

[Achieve – The MN Center for Professional Development](#) follows requirements set by the [MN Department of Human Services](#) to uphold the integrity of MN’s Professional Development system for Early Childhood Providers. Approved Training Event content listed in Develop’s [Search for Training](#) tool is created by highly qualified [Course Writers](#) and are presented by highly qualified [Trainers](#) and/or [Training Sponsor Organizations](#). Every Training Event is offered with the intent and expectation of providing attendees with the valuable knowledge and high-quality professional development experiences they need to reach their goals.

The quality of your experience while attending Training Events found in Develop is very important to us.

You have the right and are encouraged to supply general feedback and/or report training quality concerns related to your experience.

Please review the two methods available to you for sharing details about your experience:

- **Method One: General Feedback**
 - Complete the [Trainer and Training Evaluation Tool](#) (TTET) found on the Training Tab of your Develop profile.
 - This Develop tool allows you the option to anonymously provide informal general feedback directly to the trainer about the approved training event you attended.
- **Method Two: Notable Concerns**
 - Complete the Training Quality Concern Form on the next page and send it to Achieve for review. See the [Training Quality Concern policy](#) for more details and examples.
 - Individuals are encouraged to report their training concern(s) experiences upon witnessing an Approved Trainer, Course Writer, or Training Sponsor break one or more of the agreements detailed in the:
 - [Trainer Agreement](#)
 - [Course Writer Agreement](#)
 - [Training Sponsor Organization Agreement](#)

By completing and submitting this form, you will initiate a supportive mediation process to reach resolution. [Achieve](#), together with [Trainer & RBPD Support Services](#) (TARSS), will review your concern(s) in a timely manner, under the direction of MN DHS.

Complete the form and submit it to:

- Toll-free Fax: 877-379-2467
- support@mncpd.org
 - Write Training Quality Concern in the subject line.

All concerns must be submitted to Achieve by a direct witness within 30 days* of the training experience.

**Concerns must be reported quickly to ensure the most accurate recollection by all involved. Timely reporting of concerns helps to protect the future experiences of other potential attendees.*

Section 1: Your Information: *Your information will always be kept confidential and is for our records only.*

| | | | |
|--------------|--|--------------------|--|
| Name: | | Develop ID: | |
|--------------|--|--------------------|--|

Section 2: Training Information:

| | | | |
|------------------------|--|-------------------|--|
| Date: | | Location: | |
| Trainer Name: | | Event ID#: | |
| Training Title: | | | |

Section 3: Type of Concern: *Check all that apply.*

| | | | |
|----------------|----------------|-----------------------------|--------------|
| Trainer | Content | Learning Environment | Other |
|----------------|----------------|-----------------------------|--------------|

Section 4: Details of Quality Concern: *Be specific and state facts. Use guidance and **examples** listed in the Training Quality Concern policy for reference. If possible, please provide supporting documentation.*

Acknowledgement

My signature below confirms this completed form is true and correct to the best of my knowledge. I understand my submission of this form initiates an inquiry. I agree to participate (if requested) in the process. I understand the Trainer, Course Writer, and/or Training Sponsor Organization named has the right to obtain a redacted version of my statement as part of the documentation in accordance with due process. I understand my identifiable information will be kept confidential.

| | | | |
|-------------------|--|--------------|--|
| Signature: | | Date: | |
|-------------------|--|--------------|--|