## Wyoming WIC Program VENDOR COMMENT FORM

The Wyoming WIC Program is very interested in knowing about specific problems you have with WIC participants or with the WIC food benefits you redeem. We would also like any suggestions you have for making the Program work better. If you have a problem or suggestion, please fill out this form, fold in half, tape the end and mail it to us.

Store Name	Address		
WIC Store Numb	ber (from Vendor Agreement) City		
Signature			
Problem participa	pant: Participant tried to buy unauthorized items.		
b.	Participant tried to receive cash or products for WIC EBT card in addition to foods.		
С.		rticipant tried to return items purchased with WIC EBT card for cash or credit or other WIC items.	
d.	Participant was verbally or physically abusive to employees.		
e.	Participant's WIC product would not scan on EBT system. Please give receipt informatio facts.	n, UPC and other pertinent	
Participant Name	ne PAN		
Date(s) & Time(s	(s) of Occurrence		
Other Details			
	<del></del>		
Other Problems_			
Suggestions or C	Comments		
	(YOU MAY INCLUDE MORE INFORMATION ON A SEPARATE PAPER IF YOU WISH)		
THANK YOU F	FOR YOUR INPUT!		
	E WIC OFFICE OR FAX TO 307-777-5643		
	WIC Office Use Only:		
Action Taken:			
Signature:	Title:	_ Date:	

To file a complaint of discrimination, write to the USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC, 20250-9410, or call (800) 795-3272 (voice) or (202)

720-6382 (TTY). USDA is an equal opportunity provider and employer.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

## BNSINESS KEPLY MAIL

FIRST CLASS PERMIT NO. 363 CHEYENUE, WYOMING

POSTAGE WILL BE PAID BY ADDRESSEE

Wyoming WIC Program
Department of Health
Community and Family Health Division
6101 Yellowstone Road
Suite 510
Cheyenne, Wyoming 82002