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 (###) ###-####:  | (   )    -     |

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.

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

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)

or email wic@doh.wa.gov.