

GREENE COUNTY SCHOOLS

Evaluation Grievance Form – Step I

This form is to be completed by the grievant and submitted to the evaluator no later than fifteen (15) days following the summative evaluation.

Name of Grievant: _____

School: _____ Assignment: _____

Name of Evaluator: _____

Date Evaluation Received: _____ Evaluation Period: _____

Basis for the grievance: Identify the inaccurate data that was used or describe the procedural error that occurred as part of your evaluation. How did this materially affect or compromise your evaluation? _____

(Attach additional sheets or documentation as needed)

Corrective action desired: _____

Signature of grievant: _____

To be completed by the evaluator

Date received: _____ Grievance Disposition: Confirmed _____ Denied _____

Corrective action taken: _____

Signature of evaluator: _____ Date grievant notified: _____