

# FRAUD REPORT



## INCIDENT INFORMATION:

Today's Date: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM / PM

### REPORT A RETAIL STORE

Store Name: \_\_\_\_\_

Store Address: \_\_\_\_\_

Store Phone #: \_\_\_\_\_

### REPORT A PARTICIPANT

eWIC Card Number, if known: \_\_\_\_\_

WIC Participant's Address: \_\_\_\_\_

Participant's Phone #: \_\_\_\_\_ Family ID #: \_\_\_\_\_

## INCIDENT TYPE:

- Buying or trading WIC benefits for cash or credit.
- Selling or giving away formula or other WIC items purchased with WIC benefits.
- Buying or selling unauthorized items with WIC benefits.
- Retailer did not scan UPC or PLU affixed to item being purchased.
- Retailer did not post prices.
- Retailer did not provide a receipt.
- Retailer not authorized to accept eWIC.
- Participant did not report all of the family income.
- Other

## INCIDENT DETAILS: Please provide as much information about the incident as possible.

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## WITNESS INFORMATION: NOT REQUIRED - this information is confidential.

Witness Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Return completed form by mail or fax:

**Mail:** Maryland WIC Program  
201 W. Preston Street, 1st Floor  
Baltimore, MD 21201

**Fax:** 410-333-5683