STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC AND NUTRITION SERVICES

RETAILER CONCERN

STORE NAME	WIC VENDOR NUMBER
STORE ADDRESS	TELEPHONE
STORE PERSONNEL'S NAME	TITLE

If this is a complaint about a WIC customer, please list the Primary Account Number (PAN) from the eWIC card that was redeemed.

PRIMARY ACCOUNT NUMBER (PAN)

DATE	TIME OF INCIDENT

DETAILS OF EVENT

- ☐ WIC customer tried to buy unauthorized items with eWIC card.
- ☐ WIC customer tried to receive cash for eWIC card in addition to food.
- ☐ WIC customer tried to return items purchased with eWIC card for cash or credit.
- ☐ WIC customer was verbally or physically abusive to employees
- ☐ Other: _____

ADDITIONAL COMMENTS (ATTACHED ADDITIONAL SHEETS AS NEEDED.)

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_____
_____
_____
_____
_____
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MAIL, EMAIL, 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
MOWICVENDORGROUP@HEALTH.MO.GOV

This institution is an equal opportunity provider.