

# NYS WIC 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 and abuse using the New York State 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	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		
eWIC Shopping Issue	<input type="checkbox"/> eWIC Transaction (The following 3 Sections MUST be completed)		
Date Complaint Received		Date(s) of Incident	

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

WIC Participant Information				
Participant Name				
Participant Address	Street	State	Zip	
ID #		Phone #		DOB

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eWIC Information		
<b>Which items were unable to be purchased (Include Brand, Size, and Flavor)?</b>		
Can they provide the UPC(s) for those items?	<input type="checkbox"/> YES <input type="checkbox"/> NO	UPC:
Were they successful in purchasing these items in a previous shopping trip using eWIC?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, was it the same benefit period or a previous one?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Did they successfully purchase other WIC items at the same shopping trip?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, what items?		
Can they send a copy or picture of their receipt?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, attach receipt
Can a State staff member call the participant directly?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Phone Number:

WIC Local Agency/WIC Vendor Management Agency/WIC Staff	
LA/VMA Name	
Staff Name	
<b>Description of Incident and/or Information regarding the Complaint (attach additional sheets if needed)</b>	

Resolution Information	
Description of Resolution	
Completed By	
Date Completed	