



Maine CDC WIC Nutrition Program
Tel. (207) 287-3991 or (800) 437-9300
Fax: 207-287-3993

WIC Shopping Experience

WIC wants you to have a positive shopping experience. We appreciate you sharing your concerns and suggestions with us.

If you would like a WIC staff member to contact you regarding the information you provide on this form, please check "Yes" here. Yes No

Participant Information: (optional) used for follow-up questions or inquire store transaction

Participant Name: _____ Participant ID: _____

Phone Number: _____ E-mail: _____

Store Demographics

Store Name: _____ City: _____

Shopping Date: _____ Time: AM PM Cashier Name (Lane #, or ID #) _____

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

Product Information

Product Name: _____

Package Size: _____ UPC: _____

Other

Name of person completing this form if other than WIC Participant: _____ Date: _____

Phone Number: _____ E-mail: _____