

VENDOR/PARTICIPANT COMPLAINT WISCONSIN WIC PROGRAM

Instructions: Complete this form and submit it to your local WIC agency.

Local WIC Agencies: Submit the completed form to the State WIC Office. If the complaint is related to an eWIC transaction issue, use the eWIC Transaction Issue form (F-01835).

SECTION I

Complaint filed by:		Complaint is against:	
<input type="checkbox"/> Participant <input type="checkbox"/> Vendor # <input type="checkbox"/> Other:		<input type="checkbox"/> Participant <input type="checkbox"/> Vendor # <input type="checkbox"/> Other:	
Name (person or entity filing complaint)		Name (person or entity complaint is against)	
Address		Address	
City	Zip Code	City	Zip Code

SECTION II

Date of Incident	Time of Incident	Store Personnel Name	Cash Register #
Was there a witness to the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is it okay to contact the witness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Witness Name (if applicable)		Telephone ()	
Is there a transaction receipt available? If yes, please attach to form. <input type="checkbox"/> Yes <input type="checkbox"/> No			

Description of complaint (provide as much information as possible; use the reverse side of form if needed):

SIGNATURE – Complainant

DATE

SECTION III (To be completed by the Local WIC Agency Representative)

Date Complaint Received			
Representative's Name		Representative's Email Address <i>*Required for follow-up</i>	
Representative's Title		Project Name	Project Number
Did the local agency provide the participant (if applicable) with additional WIC education? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Details of any education provided:

Local Agency Instructions: Return the completed form, along with any attachments to the State WIC Office.

Mail: WIC Vendor Unit PO Box 2659 Madison, WI 53701-2659	Fax: 608-266-1514	Email: DHSWICVendor@wisconsin.gov
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