

COMPLAINT FORM



Person(s) making the complaint must complete Sections 1 through 3.
 WIC Staff responding to the complaint must complete Section 4.

SECTION 1			
Who is making this complaint?			
Participant	S Store	Farmer	Local Agency
Name		Telephone #	
Address		City, State, Zip Code	
SECTION 2			
Who is this complaint against?		Name/ID#/Card # (if known)	
Participant			
Store/Farmer		Name/Location	
Local Agency		Name	
SECTION 3			
Date of Incident	Time of Incident	Name or physical description of person(s) involved (gender, height, weight, age, race, etc.)	
Description of What Happened (Be as detailed as possible, who, what, where, when, UPC's and, if applicable, attach copies of receipts and pictures of items.)			
SECTION 4 (For WIC Staff Only)			
Describe Action Taken to Resolve Complaint			
Name of Staff Person		Date	Telephone #
Email Address			

Email completed form to mdh.wicvendor@maryland.gov

This institution is an equal opportunity provider.