

# GRIEVANCE FORM

Please submit the completed Grievance Form to: [Grievance@harrishealth.org](mailto:Grievance@harrishealth.org) or at any of the below locations:

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| --- | --- | --- |
| **Administration** | **Ben Taub Hospital** | **LBJ Hospital** |
| HR Suite 100 | HR Suite 190 | HR Suite 271 |
| 2525 Holly Hall | 1504 Taub Loop | 5656 Kelley |
| Houston, TX 77054 | Houston, TX 77030 | Houston, Texas 77026 |
| Phone: 713-566-6435 | Phone: 713-873-4780 | Phone: 713-566-8580 |
| Hours: 8am – 4:30pm | Hours: 8am – 4:30pm | Hours: 8am – 4:30pm |

# 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: | No |  | Yes |  | |  | |  |  |
| Do you request the assistance of an Interpreter? Language: |  | No | Yes | Representative to be Present: | | Self | | Union | Legal Counsel |

1. **Description of Grievance**

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

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# Resolution Desired By the Employee

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

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Employee Signature Date

284627│09.17

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