

WIC VENDOR COMPLAINT FORM

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

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

Using eWIC Card _____ eWIC Card Number _____ tried to:

- Return WIC food for cash, credit, or non-WIC items
- Customer was abusive toward store personnel (*please describe below*)
- Store has prohibited customer from store; will be refused if returns to store
- Other (*please describe below*)

Vendor comments/statement: _____

Did transaction go through?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of receipt attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional comments attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 South Beretania Street, Suite 701, Honolulu, Hawaii 96813-2419
Phone: (808) 586-4776 or 1-888-820-6425 from Neighbor Islands

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Clinic Ops