

**Instructions for Form Use**

- A. The Retailer Complaint and Incident Form is to be used to report a complaint or incident related to an eWIC cardholder.
- B. Complete all applicable sections:
1. Enter store name, WIC ID number, street address, city or county, phone number, and email address for store's physical location.
  2. Enter date of complaint or incident, time of complaint or incident including AM or PM, and eWIC PAN (sixteen-digit Personal Identification Number) from front of card.
  3. Mark at least one of six available options. If Other is selected, use the description space to fully explain the situation that occurred.
  4. Describe the complaint or incident.
  5. Indicate whether a copy of the transaction receipt is included in the submission.
  6. Enter name of person submitting the form and date submitted to the State WIC Office.
- C. Keep a copy of the completed form and attachments for store's records.
- D. Submit the completed form via one of the following methods:
1. Email: [WIC\\_Retailer@vdh.virginia.gov](mailto:WIC_Retailer@vdh.virginia.gov)
  2. US Mail: Attn: Vendor Compliance Team  
Division of Community Nutrition  
Virginia Department of Health  
109 Governor Street, 8<sup>th</sup> Floor  
Richmond, VA 23219
- E. Contact the store's assigned Vendor Liaison for additional clarification.