HARRIS COUNTY

Whistleblower Grievance Form

In accordance with the Harris County, Personnel Policies & Procedures, Harris County employees and terminated employees may assert a Whistleblower Grievance alleging violation of the Texas Whistleblower Act by filing a grievance within 90 days of a suspension, termination, or other adverse employment action. Please complete all fields and include requested information regarding the violation of law alleged to have been reported and the adverse employment action threatened or taken against you after reporting the violation.

SECTION I		
Name:	Address:	
Dept:	ID#:	Title:
Email:	Phone#:	Phone #:

SECTION II
Date of Report Made By You:
How did you communicate the report? (verbal, email, etc)

Please explain in detail the matter you reported *(Please attach any additional information, if necessary):*

SECTION III	
Provide the name of the person(s) or entities to whom you made the report:	
Name :	Phone#:
Employer:	Job Title:

I affirm that I have read the above and it is true to the best of my knowledge. _____ (Initials)

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SECTION IV
I believe I have experienced the following personnel action because of the above report: ☐ Suspension ☐ Termination ☐ Other, please specify below
Date you learned of the adverse action: Time:

Clearly explain what happened and why you believe that an adverse action was taken against you after reporting. List the name(s) and contact information of each person(s) involved, including witnesses. Include as many details as possible. Please attach any additional information, including copies.

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I affirm that I have read the above claim and it is true to the best of my knowledge.

_____ _____

Complainant's Signature Date

_____ _____

Received By Date Received

Completed forms may be mailed to:

Attention: County Grievance Coordinator
Harris County, Human Resources & Talent Department
1111 Fannin, 6th Floor, Houston, TX 77002
or via email to
HRTWhistleblower@harriscountytx.gov