



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**. Submit complete form to training@dcyf.wa.gov.

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)			
<p>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:</p> <ul style="list-style-type: none"> • 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 _____	