

**ALLEGHENY COUNTY HEALTH DEPARTMENT
WIC PROGRAM
WIC RETAIL STORE COMPLAINT FORM**

Email this completed form with a copy of WIC beginning/ending or utilization receipts or store journal receipt to kristin.dietrich@allegHENYcounty.us. You can also mail or fax complaint form with copy of check and/or journal receipt (if possible) to:

WIC Retail Store Coordinator
Allegheny County Health Department WIC Program
Investment Building, 6th floor
239 Fourth Avenue
Pittsburgh, PA 15222-1712
Fax: 412-350-4424

Having this specific information up front will help me, the WIC retail store and the WIC office address the issue with the individual/s in order to provide the appropriate education on the proper procedures and regulations for correcting the situation. Our goal is to make their next WIC shopping trip a smooth and pleasant experience.

1. Date: _____
2. Name of Contact Person: _____
3. Store Name: _____
4. Store Address: _____
City: _____ ZIP Code: _____
Phone: _____ Fax: _____
Email Address: _____
5. WIC Endorser/Participant Name: _____
6. eWIC Card 16 digit PAN Number (if possible): _____

Summary of incident:

Summary of incident (continued):

When reporting an incident that happened in a WIC retail store, please provide any and all pertinent information so I can conduct a thorough investigation of the complaint.

Specific information would include:

- 1. The date and time of day**
- 2. The names of the retail store persons involved or a description of them**
- 3. Checkout lane number**
- 4. eWIC card 16 digit PAN number (if possible) or a description of the WIC participant**
- 5. The specific food or formula in question with brand, variety and package size (not just a general category)**
- 6. Any comments or actions made by the grocery store employees or the WIC participant**