

Hawaii WIC Program VENDOR COMPLAINT FORM

On _____ at _____ : _____ am/pm
Date (Month, Day, Year) Time (Hour : Minutes)

Customer's Name and/or Description _____ Client I.D. # _____

Using WIC Check(s) _____ tried to:
(Black) Check Number(s)

- Purchase unauthorized food with a WIC check (*please describe food below*)
- Did not sign check
- Use a WIC check before/after valid date (*circle "before" or "after"*)
- Purchase WIC foods with an invalid WIC Identification Folder (*missing or mis-matched signatures*)
- Return WIC food for cash, credit, or non-WIC items
- Purchase non-food items with WIC check (*please describe items below*)
- Exchange WIC check for cash, credit (includes rain checks), or non-WIC items
- Use an altered WIC check (*please describe alteration below*)
- Use a pre-signed WIC check
- Other (*please describe below*)
- Customer was abusive toward store personnel (*please describe below*)
- Store has prohibited customer from store; will be refused if returns to store

Vendor comments/statement: _____

Did transaction go through? Yes No After corrections
Copy of WIC check attached? Yes No
Additional comments attached? Yes No

Vendor Name and WIC Vendor # _____ Address/City _____

Vendor Employee Name _____ Phone Number _____

Fax to: (808) 586-8189
Mail to: WIC Vendor Management Unit, 235 S. Beretania Street, Suite 701, Honolulu, HI 96813
Phone: (808) 586-4776 or 1-888-820-6425