

## FARMER COMPLAINT FORM

Instructions: If you have a complaint against a WIC participant, complete this form (except for the section below shaded area at the bottom of the page) and mail or fax it to the State WIC Office. **If more room is needed, use the back of this form or attach a separate page.**

Participant name \_\_\_\_\_ Family ID number \_\_\_\_\_

Customer's name \_\_\_\_\_ Date and time of incident \_\_\_\_\_

Abused staff by

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Bought/tried to buy unauthorized items:

Redeemed/tried to redeem an invalid FVC. Explain:

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Returned/tried to return WIC foods:

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Other:

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What action did your staff take? \_\_\_\_\_

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Witnesses: \_\_\_\_\_

Farmer's name: \_\_\_\_\_ FMNP ID number: \_\_\_\_\_

Person making this report: \_\_\_\_\_

*Fax to State WIC Office: 410-333-5683. You may also mail this form to: Maryland WIC Program, 201 W. Preston Street 1st Floor, Baltimore, MD 21201*

### For State Use Only:

Instructions: Explain any action taken and note the same in WOW.

Action taken:

Local Agency or Staff signature: \_\_\_\_\_ Title: \_\_\_\_\_