WIC Complaint Data Entry Document*

Complaint date: _____

Staff taking complaint: _____

Complaint is against:

Name: _____

Location: _____

Description: _____

(Check one)

□ WIC client
□ Farmer
□ Farmers' market
□ Vendor
□ Other

Complaint source:

(Check one)

☐ WIC client ID: _____

☐ WIC vendor Location: _____

☐ Other: _____

Name: _____

Phone: ( ) _____

Address: _____

City: _____ **ZIP**: _____

This information is kept confidential unless permission is obtained from the source. If source does not want to give name, enter "Anonymous."

Issue:

☐ Rude/unfair treatment
☐ Discrimination/civil rights
☐ Authorized foods
☐ Incorrect foods purchased
☐ Selling, attempting to sell or giving away eWIC card or WIC foods
☐ Children not living with guardian
☐ Other: Please describe ➲

Description:

(Continue on back if needed)

Action taken by WIC staff: **Date:** _____

Please summarize action taken.

(Continue on back if needed)

Refer this complaint to:

_____

Name

**** Enter the information from this form into TWIST within 3 working days.***