

## 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.**

<b>Complaint:</b> Be specific; include full name, date, place, rules, and regulations.
<b>Adverse Effect:</b> Explain how the action or issue adversely affected an employment-related matter.
<b>Requested Relief:</b> 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:	<b>FOR OFFICIAL USE ONLY:</b> Grievance Number: Intake Officer:
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**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)
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_____	_____
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:
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_____	_____
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:	<b>FOR OFFICIAL USE ONLY:</b> Grievance Number: Intake Officer:
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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	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:	<b>FOR OFFICIAL USE ONLY:</b> Grievance Number: Intake Officer:
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**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