

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

PLEASE PRINT ALL INFORMATION

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. Family Identification Number: _____

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. The WIC Family ID Number (FID), found on the WIC check or WIC ID card
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
7. Summary (more space available on back):

