

MURFREESBORO CITY SCHOOLS

Evaluation Grievance Form – Step I

Please refer to Board Policy 5.109 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 Maria.Johnson@cityschools.net or deliver to MCS Central Office.

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: _____ **Date:** _____

TO BE COMPLETED BY THE EVALUATOR

Date Received: _____ **Grievance Decision:** _____

Corrective Action Taken:

Signature of Evaluator: _____ **Date Grievant Notified:** _____