Bureau of Special Investigations Referral Form

Record <u>all</u> pertinent information related to the Referral in the space below. Anonymous informants who do not wish to be contacted must be asked to provide as much information as possible to ensure allegations can be investigated.

Please phone 1-877-282-6657 OR fax (518) 402-1637 OR email: foodfraud@health.ny.gov OR bsiwicvendors@health.ny.gov OR mail the completed Referral to BSI, PO Box 2061, Albany, NY 12220-2061.

Individual Tak	ina Boforr	al.								
Individual Taking Referral										
Name						LA/VMA Name				
Email					Phone #	()				
Informant/Caller Information										
Does Informant/Calle						aller wish	to	Vaa 🗆 Na		
Name						remain anonymous?		□ Yes □ No		
Address	Street					City/Town		State	Zip	
Email						Phone #	()			
						<u> </u>				
Referral Information										
Complete Relevant Information Based on the Subject of the Referral										
Subject of the Referral (Who/What is the referral about)			☐ Vendor/Store/Store Employee ☐ WIC Local Agency/WIC Vendor							
			☐ Vendor/Store/Store Employee Manager					cy/WIC S	taff	
		ut)	☐ WIC Partici	ipant		☐ Other				
Date Referral Received						Date(s) of Inciden	t			
Complete this Section if the Referral is about a WIC Vendor/Store/Store Employee										
Store Name										
Store Address		Stre	et			City/Town		State	Zip	
Phone #		()			Vendor ID #			•	
Store Owner's Name										
Store Employee Name										
Complete this Section if the Referral is about a WIC Participant										
Participant Name										
Participant Address	Street					City/Town		State	Zip	
ID#				Phone #	()	DOB		•	
WIC Local Agency/WIC Vendor Management Agency/WIC Staff										
LA/VMA Name										
Staff Name										

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Description of Incident and/or Information Regarding the Referral (attach additional sheets if needed). Ask open-ended questions using the "who/what/when/where/why/how" format. To correct electronic formatting errors click out of description box.							
To correct electronic formatting errors eller out or description is	TOOK.						
Resolution Informa	nation						
Description of Resolution:							
Completed By:	Date Completed:						