



Galveston County Human Resources Policy Manual

APPEAL FORM FOR ADVERSE EMPLOYMENT ACTION TO HUMAN RESOURCES DIRECTOR COMPLAINT FORM

I have a complaint regarding a workplace situation. I dispute my supervisors/Department Director's determination regarding _____ that took place on (date) ____/____/____. I hereby appeal to the Human Resources Director. The response will be provided to the employee within 5 business days. **Employee Name** _____
Employee Title _____ **Department** _____ **Date of Hire** _____
Department Head Name _____ **Supervisor Name** _____

Please type or print using a ball point pen. **Today's date:** _____

Issue You are Appealing:
Reason for further appeal:
Provide as much information as possible.

Date: ____/____/____

Signature: _____

Date Received by HR Director
Human Resources Director Response

Date: ____/____/____ **Signature:** _____

Once you have completed this form, please return to the employee and have the employee sign the acknowledgement below:

I have read the Human Resources Director's response to my complaint and I understand that if I wish to further appeal my complaint I have five (5) working days from this response. I have completed my introductory period.

Date: ____/____/____ **Employee Signature:** _____

•Human Resources Director keeps original and provides a copy to the employee.