Farmers Market Nutrition Program 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 – Complaint
□ Discourteous or disruptive behavior  □ Participant 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 participant, participant ID #: ______________
Market, Farm 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 Nutrition 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

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