

**MSDH WIC Program  
Participant Complaint Form**

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

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 in processing my transaction.

Cashier or store personnel was rude when asked for assistance.

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."*

**Mississippi State Department of Health**  
**Form Instructions**  
**WIC PARTICIPANT COMPLAINT**

**FORM NUMBER** F-1114  
**REVISION DATE** 11/23/2021  
**RETENTION PERIOD** Three (3) years

**PURPOSE**

The MS WIC Participant Complaint Form is used for WIC participants to submit complaints against WIC authorized vendors.

**INSTRUCTIONS**

This form should be completed and signed by the participant or an individual authorized on the participants to document the complaint and provide information needed.

Participant complaints are entered into an Excel spreadsheet and into SPIRIT. Complaints meeting certain criteria require an onsite visit, while others may prompt follow-up with the vendor or participant, as needed.

**OFFICE MECHANICS AND FILING**

The Vendor Management's Vendor Relations Coordinator receive this information. This form will a fillable PDF and email form to [vmu@msdh.ms.gov](mailto:vmu@msdh.ms.gov) This file will be kept for a period of no less than 3 years.