

# MSDH WIC PROGRAM PARTICIPANT COMPLAINT FORM

This form is used for WIC participants to submit complaints against WIC authorized vendors. **Email form to [wichelpdesk@msdh.ms.gov](mailto:wichelpdesk@msdh.ms.gov).**

Today's Date: \_\_\_\_\_

### WIC Participant Information

Name: \_\_\_\_\_

Household ID \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Store Information

Store's ID Number (if known): \_\_\_\_\_

Store Name: \_\_\_\_\_

Store Address: \_\_\_\_\_

City/State: \_\_\_\_\_

### Incident Information

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Cashier or Manager's Name: \_\_\_\_\_

Description of the Cashier or Manager: \_\_\_\_\_

### **Check all that apply:**

Store associate states they do not accept eWIC.

Unable to purchase a WIC approved item.

If so, was the item scanned?                      Yes                      No

If so, what item(s)? \_\_\_\_\_

Cashier would not allow item and advised to purchase a different brand or item of lesser value.

If so, was this milk, eggs, or cheese?                      Yes                      No

Unable to purchase medical formula at authorized pharmacy.

Did the cashier refuse to order?                      Yes                      No

Cashier or store personnel was rude.

Store does not use shelf labels on WIC approved foods.

Other. Please explain: \_\_\_\_\_

**Please use the space below to add additional information that may be helpful in processing this complaint:**

If this form is completed by a WIC participant or representative, please complete the information below attesting that this information is accurate. If you wish to remain anonymous, leave this section blank.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to WIC participant

If this form is completed by WIC personnel, please enter name and site below:

\_\_\_\_\_  
Name

\_\_\_\_\_  
WIC Site

*"This institution is an equal opportunity provider."*

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Please complete this page **ONLY** if you are a **WIC staff member**.

If participant tried to redeem item(s) with their eWIC card at the vendor but the item(s) would not scan as eligible for WIC, please complete the following chart. When documenting the UPC, include all digits starting with the number to the farthest left and ending with the number to the farthest right.

Name of Item	Brand Name	Product Size	UPC (if available)

Have you reviewed the benefits issued and the completed transactions?                      Yes                      No

Describe the transaction. (i.e., was the eWIC card scanned first in the transaction; were there items that the cashier would not allow to be scanned; did the transaction have to be voided; were there any problems with the PIN; were non-WIC items purchased during the same transaction; was the cashier informed that an eWIC card would be used for the transaction.)

Were you able to review the participant's receipt to determine if UPCs that were not accepted by eWIC card were WIC eligible items?