

HARRIS COUNTY

Whistleblower Grievance Form

In accordance with the <u>Harris County</u>, <u>Personnel Policies & Procedures</u>, Harris County employees and terminated employees may assert a Whistleblower Grievance alleging violation of the Texas Whistleblower Act by filing a grievance within 90 days of a suspension, termination, or other adverse employment action. Please complete all fields and include requested information regarding the violation of law alleged to have been reported and the adverse employment action threatened or taken against you after reporting the violation.

SECTION I			
Name:	Address:	Address:	
Dept:	ID#:	Title:	
Email:	Phone#:	Phone #:	
SECTION II			
Date of Report Made By Ye	วบ:		
How did you communicate	e the report? (verbal, email, etc		

Please explain in detail the matter you reported (Please attach any additional information, if necessary):

SECTION III			
Provide the name of the person(s) or entities to whom you made the report:			
Name :	Phone#:		
Employer:	Job Title:		

I affirm that I have read the above and it is true to the best of my knowledge. _____ (Initials)



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SECTION IV	
I believe I have experienced the following personnel action because of the above	ve report:
Suspension Termination Other, please specify below	
Date you learned of the adverse action: Time:	
Clearly explain what happened and why you believe that an adverse action wa after reporting. List the name(s) and contact information of each person(s) in witnesses. Include as many details as possible. Please attach any add including copies.	volved, including
I affirm that I have read the above claim and it is true to the best of my knowledge	€.
Complainant's Signature	Date
Received By Completed forms may be mailed to:	Date Received

Attention: County Grievance Coordinator Harris County, Human Resources & Risk Management 1111 Fannin, 6th Floor, Houston, TX 77002 or via email to <u>HRRMWhistleblower@harriscountytx.gov</u>

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