WIC VENDOR COMPLAINT REQUEST

Michigan Department of Health and Human Services
WIC Division

Fax complaint to: 517-335-9514

Fill out all fields (Use N/A if not applicable):

Complaint received by ☐ Regular Phone ☐ WIC Hotline ☐ Du Jour ☐ Email ☐ Regular Mail ☐ Fax			
Date	Submitted By	Position	Phone
Email	Local Agency/Unit	Benefits Package Attached ☐	

Complainant	☐Vendor ☐Client ☐LA Staff ☐State Staff		Phone Number

If the complaint involves a client, the following information is needed:

Family ID	Client ID	Card Number
May the State Agency contact the client directly? ☐ Yes ☐ No		
Complaint Details		

If the complaint involves a WIC Authorized Vendor, the following information is needed:

Vendor/Grocer Name		Vendor #
Vendor/Grocer Address		
Date Transaction/ Issue Occurred	Approximate Time	Did Client ask for Assistance from Store Employee? ☐ Yes ☐ No
Store Personnel Involved in Complaint		Point of Sale (POS) Error Message, if applicable
Error Displayed On ☐ WIC POS ☐ Store Register ☐ N/A		Does the Client have the Receipt? (If yes, include a copy) ☐ Yes ☐ No

NOTE – All client information is considered confidential, including name, Family ID, Client ID and EBT card number. Facsimile submissions must include confidentiality statement.

TO BE COMPLETED BY STATE STAFF

State WIC Office Action/Resolution

Determined Origin of Complaint ☐ Client Error ☐ Client Unsure of Benefits ☐ Issuance Error ☐ UPC Issue ☐ Vendor Treatment ☐ Vendor System Error ☐ Vendor Compliance ☐ Vendor Training ☐ Other _____

Completed By	Position/Unit	Date

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