

Virginia WIC Program
Retailer Complaint and Incident Form

Effective Date: January 1, 2014

Store Name	WIC ID
Address	City or County
Phone	Email
Incident Date	Incident Time
eWIC PAN	

Mark at least one of the following:

- Tried to purchase ineligible food items with eWIC food benefits. List brands, food items, and UPCs if applicable. _____
- Returned/tried to return WIC food items for ineligible exchange, store credit, or cash.
- Tried to purchase excess Cash Value Benefits, did not understand additional payment requirement.
- Did not understand how to use eWIC benefit card (e.g., PIN, eligible or available food items, spend dates, etc.).
- Was abusive and/or rude to store personnel while redeeming eWIC food benefits.
- Other

Describe complaint or incident. Use additional pages as needed.

Mark here if a copy of the transaction receipt is attached.

Submitted by	Date
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THIS SECTION TO BE COMPLETED BY STATE WIC OFFICE	
Comments:	
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Representative Signature _____	Date _____