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 complaint: | First name Last name | Anonymous |
| Phone number (###) ###-####: | (   )    - | |
| Email: | @ | |
| Role of person reporting complaint: | Choose an item. | |
| If you chose ‘Other’, explain your role: |  | |

**Section 2- Complaint:**

|  |  |
| --- | --- |
| Date of incident (mm/dd/yyyy): | /  / |
| Time of incident: |  |

|  |  |
| --- | --- |
| Discourteous or disruptive behavior | Participant doesn’t know how to use the benefits |
| Used profanity or rude gestures | Grower charged tax |
| Threatened harm or physical abuse | Grower didn’t accept WIC CVB, FMNP, or SFMNP benefits |
| Market out of produce | Vendor is a broker, not a grower |
| Discriminated against on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age | |
| Other (please describe): Click or tap here to enter text. | |

**Describe the incident in detail below. Use additional pages as needed.**

Click or tap here to enter text.

**Section 3- Person, market, or clinic complaint is about:**

|  |  |  |
| --- | --- | --- |
| Name | First name Last name | |
| If WIC participant, participant ID: |  | WIC participant ID unknown |
| Market or Clinic Name: |  | |
| Address: | Address Line 1  Adress Line 2 | |
| City, State, ZIP Code: | City, State, Zip | |
| Phone number (###) ###-####: | (   )    - | |

**Section 4- Person recording complaint:**

|  |  |
| --- | --- |
| Name: | First name Last name |
| Date (mm/dd/yyyy): | /  / |
| Time: |  |
| Phone number (###) ###-####: | (   )    - |

A picture containing text, clipart, vector graphics

Description automatically generatedA close-up of a logo

Description automatically generated with low confidenceYou 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.

DOH 964-001 August 2024

Email, mail or fax the form to:

WIC FMNP Coordinator

Washington WIC Program

PO Box 47886

Olympia, WA 98504-7886

Fax: 360-236-2345 / Email: [FMNPteam@doh.wa.gov](mailto:FMNPteam@doh.wa.gov)

This institution is an equal opportunity provider.

Washington WIC doesn’t discriminate.

To request this document in another format, call 1-800-841-1410.

Deaf or hard of hearing customers, please call 711 (Washington Relay)

A close-up of a logo

Description automatically generated with low confidenceor email [wic@doh.wa.gov](mailto:wic@doh.wa.gov).