



Farmers Market Complaint Form

Complete as much information in each section as possible. If mailing or faxing the form, use a pen with black or blue ink.

Section 1 – Person reporting the complaint.

Name of person reporting the complaint: _____ Anonymous
 Phone #: _____ Email: _____
 Person reporting is: WIC/Senior participant Caregiver Alternate endorser
 Market manager Grower Other: _____

Section 2 – Compliant

- Discourteous or disruptive behavior
- Used profanity or rude gestures
- Threatened harm or physical abuse
- Market out of produce
- Grower is a broker
- Discrimination against a participant on the basis of race, color, national origin, age, gender, or disability
- Participant doesn't know how to use the benefits
- Grower charged tax
- Grower didn't accepted WIC CVB, FMNP or SFMNP benefits
- Vendor is a broker, not a grower
- Other:

Describe the incident in detail. Use the back page or attach additional pages as needed.

Date and time of complaint: _____

Section 3 – Person, market, or clinic that the complaint is about

Person's name: _____ if participant, participant ID #: _____
 Market or clinic name: _____
 Address: _____
 Phone #: _____
 Other: _____

Section 4 – Person recording the complaint

Name: _____ Date and time: _____

You may call in your report to the Washington State WIC Program. Dial 1-800-841-1410, extension 2, select 2 for the Farmers Market Nutrition Program staff.

Email, mail or fax the form to: **IC FMNP Coordinator**
Washington State WIC Nutrition Program
 PO Box 47886
 Olympia, WA 98504-7886
 Fax: 360-236-2345 / Email: FMNPteam@doh.wa.gov

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