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|  | **State Approved**  **Training Concern Form** |

Complete this form if you have had an unsatisfactory experience with a state-approved trainer or training and would like to express your concern to the Department of Children, Youth, and Families (DCYF). More information about the Trainer/Training Concern policy and procedure in the [Professional Development Policy Manual](https://www.dcyf.wa.gov/sites/default/files/pdf/PDPolicyManual.pdf). Submit complete form to [training@dcyf.wa.gov](mailto:training@dcyf.wa.gov).

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| **SECTION 1: APPLICANT INFORMATION** | | | |
| Last Name | First Name | Middle Name | Date of Birth (mm/dd/yyyy) |
| STARS ID | Phone Number | E-mail | |
| **SECTION 2: TRAINING DETAILS** | | | |
| Name of state-approved trainer and Trainer ID: | | | |
| Title of training attended: | | | |
| Training Start Date (mm/dd/yyyy) | | Training End Date (mm/dd/yyyy) | |
| **SECTION 3: CONCERN DETAILS** | | | |
| Please provide a detailed description of your concern, including specific examples. | | | |
| **SECTION 4: STATEMENT OF UNDERSTANDING** (Signature Required to Process Request) | | | |
| The information I provided is true and accurate. I authorize the DCYF to enter this information into the Managed Education and Registry Information Tool (MERIT), a secure system owned and operated by DCYF. I understand that:   * Information shared with DCYF becomes public record and some information in public records is available to the general public upon request. * All forms and documentation submitted to DCYF will become the property of DCYF.   **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |