



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 WIC AND NUTRITION SERVICES
WIC PARTICIPANT REDEMPTION COMPLAINT

This section completed by PARTICIPANT

COMPLAINT ISSUE: (Use back of form if needed.)

NAME / DESCRIPTION OF STORE EMPLOYEE(S) INVOLVED:

PARTICIPANT'S SIGNATURE:

DATE:

This section completed by LOCAL WIC PROVIDER (LWP) COORDINATOR or REPRESENTATIVE

VENDOR NAME:

VENDOR ADDRESS:

CITY:

PARTICIPANT NAME:

STATE WIC ID:

SPECIFIC FOODS INVOLVED:

CHECK NUMBERS

FOODS ARE WIC APPROVED?

YES NO

DATE OF INCIDENT:

TIME OF INCIDENT:

DATE COMPLAINT WAS RECEIVED BY

/ /

:

AM PM

/ /

LWP COMMENTS / ACTIONS TAKEN / NAME OF STORE PERSONNEL CONTACTED:

DATE OF ACTION:

NAME OF VENDOR REPRESENTATIVE CONTACTED:

LWP REPRESENTATIVE NAME:

DIRECT PHONE NUMBER:

LWP NAME:

COUNTY:

Complaints will be collected at the state level. Serious complaints and/or numerous complaints on the same vendor will be followed up with high risk monitoring. Please collect as much detailed information as possible.

SEND COMPLAINT TO:

**Vendor Compliance
 WIC and Nutrition Services
 P.O. BOX 570
 Jefferson City, MO 65102-0570**

or Fax to: **573 / 526-1470**