

Record all 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 Taking Referral

Name

LA/VMA Name

Email

Phone # ()

Informant/Caller Information

Name

Does Informant/Caller wish to remain anonymous? Yes No

Address

Street

City/Town

State

Zip

Email

Phone # ()

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 Management Agency/WIC Staff
 WIC Participant
 Other

Date Referral Received

Date(s) of Incident

Complete this Section if the Referral is about a WIC Vendor/Store/Store Employee

Store Name

Store Address

Street

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

