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: <a href="mailto:foodfraud@health.ny.gov">foodfraud@health.ny.gov</a> OR <a href="mailto:bsiwicvendors@health.ny.gov">bsiwicvendors@health.ny.gov</a> 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	☐ Vendor/Store/Store Employee			
(Who/What is the	p/What is the WIC Local Agency/WIC Vendor Management Agency/WIC Staff			
referral about)	☐ 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	the Referration about a 1120 far trespaint			
Participant Address	Street			
	City/Town	State	Zip	
ID#	Phone # ( )	DOB		
WIC Local Agency/WIC Vendor Management Agency/WIC Staff				
LA/VMA Name				
Staff Name				

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.			
Resolution Information			
Description of Resolution:			
Completed Du	Data Completed		
Completed By:	Date Completed:		