

**KNOX COUNTY SCHOOLS**

**Evaluation Grievance Form – Step I**

Please refer to Board Procedure for information related to this form. Must be submitted to Human Resources no later than fifteen (15) days after release of relevant evaluation data.

Send via mail, email to [Christine.Smith@knoxschools.org](mailto:Christine.Smith@knoxschools.org) or deliver to UTT, 5<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?

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

Corrective action request:

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

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**To be completed by the Evaluator**

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

Corrective action taken:

Signature of Evaluator: \_\_\_\_\_

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