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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.

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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |