

GREENE COUNTY SCHOOLS

Evaluation Grievance Form – Step III

This form is to be completed by the grievant and submitted to the Board of Education no later than fifteen (15) days following receipt of the Director’s decision.

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

School: \_\_\_\_\_ Assignment: \_\_\_\_\_

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

Date Director’s Decision 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 Board of Education**

Date received: \_\_\_\_\_ Superintendent’s Decision: Affirmed \_\_\_\_\_ Overturned \_\_\_\_\_

Full Board Hearing Granted: No \_\_\_\_\_ Yes \_\_\_\_\_, and set for \_\_\_\_\_  
(Date and Time)

Other corrective action taken: \_\_\_\_\_

Signature of Board Chair: \_\_\_\_\_ Date grievant notified: \_\_\_\_\_