

# WIC Shopper Complaint Card

Store name:	Store vendor ID:
Store contact name:	Store phone number:
Date incident occurred:	Time incident occurred:
Voucher Number, WIC ID Number, or last 4 digits of the eWIC Card:	
Other transaction information (e.g. details from receipt, foods purchased, etc.):	

Please describe what happened (be specific):

Thank you for your cooperation. If you have further information regarding the incident, please call 1-877-807-0889. If you have any questions or need this form in an alternate format, please call (971) 673-0040.

WIC is an equal opportunity provider and employer.

57-1005-ENG (8/2017)





NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL      PERMIT NO. 389      PORTLAND OR

POSTAGE WILL BE PAID BY ADDRESSEE



OREGON WIC COMPLIANCE COORDINATOR  
OREGON PUBLIC HEALTH DIVISION  
PO BOX 14450  
PORTLAND OR 97293-9901

