COMPLAINT FORM

WIC MARYLAND
BETTER NUTRITION, BRIGHTER FUTURE

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 ☐ Store ☐ Farmer ☐ Local Agency			
Name		Telephone #	
Address		City, State, Zip Code	

SECTION 2	
Who is this complaint against? ☐ Participant	Name/ID#/Card # (if known)
☐ 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	Email Address	Telephone #

Email completed form to mdh.wicvendor@maryland.gov

This institution is an equal opportunity provider.