Michigan Department of Community Health
WIC Division

WIC VENDOR COMPLAINT FORM

Date _____ Vendor # _____

Complainant _____ Phone # _____

Complaint submitted by (other than actual complainant)_____

WIC Vendor Store Name_____

Vendor Address or approximate location (include street and city if possible)

_____

Approximate Date Occurred _____

Approximate Time Occurred _____

Person Talked to at Store _____

Does the Client have the Receipt? yes _____ no _____

Nature of Complaint:

_____
_____
_____
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_____

State WIC Office Only - Action/Resolution:

_____
_____
_____
_____
_____
_____

Received By: Regular Phone_____ Call WIC Hotline_____ e-Mail _____ Regular Mail _____ Other_____

Completed By:_____Date_____