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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-01835 (09/2016) | | | | **STATE OF WISCONSIN**  608-266-6912 | | |
| **eWIC TRANSACTION ISSUE** | | | | | | |
| EBT Account Number | | Urgent?  Yes  No | | Reason for Urgency | | |
| Store Name | | | | City | | WIC Vendor Number |
| Contact at Store if Applicable | | | | Benefit Expiration Date | | |
| Date of Transaction | | | Approximate Time of Transaction | | Dollar Value of Transaction | |
| Register Where The Transaction Took Place (for example:  *Lane 14, Customer Service, Pharmacy, etc.)* | | | | | | |
| Items Purchased/attempted to Purchase: *(include UPC of item if known)* | | | | | | |
| Error Message if applicable | | | | | | |
| Has the participant bought these items before?  Yes  No | | | | Did the participant leave with the item/s?  Yes  No | | |
| Additional Comments | | | | | | |
| **Receipts and pictures of items are invaluable to resolving the issue.**  **If such images are available, please include with this form.** | | | | | | |
| Name of WIC Staff Submitting Form | | | | Project Number (if applicable) | | |
| Email | | | | Phone Number | | |
| Return completed form  with attachments to: | Chris Grover ([chris.grover@wi.gov](mailto:chris.grover@wi.gov)) and Carrie Coenen ([carrie.coenen@wi.gov](mailto:carrie.coenen@wi.gov)) | | | | | |
| **STATE OFFICE USE ONLY** | | | | | | |
| Received By | | | | Date Received | | |
| Outcome | | | | | | |