

Complaint date: _____

Staff taking complaint: _____

Complaint is against:

Name: _____

Location: _____

Description: _____

(Check one)

<input type="checkbox"/> WIC client	<input type="checkbox"/> Local agency
<input type="checkbox"/> Farmer	<input type="checkbox"/> Program (in general)
<input type="checkbox"/> Farmers' market	<input type="checkbox"/> Vendor
<input type="checkbox"/> 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
- Eligibility determination
- 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.*