

Participant Complaint Against a Store Form WIC-345A

Purpose: To document complaints filed against stores.

Reference: [PRR 04.1](#)

Procedure: Complete the following for a complaint against a store.

1. Enter store name, Crossroads WIC ID System #, address of store and store telephone number.
2. Enter date and time problem occurred.
3. Enter cashier's name and description, race can be written in.
4. Include copy of receipt when available, if applicable product name and UPC.
5. Check all boxes that apply if necessary; write an account of what happened you may use a blank sheet of paper if necessary.
6. Check the appropriate space, indicating who filed complaint.
7. When applicable enter the participant's full name, address and contact information e.g. Phone number of person and email for follow-up and resolution.
8. Print the full name of the person filing complaint, check whether it is a participant or staff and enter the date filed.
9. Enter the family number and the local agency number of participant filing complaint, when applicable.
10. If you are filing the complaint your signature is required if the participant filing and is available have them sign the form that the "statements made are true".

11. For a quicker response you may fax or email the form to the Vendor Liaison assigned to your health district. If unknown email directly to WIC_Retailer@vdh.gov. The form may also be sent via USPS mail to State WIC Office, Vendor Team

Issuance: As needed.

Retention: In accordance with WIC policy [ADM 11.0-Record Retention](#).

**Participant Complaint Against a Store Form
WIC-345A**

Store Name/Number: _____ Crossroads WIC ID #: _____

Address: _____

City/State: _____ Store Telephone # () _____

Date of Problem: _____ Time of Problem _____: _____ AM/PM

Cashier or Manager's Name: _____ Description Male Female Race _____

Describe What Happened? (Attach receipt or image of product label and/or UPC if available or write product name below)

- Unable to purchase a WIC approved item. Was the item scanned? Yes No
- Cashier would not allow item, advised to purchase a different brand or item of lesser value.
- Unable to use eWIC card for purchase at the store, error message received benefits are available.
- Cashier or store personnel were rude in processing my order.
- Store does not use shelf labels on WIC approved foods. Product name and/or UPC _____

Complaint Filed by: _____ (Participant) (Local Agency Staff)

Address: _____ City/State: _____

Phone #: () _____ Email Address: _____

Best method to contact you: Email Phone Best time to contact you: AM /PM _____

Local Agency email Address _____ (Required to receive an updates)

The statements I have made are true _____
Signature Date

eWIC Family Number: _____ Local agency Number: _____

Mailing Address:

State WIC Office, Vendor Compliance Team Manager
109 Governor Street, Ninth Floor
Richmond, VA 23219
Fax Number: (804) 864-7851 or 7854
Email: WIC_Retailer@vdh.gov

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- 1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- 2) fax: (202) 690-7442, or
- 3) email: program.intake@usda.gov

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