

Texas Department of Criminal Justice

PERS 155

Employee Grievance Form

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code §§ 552.021 and 552.023, to receive and review the collected information. Under Texas Government Code § 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.

Do not use state resources to prepare or submit a grievance. State resources may only be used to prepare for a grievance meeting after you have been notified that a meeting has been scheduled.

Official Use Only

Date Received by Unit or Department Grievance Contact	Grievance Number Assigned by Intake Officer:
	Intake Officer Name:
	Date Grievance Number Assigned:

Section I: Grievant Information

Printed Name	Payee ID Number	Job Title	Date	
Work Shift	Schedule Card	Unit/Division	Home Phone	Work Phone
Home Mailing Address:			City	State Zip

Section II: Representative and Witnesses

Name of Representative (You may elect to identify a representative when the grievance is initially submitted or when submitting a rejection to a Step One or Step Two response. If you fail to identify a representative when this form is submitted, a representative shall not be allowed to attend a grievance meeting. Once you have identified a representative, you shall not be allowed to identify a different representative.)

Names of Witnesses who have first-hand knowledge of the events being grieved, if employee elects to present a witness or testimony from such a witness or witnesses:

Section III: Complaint

The complete original document shall be submitted at each step. The complaint, adverse effect, and requested relief shall be summarized, clearly stated, and legibly written or typed in the appropriate spaces below or on an attached separate page(s). If you describe the complaint, adverse effect or requested relief on a separate attachment, write "see attachment" in each appropriate space below. Use reverse side if needed.

The complaint, adverse effect, and requested relief shall be consistent with [PD-30](#), "Employee Grievance Procedures," to avoid rejection. See Procedures Section II.A-G.

Complaint: Be specific; include full name, date, place, rules, and regulations.

Adverse Effect: Explain how the action or issue adversely affected an employment-related matter.

Requested Relief: State the specific corrective action or relief you are requesting.

Instructions: Submit complete grievance form along with any support documentation to the unit or department grievance contact.

Grievant Signature:	Date:
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Official Use Only

Employee Name:

Grievance Number Assigned by Intake Officer:

Payee ID:

Intake Officer Name:

Section IV: Step One

Step One Response

Reminder: If you believe a grievant's request for restoration of time should be granted, the response should advise the grievant that the restoration of the grievant's time is being requested subject to the division director's recommendation and executive director's approval.

Responding Authority's Name	Job Title	Date Grievance Received	Step One Grievance Meeting Date: (if applicable; meeting is not required)
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Response:

Step One Responding Authority	Signature	Date
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If you reject this response, the Step Two responding authority shall be:

Step Two Authority Printed Name	Job Title	Certified Mail Receipt No. or Grievant's Signature and Date
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Mailing Address:	City	State	Zip
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Section V: Step Two

A. Grievant's Answer

If you elect to reject the Step One response and proceed to Step Two, you shall submit the complete original PERS 155, "Employee Grievance Form", with any support documentation, to the appropriate Step Two responding authority identified in the Step One Response. Your rejection shall be submitted within 21 calendar days after receiving the Step One response, unless a time limit extension is approved in accordance with the procedures in PD-30, "Employee Grievance Procedures." Your rejection shall not include the addition of new issues that are not directly related to the initial complaint. If you have not already designated a representative on page 1 of this form, you may do so now.

I am rejecting the Step One response. My reasons are listed below.

Grievant Signature:	Date:
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B. Step Two Response

Reminder: If you believe a grievant's request for restoration of time should be granted, the response should advise the grievant that the restoration of the grievant's time is being requested subject to the division director's recommendation and executive director's approval.

Responding Authority's Name	Job Title	Date Grievance Received	Step Two Grievance Meeting Date: (mandatory)
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Response:

Step Two Responding Authority Signature:	Date:
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If you reject this response, the Step Three responding authority shall be:

Step Three Authority Printed Name	Job Title	Certified Mail Receipt No. or Grievant's Signature and Date
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Mailing Address	City	State	Zip
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Official Use Only

Employee Name:

Grievance Number Assigned by Intake Officer:

Payee ID:

Intake Officer Name:

Section VI: Step Three

A. Grievant's Answer

If you elect to reject the Step Two response and proceed to Step Three, you shall submit the complete original PERS 155, "Employee Grievance Form," with any support documentation, to the appropriate Step Three responding authority identified in the Step Two Response. Your rejection shall be submitted within 21 calendar days after receiving the Step Two response, unless a time limit extension is approved in accordance with the procedures in PD-30, "Employee Grievance Procedures." Your rejection shall not include the addition of new issues that are not directly related to the initial complaint. If you have not already designated a representative on page 1 of this form, you may do so now.

I am rejecting the Step Two response. My reasons are listed below.

Grievant Signature:

Date:

B. Step Three Response

Reminder: When the respective chief officer or a division director believes a grievant's request for restoration of time should be granted, the response should advise the grievant that restoration of the grievant's time is being recommended subject to the executive director's approval.

Responding Authority's Name	Job Title	Date Grievance Received	Step Three Grievance Meeting Date: (if applicable)
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Response:

Step Three Responding Authority Signature:

Date:

The decision of the Step Three responding authority is final, and the grievance process is complete once the grievant has received a Step Three response.

Certified Mail Receipt No. or Grievant's Signature and Date: