

Attachment D

Restrictive Measures Training Request

Organization/Agency Requesting Training: _____

Anticipated Number of Participants: _____
(maximum of 40)

Location of Training (City/facility): _____

Contact for Requested Training & Phone Number: _____

Restrictive Measures trainings shall be provided upon request at no charge. Requesting organizations/agencies are responsible for securing a site/location for the requested training. Training requests should be submitted as far in advance as possible. Copies of all handout materials will be sent electronically by the Restrictive Measures trainer to the requesting organization for copying prior to the training.

Please complete and return this Training Request form to Julie Shew via fax: (920) 303-3031 or e-mail: julie.shew@dhs.wisconsin.gov.