

## Texas Department of Criminal Justice EMPLOYEE GRIEVANCE FORM

Do not use state resources to prepare or submit a grievance. State resources may only be used to prepare for a grievance meeting after you have been notified that a meeting has been scheduled.

FOR OFFICIAL USE ONLY	
Date Received by Unit or Department Grievance Contact: _____	Grievance Number Assigned by Intake Officer: _____
	Intake Officer Name: _____
	Date Grievance Number Assigned: _____

**GRIEVANT INFORMATION:**    Date: \_\_\_\_\_    Payee ID: \_\_\_\_\_

Name: \_\_\_\_\_    Payroll Job Title: \_\_\_\_\_

Unit or Department: \_\_\_\_\_    Work Shift: \_\_\_\_\_    Schedule Card: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
City
State
Zip

Home Phone: \_\_\_\_\_    Work Phone: \_\_\_\_\_  
(Area Code)
(Area Code)

Name of Representative (You may elect to identify a representative when the grievance is initially submitted or when submitting a rejection to a Step One or Step Two response. If you fail to identify a representative when this form is submitted, a representative shall not be allowed to attend a grievance meeting. Once you have identified a representative, you shall not be allowed to identify a different representative.) \_\_\_\_\_

Names of Witnesses who have first-hand knowledge of the events being grieved, if employee elects to present a witness or testimony from such a witness or witnesses: \_\_\_\_\_

**The complete original document (pages 1, 2, 3, and 4) shall be submitted at each step.** The complaint, adverse effect, and requested relief shall be summarized, clearly stated, and legibly written or typed in the appropriate spaces below or on an attached separate page(s). If you describe the complaint, adverse effect or requested relief on a separate attachment, write "see attachment" in each appropriate space below. Use reverse side if needed.

**The complaint, adverse effect, and requested relief shall be consistent with PD-30, "Employee Grievance Procedures," to avoid rejection. See Procedures Section II.A-G.**

<b>Complaint:</b> Be specific; include full name, date, place, rules, and regulations.
see attached
<b>Adverse Effect:</b> Explain how the action or issue adversely affected an employment-related matter.
see attached
<b>Requested Relief:</b> State the specific corrective action or relief you are requesting.
see attached

Instructions: Submit complete grievance form along with any support documentation to the unit or department grievance contact.

\_\_\_\_\_  
Grievant's Signature \_\_\_\_\_ Date

<p><b>Note to Employee:</b> With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code §§ 552.021 and 552.023, to receive and review the collected information. Under Texas Government Code § 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.</p>
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Employee Name: _____ Payee ID: _____	<b>FOR OFFICIAL USE ONLY:</b> Grievance Number: _____ Intake Officer: _____
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**STEP ONE:**

**STEP ONE RESPONSE:**

Reminder: If you believe a grievant's request for restoration of time should be granted, the response should advise the grievant that the restoration of the grievant's time is being requested subject to the division director's recommendation and executive director's approval.

\_\_\_\_\_  
Responding Authority's Name

\_\_\_\_\_  
Title

Date Grievance Received: \_\_\_\_\_

Step One Grievance Meeting Date: \_\_\_\_\_  
(if applicable; meeting is not required)

\_\_\_\_\_  
Step One Responding Authority's Signature

\_\_\_\_\_  
Date

If you reject this response, the Step Two responding authority shall be:

Verification of Grievant's Receipt of Response:

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Certified Mail Receipt No. or  
Grievant's Signature and Date

\_\_\_\_\_  
Mailing Address                      City                      State                      Zip

**STEP TWO:**

**A. GRIEVANT'S ANSWER:** If you elect to reject the Step One response and proceed to Step Two, you shall submit the complete original PERS 155, Employee Grievance Form, pages 1, 2, 3, and 4, with any support documentation, to the appropriate Step Two responding authority identified in the Step One Response. Your rejection shall be submitted within 21 calendar days after receiving the Step One response, unless a time limit extension is approved in accordance with the procedures in PD-30, "Employee Grievance Procedures." Your rejection shall not include the addition of new issues that are not directly related to the initial complaint. If you have not already designated a representative on page 1 of this form, you may do so now.

I am rejecting the Step One response. My reasons are listed below.

\_\_\_\_\_  
Grievant's Signature

\_\_\_\_\_  
Date

Employee Name: _____ Payee ID: _____	<b>FOR OFFICIAL USE ONLY:</b> Grievance Number: _____ Intake Officer: _____
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**B. STEP TWO RESPONSE:**

Reminder: If you believe a grievant's request for restoration of time should be granted, the response should advise the grievant that the restoration of the grievant's time is being requested subject to the division director's recommendation and executive director's approval.

_____ Responding Authority's Name	_____ Title
Date Grievance Received: _____	Step Two Grievance Meeting Date: _____ (mandatory)

_____ Step Two Responding Authority's Signature	_____ Date
If you reject this response, the Step Three responding authority shall be:	Verification of Grievant's Receipt of Response:
_____ Name and Title	_____ Certified Mail Receipt No. or Grievant's Signature and Date
_____ Mailing Address                      City                      State                      Zip	

**STEP THREE:**

**A. GRIEVANT'S ANSWER:** If you elect to reject the Step Two response and proceed to Step Three, you shall submit the complete original PERS 155, Employee Grievance Form (pages 1, 2, 3, and 4), with support documentation, to the appropriate Step Three responding authority identified in the Step Two response. Your rejection shall be submitted within 21 calendar days after receiving the Step Two response, unless a time limit extension is approved in accordance with the procedures in PD-30, "Employee Grievance Procedures." Your rejection shall not include the addition of new issues that are not directly related to the initial complaint. If you have not already designated a representative on page 1 of this form, you may do so now.

I am rejecting the Step Two response. My reasons are listed below.

_____ Grievant's Signature	_____ Date
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Employee Name: _____ Payee ID: _____	<b>FOR OFFICIAL USE ONLY:</b> Grievance Number: _____ Intake Officer: _____
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**B. STEP THREE RESPONSE:**

Reminder: When the deputy executive director or a division director believes a grievant's request for restoration of time should be granted, the response should advise the grievant that restoration of the grievant's time is being recommended subject to the executive director's approval.

\_\_\_\_\_  
Responding Authority's Name

\_\_\_\_\_  
Title

Date Grievance Received: \_\_\_\_\_

Step Three Grievance Meeting Date: \_\_\_\_\_  
(if applicable)

\_\_\_\_\_  
Step Three Responding Authority's Signature

\_\_\_\_\_  
Date

The decision of the Step Three responding authority is final, and the grievance process is complete once the grievant has received a Step Three response.

Verification of Grievant's Receipt of Response:

\_\_\_\_\_  
Certified Mail Receipt No. or  
Grievant's Signature and Date

## Complaint:

The specific reason for this complaint is that TDCJ has created a working environment that is both Hostile and Retaliatory in response to the COVID 19 Pandemic; current policy, procedures and directives put my personal health at risk daily. These incidences have occurred each day that I've reported to work since early April. But specifically, I am filing this grievance for this date \_\_\_\_\_. I reported to work on this date and was put at risk by being in my office, where there may or may not be active COVID 19 cases, the office has not been deep cleaned and social distancing is near impossible. I am Filing this grievance against TDCJ director Bryan Collier for his failure to implement CDC Guidelines to ensure my safety while I am on the job.

## Adverse Effect

In response to the ongoing COVID 19 Pandemic, TDCJ neglected to initiate policies and directives that provide the safest work environment possible. The agency has been unreceptive in answering any questions regarding these policies and directives; my office has not been deep cleaned at any time since the beginning of this health pandemic. The current work environment at TDCJ creates a consistent threat to my health and life as well as that of my family. Working in conditions where I may easily be exposed to COVID 19 causes considerable and unnecessary stress, and make difficult for me to work in this environment. I consider this a hostile act against me personally. PD 22

## Requested Relief

I am a Parole Officer; I am dedicated to my work of supervising dangerous offenders. I was aware of the risks associated with this job when I accepted employment with TDCJ. However, I do rely on TDCJ to implement policy and procedures that will protect me from avoidable and likely risks, like a health pandemic for instance. As Relief, I ask the following:

1. The mission statement of TDCJ is to promote public safety. Because we are facing an unprecedented health pandemic the likes of which I have not seen in my lifetime, I am requesting the ability to work remotely with very little exposure to my office environment. By listening to experts, we have learned over the last several months that the best way to flatten the curve is to minimize exposure to other individuals. I have the TDCJ issued technology to do my job duties effectively without walking in my local DPO each day. Minimizing bodies in the DPOs is the best way for us at TDCJ to minimize our impact in the ongoing health pandemic. This is best for me as an individual employee, best for the TDCJ family and equally important, it's the best way to protect the public at large and carry out mission statement.
2. My offices must be **DEEP** cleaned and sanitized, as defined by CDC, after any positive COVID 19 cases has occurred in the building.
3. I ask that TDCJ administration does not harass or retaliate against me for filing this grievance. I sincerely hope TDCJ leadership will take this grievance to heart and take steps to protect me personally while on my job. In protecting me, TDCJ will also be doing its part to protect all staff, offenders and the public at large.