



NEW HAMPSHIRE WIC PROGRAM

STORE COMPLAINT REPORT TO STATE WIC PROGRAM

PARTICIPANT COMPLAINT REPORT TO STATE WIC PROGRAM

Store Name: _____

Store Address: _____

Participant Name: _____

Family eWIC ID #: _____

eWIC Card #: _____ **eWIC Transaction #:** _____

Date of Incident: _____ **Time of Incident:** _____

Name(s) of Personnel Involved: _____

Register #, Aisle # or other identifying information on incident: _____

Description of incident or concern (be as specific as possible, i.e. transaction number, description of problem):

WIC STAFF SIGNATURE: _____

WIC STAFF PRINTED NAME: _____

Or

STORE STAFF SIGNATURE: _____

STORE STAFF PRINTED NAME: _____

Date: _____

Email form to WIC@dhhs.nh.gov or faxed to 603-271-4779,