that was violated and how it adversely affected you.

**Nature of grievance:** Explain how you were unfairly treated including names and dates. (Use additional pages if needed)

**A Just and Fair Solution to my grievance is:**

I understand that if I wish to further appeal my complaint I have five (5) working days from my supervisor's response to submit the grievance to 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:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature:** \_\_\_\_\_

- Original to be retained by employee
- Copy submitted to proper appeals person for department personnel file