Texas Department of Criminal Justice

GRIEVANCE REFERRAL FORM

TO: _____ _____
Appropriate Responding Authority Date

_____ _____
Title Unit/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.

☐ Grievance concerns a TDCJ-wide policy.

☐ To respond as my designee.

FROM:

_____ _____
Referring Official Job Title

_____ _____
Signature Unit/Department

Attachment

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