

Maine CDC, WIC Nutrition Program

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Augusta, Maine 01333-0011

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WIC Customer Report

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

WIC Customer/Participant Information

WIC Customer/Participant Name _____

WIC Card Number (last 4 digits) _____

Store Name: _____ City: _____

Phone Number: _____ e-mail _____

Store Manager/WIC Contact _____

Name of person filing this report _____ Date _____

Transaction Date: _____ Time: _____ AM PM

About your Experience

- | | |
|--|--|
| <input type="checkbox"/> A PIN Issue | <input type="checkbox"/> Was rude and/or argued |
| <input type="checkbox"/> Can't sell product (fill details below) | <input type="checkbox"/> Needs training on WIC foods |
| <input type="checkbox"/> Other experience or idea to improve | Food Type _____ |

Please describe what occurred at the store. You may use the back if you need more space.

Product Information

Product Brand _____

Product Description _____

Package Size: _____ Suggested Retail Price \$ _____

12 Digit UPC Code
(Including check digit) _____

For questions contact us at:

Ph.: 1-800-437-9300 or E-mail: WIC.Maine@Maine.gov



For Resources visit: www.WICforME.com