

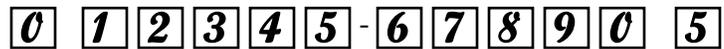
Participant Complaint Against a Store Form WIC-345A

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, address and telephone number.
2. Enter the date and time problem occurred. If not known exactly, enter the estimated date and time.
3. Complaints about rude treatment will require details of the incident and identifying information so that corrective actions can be taken at the store. Please provide the name and or description of the cashier or manager, and the details of the incident.
4. Complaints about an eWIC card not working properly will required specific details so that the issue can be determined and corrected. Please provide any error messages and other detailed information.
5. Complaints about specific food items cannot be processed without the associated 12-digit UPC.



A smartphone image that clearly shows all 12 digits of the UPC is an acceptable alternative to entering the UPC manually.

6. When reporting the issue with specific food items, check all the issues code boxes that apply. To report multiple UPCs, please use the back of this form or a blank sheet of paper, but include the 12-UPC, description and all applicable issue codes.
7. Provide an account of what happened, with as much detail as you can. **Include a copy or image of all receipts.** You may use the back of this form or a blank sheet of paper if necessary.
8. Complete all of the information at the bottom of the form. Print the full name of the person filing complaint, check whether it is a participant or staff and enter the date filed. Include contact information if additional clarification is needed.
9. Enter the family number and the local agency number of participant filing complaint, when applicable.
10. The individual filing the complaint (local agency staff or participant) is required to sign the form that the “statements made are true”.
11. You may fax, mail or email the completed form with all images, receipts, and other supporting documentation to the Vendor Liaison assigned to your health district, or to the Vendor Compliance Manager (see address information at bottom of page 1 of the form).

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: _____

Address: _____

City/State/Zip: _____ Store Telephone # () _____

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

1. Cashier or other store employee was rude. Provide details in the Additional Information section below.
Cashier/Manager Name: _____ Description (Race, Gender, etc.) _____

2. Unable to use eWIC card for purchase at the store. Provide details (Error messages, etc.) in the Additional Information section below.

3. Issue with specific food items. For each food item, enter UPC (or image of UPC), description and the issue code from the list below. Report additional UPCs using the Additional Information section below.
A. Item was scanned C. Unable to purchase E. Advised to purchase a different item
B. Item was NOT scanned D. Cashier would not allow item F. Store does not use WIC shelf labels

UPC#1 (Required, or photo of UPC included): -

Item Description: _____

Issue (Use code from list of issues above. Check all that apply): **A** **B** **C** **D** **E** **F**

UPC#2 (Required, or photo of UPC included): -

Item Description: _____

Issue (Use code from list of issues above. Check all that apply): **A** **B** **C** **D** **E** **F**

4. Other (Provide details in Additional Information section below):

Additional Information (Continue on back of form or additional pages as necessary): _____

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

eWIC Family ID: _____ Phone #: _____

Participant Email Address _____ **(Required to receive updates)**

Local Agency Email Address _____

The statements I have made are true _____
Signature Date

Mail: State WIC Office, Vendor Compliance Team Manager, 109 Governor St., 8th Floor, Richmond, VA 23219
Email: WIC_Retailer@vdh.virginia.gov Fax: (804)-864-7851 or (804)-864-7854

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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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