

# Appendix E





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
WIC AND NUTRITION SERVICES

**RETAILER CONCERN**

STORE NAME:	VENDOR #:
ADDRESS:	TELEPHONE:
STORE PERSONNEL'S NAME:	TITLE:

**If this is a complaint about a WIC customer please list the agency number, agency name, check number, participant number and participant name from top of the WIC check that was redeemed.**

AGENCY #:	CHECK#:
PARTICIPANT NAME:	PARTICIPANT #:
DATE:	TIME OF INCIDENT:

**DETAILS OF EVENT:**

- WIC customer tried to buy unauthorized items with check.
- WIC customer tried to receive cash for WIC check or in addition to foods.
- WIC customer tried to return items purchased with WIC checks for cash or credit.
- WIC customer was verbally or physically abusive to employees.
- Other \_\_\_\_\_

**ADDITIONAL COMMENTS:**

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(Attach additional sheets as needed)

**MAIL OR FAX TO:**  
 Missouri Department of Health and Senior Services  
 WIC and Nutrition Services  
 P. O. Box 570  
 Jefferson City, MO 65102-0570  
 Fax: (573) 526-1470 or email to  
[MOWICVENDORGROUP@HEALTH.MO.GOV](mailto:MOWICVENDORGROUP@HEALTH.MO.GOV)