

KNOX COUNTY SCHOOLS

Evaluation Grievance Form – Step I

Please refer to Board G-130 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 hr@knoxschools.org or deliver to AJ Building, 15th 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: _____

To be completed by the Evaluator

Date Received: _____ Grievance Decision: _____

Corrective action taken: _____

Signature of Evaluator: _____

Date Grievant notified: _____