Texas Department of Criminal Justice

GRIEVANCE REFERRAL FORM

TO: _____ _____
Appropriate Responding Authority Date

_____ _____
Title Unit or Department

RE: _____
Grievance Number

The attached grievance has been received in my office and is being forwarded to you for a response for the following reason(s):

☐ Grievance concerns or issues not within my authority.

☐ To respond as my designee.

☐ Conflict of interest.

FROM:

_____ _____
Referring Official Job Title

_____ _____
Signature Unit or Department

Attachment

c: Intake Officer
Grievant, if applicable, Certified Mail Receipt No. or Grievant's Signature and Date: _____