VENDOR COMPLAINT FORM

Instructions: If you have a complaint against a WIC participant, complete this form (except for the section below the double lines 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/try to buy unauthorized items: _____________________________________________

☐ Redeemed/try to redeem an invalid check. Explain: _________________________________

☐ Returned/try to return WIC foods: ________________________________________________

☐ Other: _________________________________

What action did your staff take? ____________________________________________________

Witnesses: _____________________________________________________________________

Store name: _____________________________ WIC Vendor ID number: _________________

Person making this report: ________________________ Title ____________________________

For local agency use only:

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

Action taken: ___________________________________________________________________

Local Agency Staff signature: ____________________________ Title: _____________________

Fax to State WIC Office: 410-333-5683

Revised August 2014