WIC VENDOR COMPLAINT AGAINST WIC CLIENT

Name of Store: _____

Location of Store: _____

Date Problem Noted: _____ Approximate Time of Day: _____

Description of Complaint - Describe Fully What Happened: _____

_____

_____

_____

Description of WIC Client and Other Persons Involved - Include Names and/or Physical Description

(Race, Height, Weight, Age, etc.), and I.D. Number/eWIC card number if Possible: _____

_____

_____

_____

_____

_____

Name & Title of Person Reporting the Problem: _____

Signature of Person: _____

Other Store Personnel Who Witnessed the Incident.

Signature:_____

Date Complaint Reported:

_____

.....

THIS SECTION TO BE COMPLETED BY WIC OFFICE ONLY

Follow-up Action Taken: _____

_____

_____

_____

Date Taken: _____ By Whom: _____