

WIC Vendor Incident/Complaint Form – Phone Complaint

Today's Date: _____ Person Taking Information: _____

Person Making Complaint & phone # -

- Participant _____
- LA _____
- Vendor _____
- Other _____

STORE INFORMATION:

Name: _____
 Address: _____
 City: _____

Street/Intersection: _____
 Local Agency # : _____
 WIC Acct #: _____ Outlet # _____

STORE TYPE (check one):

- Chain Retail Store
- Grocery Store
- Convenience Store
- WIC Only
- Pharmacy
- Farmer's Market

Date of Incident: _____ **Time of Incident:** _____ am / pm **Store Lane:** _____

Cashier Name/Description _____

Store Contact(s) name/position _____

Incident Description (detail specific):

Incident Type:

- _____ WIC FOOD Item(s) (brand/quantity) _____
- Quantity Quality Stocking Card Max/Price Not allowed to get items
 - Other _____

CUSTOMER SERVICE

- Rudeness Verbal Abuse Other _____

_____ **FRAUD:** exchanging Food Voucher for gas / cash / non-food items / other _____

STATE ACTION/RESOLUTION

Vendor/LA/Participant Contacted Y / N Date: _____ Phone # _____
 Contact Person: _____ Position _____
 State Person: _____

Vendor/LA/Participant Action/Response:

Letter to Vendor date: _____ written by: _____

IMMEDIATELY RETURN ALL FORMS TO VENDOR RELATIONS & SUPPORT DIVISION (Shoal Creek)

Data entered date: _____ by: _____