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.

_________________________________________ Date

Signature

Mailing Address:
State WIC Office, Operations Team, Complaint Coordinator
109 Governor Street, Ninth Floor
Richmond, VA 23219
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](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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