

GRIEVANCE FORM

Please submit the completed Grievance Form to: Grievance@harrishealth.org or at any of the below locations:

Administration
 HR Suite 100
 2525 Holly Hall
 Houston, TX 77054
 Phone: 713-566-6435
 Hours: 8am – 4:30pm

Ben Taub Hospital
 HR Suite 190
 1504 Taub Loop
 Houston, TX 77030
 Phone: 713-873-4780
 Hours: 8am – 4:30pm

LBJ Hospital
 HR Suite 271
 5656 Kelley
 Houston, Texas 77026
 Phone: 713-566-8580
 Hours: 8am – 4:30pm

I. Employee Information

Employee Name:		Employee Number:	
Job Title:	Department:		
Immediate Supervisor/Manager:	Facility:		
Home Address:		Apt:	
City:	State:	Zip code:	
Home/Cell Phone:	E-mail Address:		
I have received a copy the Grievance Policy: <input type="checkbox"/> No <input type="checkbox"/> Yes			
Do you request the assistance of an Interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes Language:		Representative to be Present: <input type="checkbox"/> Self <input type="checkbox"/> Union <input type="checkbox"/> Legal Counsel	

II. Description of Grievance

Please include your specific concern and justification for reconsideration. (Attach additional pages as necessary)

III. Resolution Desired By the Employee

I request that the following action(s) be taken to resolve my grievance. (Attach additional pages as necessary)

Employee Signature

Date