



Evaluation Grievance Form – Step I

To submit a grievance for the Evaluation process, please complete the following form and submit to your evaluator and the Human Resources Director at maria.johnson@cityschools.net. Written grievances must be submitted to the evaluator no later than 15 calendar days from the date of the result of the component being grieved. Please refer to Board Policy 5.109 and Administrative Directive 5.109.1 for information related to this form.

Grievances may be filed for either or both of the following reasons. Please check the applicable reason(s):

- Adherence to the evaluation process and policies adopted by the State Board of Education.
- Accuracy of data used in the evaluation (Student Growth Measures and/or Achievement Measures).

Grievant Name: _____

Educator License Number: _____ E-mail: _____

School/Position: _____

Evaluator Name: _____ Evaluation Period in Question: _____

Date Qualitative Rating Received: _____ Date Summative Rating Received: _____

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? Please attach observation reports, data reports, and additional sheets or documentation as needed.

Corrective Action desired by Grievant as a result of this process:

Grievant Signature: _____

Date: _____



Evaluation Grievance Response Form - Step I

This form is to be completed by the Evaluator following receipt of a grievance. This form must be completed within 15 days of receipt of a grievance. Please return this completed form to the Grievant and the Director of Human Resources via e-mail at maria.johnson@cityschools.net. Please refer to Board Policy 5.109 and Administrative Directive 5.109.1 for information related to this form.

Grievant's Name: _____

Position: _____ **Date of Grievance Submission:** _____

Evaluator's Name: _____

Position: _____ **Date of Response:** _____

Grievance Summary: *(Provide a concise summary of the grievance as presented by the Grievant)*

Supporting Documentation and Evidence: *(List and attach any documents, records, or other evidence supporting the evaluator's response to the grievance. This can include performance evaluations, meeting notes, email communications, policy documents, etc.)*

Attempts at Resolution Prior to Grievance Filing: *(Provide a summary of any steps taken to resolve the issue(s) before the grievance was filed, including any informal meetings or communications with the Grievant.)*

Evaluator's Conclusion: After reviewing the grievance and relevant documentation, I find that:
[Summarize whether the grievance is substantiated, unsubstantiated, or partially substantiated and state why.]

Signature and Acknowledgment

I hereby affirm that the information provided in this response is true and accurate to the best of my knowledge.

Evaluator's Signature: _____ **Date:** _____



Evaluation Grievance Form – Step II

To submit appeal the response of the Evaluator, please complete the following form and submit to the Human Resources Director at maria.johnson@cityschools.net. Written appeals of the Step 1 decision must be submitted to the evaluator no later than 15 calendar days from the date of the result of the Evaluator’s response. Please refer to Board Policy 5.109 and Administrative Directive 5.109.1 for information related to this form.

Grievances may be filed for either or both of the following reasons. Please check the applicable reason(s):

- Adherence to the evaluation process and policies adopted by the State Board of Education.
- Accuracy of data used in the evaluation (Student Growth Measures and/or Achievement Measures).

Grievant's Name: _____

Position: _____ **Date of Step I Grievance Submission:** _____

Evaluator's Name: _____

Position: _____ **Date of Evaluator’s Response:** _____

Grounds for Appeal: *Please outline the specific grounds on which you are appealing the Evaluator’s response. Be as clear and detailed as possible, referencing any documentation or evidence that supports your appeal.*

Please attach any documentation or evidence that supports your appeal. This may include emails, meeting notes, policy references, or other materials.

Corrective Action desired by Grievant as a result of this process:

Grievant Signature: _____

Date: _____



Evaluation Grievance Response Form - Step II

This form is to be completed by the Director of Schools following receipt of a grievance. This form must be completed within 15 days of receipt of a grievance. Please return this completed form to the Grievant. Please refer to Board Policy 5.109 and Administrative Directive 5.109.1 for information related to this form.

Grievant's Name: _____

School: _____ **Position:** _____

Date of Initial Grievance Submission: _____ **Date of Grievance Appeal:** _____

Evaluator's Name: _____

Position: _____ **Date of Step I Response:** _____

Type of Meeting Held: Informal Formal Hearing **Date of Meeting/Hearing:** _____

Attendees Present: _____

Supporting Documentation and Evidence: *(List and attach any documents, records, or other evidence supporting the evaluator's response to the grievance. This can include performance evaluations, meeting notes, email communications, policy documents, etc.)*

Director's Conclusion: After reviewing the grievance, appeal request, and relevant documentation, I find that: *[Summarize whether the grievance is substantiated, unsubstantiated, or partially substantiated and state why.]*

Signature and Acknowledgment

I hereby affirm that the information provided in this response is true and accurate to the best of my knowledge.

Director's Signature: _____ **Date:** _____



Evaluation Grievance Form – Step III

To submit appeal the response of the Director of Schools and request a hearing in front of the Murfreeboro City Schools Board of Education, please complete the following form and submit to the Human Resources Director at maria.johnson@cityschools.net. Written appeals of the Step 2 decision must be submitted to the evaluator no later than 15 calendar days from the date of the result of the Evaluator’s response. Please refer to Board Policy 5.109 and Administrative Directive 5.109.1 for information related to this form.

Grievant Name: _____

Educator License Number: _____ **E-mail:** _____

School/Position: _____

Date of Step I Grievance Submission: _____

Date of Step II Grievance Submission: _____

Evaluator's Name: _____

Position: _____ **Date of Evaluator’s Response:** _____

Date of Director’s Review: _____ **Date of Director’s Decision:** _____

Grounds for Appeal: *Please outline the specific grounds on which you are appealing the Evaluator’s response. Be as clear and detailed as possible, referencing any documentation or evidence that supports your appeal.*

Please attach any documentation or evidence that supports your appeal. This may include emails, meeting notes, policy references, or other materials.

Corrective Action desired by Grievant as a result of this process:

Grievant Signature: _____ **Date:** _____

Please note that the Board has the discretion to grant a hearing before the Board or to make a decision based on the record presented. This appeal will be included on the next regularly scheduled Board meeting following receipt of this request.