

**Community Supervision and Correction Department  
Harris County**



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Director

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Ombudsman  
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(713) 755-1751

**Grievance Form**

**Fields with (\*) required**

*Completed grievance forms may be submitted in person, via US Mail to: 49 San Jacinto/Rm#442, Houston, Texas 77002; Attention Ombudsman Office or emailed to: [ombudsman@csc.hctx.net](mailto:ombudsman@csc.hctx.net).*

\*Date: \_\_\_\_\_

\*Client Name: \_\_\_\_\_ SPN: \_\_\_\_\_

\*Client Phone Number and/or email address: \_\_\_\_\_/\_\_\_\_\_

\*Name of Staff Involved: \_\_\_\_\_ Staff Title: \_\_\_\_\_

Name of Staff Involved: \_\_\_\_\_ Staff Title: \_\_\_\_\_

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\*Location/Unit: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Phone Number: \_\_\_\_\_

\*Date of Occurrence: \_\_\_\_\_

Time of Day: \_\_\_\_\_

\*Complaint reported to:

- Branch Manager
- Counselor
- CSO
- Executive administration
- Office Manager
- Ombudsman
- Operations Coordinator
- Sr. Direct Care Monitor
- Supervisor
- Other \_\_\_\_\_

\*Who is filing the grievance:

- Client
- Friend
- Relative
- Other \_\_\_\_\_

**Office Use: Tracking#** \_\_\_\_\_

Client Name: \_\_\_\_\_ SPN: \_\_\_\_\_

\*Details of Event:

\*Did client attempt to resolve the incident with staff member involved:  yes  no

What would you like to see happen (your recommendation)?

**Office Use: Tracking#** \_\_\_\_\_