

Rogersville City School
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: _____

Assignment at Rogersville City School: _____

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: _____

