

COMPLAINT AGAINST PARTICIPANT OR LOCAL AGENCY FORM

WIC – 345B

Purpose: To document complaints filed against participants or local agencies. For purposes of this form, participant means any person involved in the WIC Program as a recipient of benefits, such as a parent, legal guardian, caretaker, or proxy.

Reference: PRR 04.1

Procedure: Complete the following for a complaint against a participant or a local agency.

1. Check the appropriate space and information, indicating whom the complaint is against
2. Write account of what happened
3. Check the appropriate space, indicating by whom the complaint was filed
4. Enter name, address, and phone number of person filing the complaint
5. Sign the form stating the statements are true
6. Enter WIC Family Number and local agency Number
7. Mail to State WIC Office, Operations Team, Complaint Coordinator

Issuance: As needed.

Retention: In accordance with WIC policy ADM 11.0 Record Retention.

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Complaint against Participant

Participant's Name: _____

Local Agency Number: _____ Family Number: _____ Client Number _____

Complaint against Local Agency

Local agency Name: _____

What Happened?

Complaint Filed By: _____ Participant _____ Local agency Personnel

Name, Address and Telephone Number of Person Filing Complaint:

The statements I have made are true.

Signature

Date

Mailing Address:

State WIC Office, Operations Team, Complaint Coordinator

109 Governor Street, Ninth Floor

Richmond, VA 23219

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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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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