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 OIG sent a copy Y N

Revised 02/01/2016