

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: _____

Phone #: _____ Email: _____

Person reporting is: WIC client Caregiver Alternate endorser
 Market manager Grower Other: _____

Does this person wish to remain anonymous? Yes No

Section 2 – Compliant

Discourteous or disruptive behavior Client doesn't know how to use FMNP checks
 Used profanity or rude gestures Grower charged tax
 Threatened harm or physical abuse Grower didn't give full value of \$4 FMNP check
 Market out of produce Other: _____

Describe the incident in detail. Use 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 client, client 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, press zero and ask for the Farmers Market Nutrition Program staff.

Email, mail or fax the form to:

WIC FMNP Coordinator

Washington State WIC Nutrition Program

PO Box 47886

Olympia, WA 98504-7886

Fax: 360-236-2345 / Email: FMNPteam@doh.wa.gov