

KNOX COUNTY SCHOOLS

Evaluation Grievance Form – Step II

Please refer to Board Procedure G-130 for information related to this form. Must be submitted to Director of Schools no later than fifteen (15) days after notification of the decision in Step I. Send via mail, email to [superintendent@knoxschools.org](mailto:superintendent@knoxschools.org) or deliver to UTT, 6<sup>th</sup> floor.

Name of Grievant: \_\_\_\_\_

Teacher License Number: \_\_\_\_\_ Email: \_\_\_\_\_

School/Position: \_\_\_\_\_

Name of Evaluator: \_\_\_\_\_

Date Data Received: \_\_\_\_\_ School  
Year: \_\_\_\_\_

Grievance: Identify the inaccurate data or describe the procedural error that occurred as part of your evaluation. How did this materially affect or compromise evaluation results?

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(Attach observation reports, data reports, and additional sheets or documentation as needed.)

Corrective action request: \_\_\_\_\_

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Signature of Grievant: \_\_\_\_\_

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To be completed by the Director of Schools or Designee

Date Received: \_\_\_\_\_ Grievance Decision: Confirmed ☐ Denied ☐

Corrective action taken: \_\_\_\_\_

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Signature of Director of  
Schools/Designee: \_\_\_\_\_

Date Grievant notified: \_\_\_\_\_