



Memorandum

#16-012

TO: WIC Regional Directors
WIC Local Agency Directors

FROM: Amanda Hovis, Director
Nutrition Education/Clinic Services Unit
Nutrition Services Section

DATE: February 5, 2016

SUBJECT: Vendor Complaints



Purpose

To distribute the revised complaint form (Attachment 1) and provide instructions for submitting complaints to the State Agency (SA).

Procedure

We want to be aware of the vendor complaints in all Local Agencies around the state. We understand that you resolve many of the complaints with the vendors in your area without SA staff becoming involved. To increase our understanding of the issues across the state, please fill out a vendor complaint form and email it to WICVendorInfo@dshs.texas.gov or fax it to 512-341-4460 with a brief description of the situation and how it was handled. This information will help us see trends and address issues with vendors on a broader scale.

We appreciate your help in this matter and look forward to improving the shopping experience for WIC participants.

Should you have questions or comments, please contact us:

- By phone: 1-800-252-9629; or,
- Via email: WICVendorInfo@dshs.texas.gov
- Fax: 512-341-4460

WIC Vendor Incident/Complaint Form

Complete form with documents, (including store receipts & Client Shopping List), contact the Vendor Liaison (VL) for your LA. If VL cannot resolve the issue, contact your State Agency LA Liaison. If issue is not resolved, you may forward to: WICVendorInfo@dshs.state.tx.us; or fax to 512-341-4422.

Today's Date: _____ LA # _____ Staff Person Taking Info & Phone Number: _____

Person Making Vendor Complaint & Phone Number: _____

Participant Name & Phone Number: _____

PAN#: _____

LA Staff Name & Phone Number: _____

Incident Description:

Check out Issue: Not allowed to purchase item Register/System issue Other: _____

What was client attempting to purchase? _____

What brand/type? _____ What size? _____

If LEB item, was it labeled with pink WIC Approved Item sticker? Yes No

How much was the client attempting to purchase? _____

Does the client have store receipts? (Purchase receipt and WIC EBT Beginning Balance, Food Redemption, and Ending Balance) Yes No

If possible, when submitting complaint include all receipts and client's current shopping list

If system issue, what was the message? _____

Description of the complaint? (*Attach separate page if needed*) _____

Customer Service Issue: Rudeness Verbal Abuse Other _____

Store Information:

Name: _____ Acct: _____ Outlet: _____

Address (*need at least the street name*): _____

City: _____

Date of Incident: _____ Time of incident: _____ am/pm Lane#: _____

Cashier Name/Description: _____

Store contact(s) Name/Position (cashier/manager) _____

State Use Only Vendor Use Only - Assigned to: _____ Date Assigned: _____ Date Resolved: _____ Ltr Req: Y N DIG sent a copy Y N