

# HELP WIC STORES TO IMPROVE

Date: \_\_\_\_\_

Vendor/Farmer Name: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM/PM

Cashier's Name: \_\_\_\_\_

Cashier's Description:  Male  Female Race: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Complaint: \_\_\_\_\_

Complaint filed by:  Participant:  Local Agency Staff Member: \_\_\_\_\_  
Name (optional): \_\_\_\_\_

Participant ID Number: \_\_\_\_\_ Check or CVV Number: \_\_\_\_\_

Address (optional): \_\_\_\_\_

Address 2 (optional): \_\_\_\_\_

Phone No. (optional): \_\_\_\_\_ Phone Extension: \_\_\_\_\_

The statements I have made are true.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

Received by: \_\_\_\_\_

Signature of Local Agency Staff

\_\_\_\_\_  
Date

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

If you think you have been discriminated against on the basis of breastfeeding, write the Hawaii WIC Services Branch, 235 South Beretania Street, Suite 701, Honolulu, Hawaii 96813-2419 or call (808) 586-8175 on Oahu (voice and TDD) or toll-free from neighbor islands 1-888-820-6425 (voice). This institution is an equal opportunity provider.