FARMER COMPLAINT FORM

Instructions: If you have a complaint against a WIC participant, complete this form (except for the section below shaded area at the bottom of the page) and mail or fax it to the State WIC Office. If more room is needed, use the back of this form or attach a separate page.

Participant name __________________ Family ID number ______________________
Customer’s name __________________ Date and time of incident ________________

☐ Abused staff by

☐ Bought/tried to buy unauthorized items:

☐ Redeemed/tried to redeem an invalid FVC. Explain:

☐ Returned/tried to return WIC foods:

☐ Other:

What action did your staff take? ____________________________________________

Witnesses: ________________________________________________________________

Farmer’s name: __________________________ FMNP ID number: ________________

Person making this report: _________________________________________________

Fax to State WIC Office: 410-333-5683. You may also mail this form to: Maryland WIC Program, 201 W. Preston Street 1st Floor, Baltimore, MD 21201

For State Use Only:

Instructions: Explain any action taken and note the same in WOW.

Action taken:
Local Agency or Staff signature: __________________ Title: __________________