# Maryland WIC

## Participant Complaint Form

### INCIDENT INFORMATION:

Today's Date: _____

Date of Incident: _____ Time of Incident: _____ AM / PM

WIC Participant's Name: _____ Family ID #: _____

### INCIDENT INFORMATION:

Store Name: _____ WIC Vendor ID #: _____

Store Address: _____

Store Phone #: _____

Store Staff Name(s): _____

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

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### ACTION TAKEN: What action did the WIC Local Agency or the State take?

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### LOCAL AGENCY INFORMATION:

Local Agency: _____ Clinic: _____

Staff 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

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