

Texas Department of Criminal Justice EMPLOYEE GRIEVANCE FORM

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.

| FOR OFFICIAL USE ONLY | |
|--|--|
| Date Received by Unit or Department Grievance Contact: _____ | Grievance Number Assigned by Intake Officer: _____ |
| | Intake Officer Name: _____ |
| | Date Grievance Number Assigned: _____ |

GRIEVANT INFORMATION: Date: _____ Payee ID: _____

Name: _____ Payroll Job Title: _____

Unit or Department: _____ Work Shift: _____ Schedule Card: _____

Home Mailing Address: _____
City
State
Zip

Home Phone: _____ (Area Code) _____
 Work Phone: _____ (Area Code) _____

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: _____

The complete original document (pages 1, 2, 3, and 4) 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's Signature

Date

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.

Employee Name: _____
Payee ID: _____

FOR OFFICIAL USE ONLY:
Grievance Number: _____
Intake Officer: _____

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

Title

Date Grievance Received: _____

Step One Grievance Meeting Date: _____
(if applicable; meeting is not required)

Step One Responding Authority's Signature

Date

If you reject this response, the Step Two responding authority shall be:

Verification of Grievant's Receipt of Response:

Name and Title

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

Mailing Address City State Zip

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, pages 1, 2, 3, and 4, 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's Signature

Date

| | |
|---|---|
| Employee Name: _____ Payee ID: _____ | FOR OFFICIAL USE ONLY: Grievance Number: _____ Intake Officer: _____ |
|---|---|

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 | Title |
| Date Grievance Received: _____ | Step Two Grievance Meeting Date: _____ (mandatory) |

| | |
|--|--|
| _____ | _____ |
| Step Two Responding Authority's Signature | Date |
| If you reject this response, the Step Three responding authority shall be: | Verification of Grievant's Receipt of Response: |
| _____ | _____ |
| Name and Title | Certified Mail Receipt No. or Grievant's Signature and Date |
| _____ | |
| Mailing Address | City State Zip |

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 (pages 1, 2, 3, and 4), with 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's Signature | Date |

Employee Name: _____
Payee ID: _____

FOR OFFICIAL USE ONLY:
Grievance Number: _____
Intake Officer: _____

B. STEP THREE RESPONSE:

Reminder: When the deputy executive director 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

Title

Date Grievance Received: _____

Step Three Grievance Meeting Date: _____
(if applicable)

Step Three Responding Authority's 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.

Verification of Grievant's Receipt of Response:

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