

## VENDOR / PARTICIPANT COMPLAINT WISCONSIN WIC PROGRAM

Print clearly using blue or black ink. The completed form is to be submitted to your Local WIC Project Office.

### SECTION I

#### Complaint filed by

Participant \_\_\_\_\_ Vendor \_\_\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

#### Complaint is against

Participant \_\_\_\_\_ Vendor \_\_\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

### SECTION II

This section to be completed by person making the complaint

Date of incident \_\_\_\_\_

Person who witnessed incident \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
(if different from person filing complaint)

Address \_\_\_\_\_  
Street City State Zip

Description of complaint (Provide as much information as possible. Use the reverse side of form if needed)

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SIGNATURE - Complainant \_\_\_\_\_ Date Signed \_\_\_\_\_

### SECTION III

This section to be completed by WIC Program Representative

Date Complaint Received \_\_\_\_\_

Representative Receiving Complaint \_\_\_\_\_

Title \_\_\_\_\_ Project Name \_\_\_\_\_ Project No. \_\_\_\_\_

Resolution of Complaint \_\_\_\_\_

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Contacted WIC Vendor Management Section Yes \_\_\_\_\_ No \_\_\_\_\_