



**Vendor Report of Participant Issue**

This form is for reporting issues involving a WIC participant. Please check all boxes that apply, and help us by providing information that will let us follow up appropriately.

*WIC Participant Information*

Participant ID: \_\_\_\_\_ WIC Check Number: \_\_\_\_\_  
Name on WIC Check: \_\_\_\_\_ Customer Name: \_\_\_\_\_

**Food**

Wrong size / amount       Wrong food brand

- |   |   |
|---|---|
| <input type="checkbox"/> Beans /Peas/ Lentils <i>Can/Dry</i>      | <input type="checkbox"/> Juice <i>Liquid or Concentrate</i> |
| <input type="checkbox"/> Canned Fish <i>Tuna/Salmon/ Sardine</i>  | <input type="checkbox"/> Milk                               |
| <input type="checkbox"/> Cereals                                  | <input type="checkbox"/> Peanut Butter                      |
| <input type="checkbox"/> Cheese                                   | <input type="checkbox"/> Soy Beverage                       |
| <input type="checkbox"/> Eggs                                     | <input type="checkbox"/> Tofu                               |
| <input type="checkbox"/> Fruits and Vegetables                    | <input type="checkbox"/> Whole Grain <i>B/BR/Oat/T</i>      |
| <input type="checkbox"/> Infant Food <i>C/F&amp;V/ M/ Formula</i> | <input type="checkbox"/> -Other                             |

**WIC Check**

- Used another person's check without authorization
- Used an altered check
- Used a check before or after valid dates
- Pre-signed a check

**Transactions**

- Signature did not match WIC authorization folder
- Did not have WIC authorization folder
- Attempted to claim cash back from purchase
- Attempted to trade WIC food for other food, cash or credit
- Did not separate WIC food from other food

**Participant:**

- Was the alternate buyer
- Needs more training on WIC foods
- Was rude and/or argued
- Was cooperative when given an explanation of WIC program rules

**Details of incident:**

**Date of incident**      /      /      **at**      :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*WIC Vendor Information*

*Vendor no.* \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physical Location Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Store Manager/WIC Contact \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Name of person filing this report \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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