

**HARRIS COUNTY GRIEVANCE
FORM 200
SUPERVISOR RESPONSE**

DO NOT USE THIS FORM IF YOU HAVE BEEN TERMINATED. Please type or print using a ball point pen.

Employee Name:	Job Title:
Supervisor's Name:	Position:

Supervisor's Response To Employee Complaint: DO NOT USE THIS FORM IF THE GRIEVANCE INVOLVES A TERMINATION. GRIEVANCES CONCERNING TERMINATIONS ARE AUTOMATICALLY DENIED AT TIME OF FILING.

Date: ____/____/____ **Signature:** _____

Once you have completed this form, please return to the employee and have the employee sign the acknowledgement below:

I have read my supervisor's response to my complaint and I understand that if I wish to further appeal my complaint I have five (5) working days from this response to submit the grievance to the next step in the procedure. Grievances not appealed in a timely manner are considered settled at the previous level. I UNDERSTAND THAT ALL GRIEVANCES COMPLAINING OF A TERMINATION ARE AUTOMATICALLY DENIED AT THE TIME OF FILING.

Date: ____/____/____ **Employee Signature:** _____

- Supervisor returns original to employee
- Supervisor retains copy for file