

FRAUD REPORT



INCIDENT INFORMATION:

Today's Date: _____

Date of Incident: _____ Time of Incident: _____ AM / PM

REPORT A RETAIL STORE

Store Name: _____

Store Address: _____

Store Phone #: _____

REPORT A PARTICIPANT

eWIC Card Number, if known: _____

WIC Participant's Address: _____

Participant's Phone #: _____ Family ID #: _____

INCIDENT TYPE:

- Buying or trading WIC benefits for cash or credit.
- Selling or giving away formula or other WIC items purchased with WIC benefits.
- Buying or selling unauthorized items with WIC benefits.
- Retailer did not scan UPC or PLU affixed to item being purchased.
- Retailer did not post prices.
- Retailer did not provide a receipt.
- Retailer not authorized to accept eWIC.
- Participant did not report all of the family income.
- Other

INCIDENT DETAILS: Please provide as much information about the incident as possible.

WITNESS INFORMATION: NOT REQUIRED - this information is confidential.

Witness Name: _____ Phone #: _____

Return completed form by email, mail or fax:

Email: mdh.wic@maryland.gov Mail: Maryland WIC Program Fax: 410-333-5683
201 W. Preston Street, 1st Floor
Baltimore, MD 21201