

At Achieve we proudly support you – a valuable member of the MN Childhood Care and Education Workforce. The quality of training you receive is very important to us. Please use the form on the second page to inform us of your experience.

Achieve – The MN Center for Professional Development approved trainers are required to present themselves in a manner which will promote professional development for the field of early childhood and school age care.

You have the right to file a complaint with Achieve when:

- The trainer has not entered your attendance within three days of you attending the approved training event.
- You witness an Achieve approved trainer engage in behavior or actions that are unethical or unprofessional.
 - Behaviors or actions must have been witnessed at a training or professional event where the approved trainer was representing the Achieve Approved Trainer community.
 - Complaints must be submitted by a direct witness and within 15 days of the training event. *Anonymous complaints will not be investigated.*
 - Submission of this form constitutes a formal complaint against the named trainer. The investigation may result in disciplinary actions or revocation of the trainer’s approval status.

Complete the form below and submit it to Achieve:

- Toll free Fax: 877-379-2467
- support@mncpd.org
- Mailing Address:
 - Achieve – The MN Center for Professional Development
2908 Marketplace Drive Suite #103
Fitchburg, WI 53719

We’re here to help!

- Toll free phone: 855-378-3131
- support@mncpd.org

Misconduct complaints must be submitted to Achieve by a direct witness within 15 days of the training event.
Please print all information clearly.

Section 1: Complainant Information: *Anonymous complaints will not be investigated.*

Name:		Develop ID:	
Street Address:			
City:		State:	
Zip Code:			
Phone:		Email:	

Section 2: Training Event Information

Date:		Location:	
Trainer Name:		Event ID#:	

Section 3: Complaint Details: *Be specific and state facts. If possible, please provide supporting documentation. Use additional paper if needed.*

COMPLAINT STATEMENT

I understand that by signing this trainer misconduct complaint form, I am initiating and agreeing to participate in the investigation process. I understand that the trainer has the right to obtain a redacted version of my statement as part of the evidence in accordance with due process. I understand all of my identifiable information will be kept confidential.

Signature:		Date:	
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