



# LOCAL AGENCY VENDOR COMPLAINT FORM

UTAH WIC PROGRAM

PO Box 141013 • Salt Lake City, Utah 84114-1013

Date of form completion: \_\_\_\_\_

**1. COMPLAINANT**-----

Name(s) of individual(s) making the complaint: \_\_\_\_\_

WIC Participant # and clinic # (if on the Utah WIC program): (Required) \_\_\_\_\_

Address of the above complainant: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**2. COMPLAINT AGAINST**-----

Vendor Name: \_\_\_\_\_

WIC Vendor #: (Required) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**3. Statement by the complainant including: 1] date of incident, 2] time, 3] location, 4] description of cashier; 5] other employees that were involved, 6] specific food items involved, 7] communication that occurred, 8] receipts, and 9] any other relevant information.**

*(When attaching additional documentation to this form, the documentation must include a date, name of vendor, vendor ID number; participant name and ID number; and signature of the individual completing the additional documentation or the complainant)*

**Date of incident:** \_\_\_\_\_ **Time of incident:** \_\_\_\_\_

**Description of incident** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complainant or Clinic Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

<p>If the complaint involves low inventory of a WIC food commodity, did the participant/proxy inquire about the product at customer service?          Yes _____ No _____ If <b>Yes</b>, the date the WIC client contacted customer service: _____</p>	<p>If the complaint involves the participant ID Card/Voucher Packet, did you examine the packet for any alterations?          Yes _____ No _____</p>
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**Any action taken by local agency/clinic (if any):** \_\_\_\_\_

\_\_\_\_\_

Local Agency/Clinic Staff Signature \_\_\_\_\_ Title of Staff Person \_\_\_\_\_

Local WIC Agency Clinic Name & Number \_\_\_\_\_

### LOCAL AGENCY VENDOR COMPLAINT INSTRUCTIONS

**COMPLETE this form to report any alleged or observed violations by authorized vendors. Documentation must include specific names and details. Anonymous or non-specific information may be inadequate for an investigation to proceed or to apply warnings or sanctions. Examples of violations to be reported on this form include the following:**

**The Vendor:**

- Allows non-WIC food purchases with WIC food instruments
- Is rude to or discriminates against WIC participants/proxies
- Charges WIC participants more than other store customers
- Is involved in a fraudulent or non-fraudulent complaints

**The Vendor**

- Allows credit or sets up accounts using WIC food instruments
- Returns money to WIC clients during any transaction
- Has low inventory in a WIC food commodity
- Is suspected of trafficking

**DO NOT COMPLETE this form to report general inquiries from vendors regarding routine issues that involve simple clarification. Examples of routine issues which should NOT be reported on this form include the following:**

- Requests for vendor application
- Food instrument validation or reimbursement
- Inquires regarding authorization of WIC foods, requests for infant formula without iron, etc.
- Any non-specific or general type of inquiry