

# WIC Program Complaint Form

Local agencies and vendor management agencies must respond to all reported complaints involving WIC participants, WIC store owners or employees, or WIC staff. Refer suspected WIC Program fraud or abuse using the Bureau of Special Investigations Referral Form.

Record all pertinent information related to the Participant/Vendor Complaint in the space below. Anonymous informants who do not wish to be contacted must be asked to provide as much information as possible.

Individual Taking Complaint				
Name		LA/VMA Name		
Email		Phone #	( )	
Informant/Caller Information				
Name		Does Informant/Caller wish to remain anonymous?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Street	City/Town	State	Zip
Email		Phone #	( )	

Complaint Information				
Complete Relevant Information Based on the Subject of the Complaint				
Subject of the Complaint <small>(Who/What is the complaint about?)</small>	<input type="checkbox"/> Vendor/Store/Store Employee		<input type="checkbox"/> WIC Local Agency/WIC Vendor Management Agency/WIC Staff	
	<input type="checkbox"/> WIC Participant		<input type="checkbox"/> Other	
Date Complaint Received		Date(s) of Incident		

WIC Vendor/Store/Store Employee Information				
Store Name				
Store Address	Street	City/Town	State	Zip
Phone #	( )	Vendor #		
Store Owner's Name				
Store Employee Name				

WIC Participant Information				
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	

# WIC Program Complaint Form

**Description of Incident and/or Information Regarding the Complaint (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.**


## Resolution Information

<b>Description of Resolution:</b>	

<b>Completed By:</b>		<b>Date Completed:</b>	
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