

Texas Department of Criminal Justice EMPLOYEE GRIEVANCE FORM

NOTE: 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/Department Grievance Contact: _____	Grievance Number Assigned by Intake Officer: _____
	Date Grievance Number Assigned: _____

GRIEVANT INFORMATION: Date: _____ Month/Day of Birth: _____
(mm/dd)

Name: _____ Payroll Job Title: _____

Unit/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.

<p>Complaint: Be specific (e.g., include full name, date, place, rules, regulations). The complaint shall be in relation to an incident that has already occurred and shall be about only one individual. Do not reference multiple employment-related matters or employment-related matters already addressed in a grievance you previously submitted.</p>
<p>Adverse Effect: Explain how the action or issue adversely affected or interfered with an employment-related matter.</p>
<p>Requested Relief: State the specific corrective action or relief you are requesting. The corrective action or requested relief shall be within the authority of the TDCJ to grant and shall not include a request for another employee to be disciplined.</p>

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

Grievant's Signature Date

<p>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.</p>

FOR OFFICIAL USE ONLY:
Grievance Number _____

STEP ONE:

WARDEN, DEPARTMENT HEAD OR A LOWER LEVEL OF MANAGEMENT WHO CAN GRANT THE REQUESTED RELIEF: (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.)

Name: _____ Title: _____

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

RESPONSE:

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 must 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 must 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 must 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

FOR OFFICIAL USE ONLY:
Grievance Number _____

B. DEPUTY DIRECTOR'S, REGIONAL DIRECTOR'S, ASSISTANT DIRECTOR'S OR DESIGNEE'S 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.)

Name: _____

Title: _____

Date Grievance Received: _____

Step Two Grievance Meeting Date: _____
(mandatory)

RESPONSE:

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 must 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 must 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 must 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

FOR OFFICIAL USE ONLY:
Grievance Number _____

B. EXECUTIVE DIRECTOR'S, DEPUTY EXECUTIVE DIRECTOR'S OR DIVISION DIRECTOR'S 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.)

Name: _____ Title: _____

Date Grievance Received: _____ Step Three Grievance Meeting Date: _____
(if applicable)

RESPONSE:

Step Three Responding Authority's Signature

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.

Date

Verification of Grievant's Receipt of Response:

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