

# 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?       Yes       No  
Copy of receipt 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 South Beretania Street, Suite 701, Honolulu, Hawaii 96813-2419  
Phone: (808) 586-8392 email: DOH.WIC.vendor@doh.hawaii.gov

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