WA WIC NUTRITION PROGRAM COMPLAINT/FRAUD REPORT

Complete this form and
1. Fax to: Washington WIC State Office at 360-236-2345
2. Or, email to: WICRetailManagement@doh.wa.gov
3. Or, mail to: Washington State Dept. of Health, WIC Nutrition Program, PO Box 47886, Olympia, WA 98501

Today's Date: ____________________________ Would you like to remain anonymous? Yes ☐ No ☐
Time of incident: ___________________ □ AM □ PM Date of incident: ____________________________

1. Person Reporting the Incident
☐ WIC store staff. Store name and number: ___________________________ Your name: ___________________________
☐ WIC clinic staff. Agency and clinic site: ___________________________ Your name: ___________________________
☐ WIC customer. Client Identification Number: _________________________
☐ General public. Your name: _________________________________________
Phone number: ___________________________ Email address (optional): ___________________________

2. Person or Business this Report is About
☐ WIC store staff. Store name and location: ___________________________ Employee name: _______________________
☐ WIC clinic staff. Clinic name and location: ___________________________ Staff name: _________________________
☐ WIC customer. Client identification number: __________________________ Check number(s): _______________________
☐ WIC state staff. Staff name: _______________________________________

3. Type of Incident (mark all that apply)
If a store employee, clinic staff, client, or state staff violates the law or physically abuses another person, call 911.

Customer:
☐ tried to buy non-WIC foods and/or more food than allowed
☐ tried to exchange WIC foods for cash, credit or non-WIC items
☐ tried to use a check outside the valid use dates
☐ tried to use a check without any ID
☐ tried to use pre-signed check
☐ refused to separate WIC foods
☐ changed or altered WIC check(s)
☐ asked for cash back
☐ Other

Clinic Staff:
☐ treated client rudely
☐ refused to serve client, alternate or caregiver
☐ Other

Store Employee(s):
☐ made inappropriate comments
☐ did not allow purchase of WIC foods or buy-one get-one free
☐ made client or alternate pre-sign check(s)
☐ allowed formula substitution
☐ did not accept signed pre-sign check as ID
☐ gave cash back for a WIC check
☐ Other

Client, Alternate or Caregiver:
☐ disrupted clinic activities
☐ not reporting total income or
☐ suspected of participation at more than one WIC program
☐ provided false info in applying or receiving WIC
☐ has excessive history of reporting lost/stolen checks
☐ suspected of selling WIC checks/foods/formula on the internet
☐ Other

4. Describe the Incident
Be as detailed as possible. List specific foods and actions. Use separate sheets of paper as needed.

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

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