

**Michigan WIC Program
Employee Compliance Complaint Report Form**

Date: _____

Complaint Number _____
(WIC Coordinator to assign)

Complainant Information:

Employee Suspect Information:

Complainant Name		Employee Suspect Name	
Complainant Position		Employee Suspect Position	
Local Agency		Violation Type (see below)	
Clinic		Local Agency	
Phone number		Clinic of incident	
Date		Date/s of incident	

Provide detailed description of alleged violation:

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Violation Types:

Enrolling Self/Family Members/Friends in WIC Program	Intentional failure to report conflict of interest
	Issuing benefits to self
Misappropriating or altering food benefits/EBT cards	Other intentional violation of regulations or policy
Entering false/misleading information in client record	Theft or destruction of property
Creation of records for fictitious clients/WIC Program staff	Use of Program funds to purchase goods or services for personal use

Signature: _____ **Date:** _____

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- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

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