# PARTICIPANT INTEGRITY INVESTIGATION

**WISCONSIN WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM**

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| **Instructions:** This form is to be used to document participant integrity investigation activities related to complaints and social media referrals made against participants, parents or caretakers of infant or child participants, and cardholders.  Pages 1 and 2 are completed by the Referring WIC Representative prior to sending to the Local Agency for investigation. Complete all sections of this form. Write “N/A” in any fields that are not applicable. If additional space is needed, supplementary pages may be attached. Note this attachment in the appropriate field. Local agencies must retain the completed form and related referral documents in the participant’s file according to WIC Policy 10.42 Records Retention.  **Confidentiality Notice:** Any complaint information that identifies a participant, family member of a participant, or a vendor is considered confidential. Completed forms may only be shared with authorized staff and must be sent through secure methods. | | | | | | | | | |
| **SECTION I — REFERRING WIC REPRESENTATIVE** | | | | | | | | | |
| Name — Referring WIC Representative | | | | | Title — Referring WIC Representative | | | | |
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| Email Address — Referring WIC Representative | | | | | Date — Referral Sent to Local Agency | | | | |
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| **SECTION II — COMPLAINT INFORMATION** | | | | | | | | | |
| Name — Subject of the Complaint | | | | | | | | | |
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| Provide a Brief Summary of the Complaint | | | | | | | | | |
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| **SECTION III — FAMILY INFORMATION** | | | | | | | | | | |
| Family ID | | | | | | | | | | |
| Family Information  *(Relationship should be completed as guardian, alternate, child, or infant.*  *Include all active and terminated family members to assist in identifying the individual in question.)* | | Name | | Relationship | | Date of Birth | | Person ID | | |
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| **SECTION IV — REDEMPTION INFORMATION AND SCREEN SHOT IMAGES** | | | | | | | | | | |
| **A. Redemption Information** *(located in ROSIE)*  Include any transaction details demonstrating participant program abuse or misuse of items purchased with WIC benefits | | | | | | | | | | |
| Transaction Date | Vendor Name | | Vendor ID | WIC Food Item  (brand, variety, and size) | | | Total Quantity Redeemed | | Unit Cost | |
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| **B. Screen Shot Images**  Include any images demonstrating program abuse or misuse of items purchased with WIC benefits or confirming the identity of the subject of the complaint. | |
| Description — Image 1 | Description — Image 2 |
| Description — Image 3 | Description — Image 4 |

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| SECTION V — INVESTIGATING LOCAL AGENCY INFORMATION | | | | | | | | | | |
| Date — Complaint Referral Received by Agency | | | | Date — Complaint Logged in Participant Integrity Reporting Log | | | | | | |
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| Name — Local Agency Representative | | | | Email Address — Local Agency Representative | | | | | | |
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| Title — Local Agency Representative | | Project Name — Local Agency | | | | | Project Number — Local Agency | | | |
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| **SECTION VI — COMPLAINAINT AND WITNESS STATEMENT(S)** | | | | | | | | | | |
| **A. Complainant Statement** | | | | | | | | | | |
| Name — Complainant | Phone Number (if available) | | | | Date Collected | | | | | Time Collected |
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| Statement Details (provide as much information as possible) | | | | | | | | | | |
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| **SIGNATURE** (if available)—Complainant | | | | | | Date Signed | | | | |
| **B. Witness Statement** | | | | | | | | | | |
| Name — Witness | Phone Number (if available) | | | | Date Collected | | | | | Time Collected |
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| Statement Details (provide as much information as possible) | | | | | | | | | | |
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| **SIGNATURE** (if available)—Witness | | | | | | Date Signed | | | | |
| **C. Witness Statement** | | | | | | | | | | |
| Name — Witness | Phone Number (if available) | | | | Date Collected | | | | | Time Collected |
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| Statement Details (provide as much information as possible) | | | | | | | | | | |
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| **SIGNATURE** (if available)—Witness | | | | | | Date Signed | | | | |
| SECTION VII – PARTICIPANT OR ALTERNATE CARDHOLDER STATEMENT | | | | | | | | | | |
| Name — Participant | | | | Phone Number (if known) | | | | | | |
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| Statement Made by:  Phone  In-person  Other: | | | Date Collected | | | | | Time Collected | | |
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| Statement Details (provide as much information as possible) | | | | | | | | | | |
| **SIGNATURE** (if available) — Participant | | | | | | | | | Date Signed | |
| SECTION VIII — COMPLAINT RESOLUTION | | | | | | | | | | |
| A. Participant or Alternate Cardholder Education | | | | | | | | | | |
| 1. Was WIC education provided to the subject of the complaint?  No  Yes (provide details of education provided) | | | | | | | | | | |
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| **B. Program Overpayment** | | | | | | | | | | |
| 1. Was an overpayment identified?  No  Yes | | | | | | | | | | |
| 2. If an overpayment was identified, did it require a payment plan?  No  Yes (provide details of payment plan) | | | | | | | | | | |
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| **C. Program Sanctions** | | | | | | | | | | |
| 1. Was a program sanction imposed?  No  Yes | | | | | | | | | | |
| 2. If a program sanction was imposed, what is the length of time?  1 Year  6 Months  3 Months  1 Month | | | | | | | | | | |
| **D. Additional Investigation Details** | | | | | | | | | | |
| 1. Provide any relevant investigation information not otherwise detailed in this form (if applicable). | | | | | | | | | | |
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| **SIGNATURE** — Local Agency Representative | | | | | | | | | Date Signed | |