



HARRIS COUNTY

Whistleblower Grievance Form

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.

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
HRRMWhistleblower@harriscountytx.gov**