

WIC & SENIOR



FARMERS' MARKET NUTRITION PROGRAM



COMPLAINT FORM

Today's Date

Email Address

Telephone

First Name

Last Name

Street Address

City, State, Zip Code

Date and Time of Incident

Location /Address of Incident

Tell us about yourself:

- WIC Participant
- Senior Participant
- Market Manager
- Farmer/Vendor
- WIC Staff
- Other

Who/What is this complaint regarding?

- Farmers' Market
- WIC Local Agency/Clinic
- DC Department on Aging
- WIC or FMNP Staff
- Other

Please describe the complaint. Use additional sheets of paper if needed.

What is your desired outcome of this complaint?

How to submit this form:

By mail:

**DC Department of Health
Women, Infants & Children
Nutrition and Physical Fitness Bureau
899 North Capitol Street, NE Third Floor
Washington, DC 20002**

By phone: (202) 442-9397

By FAX: (202) 535-1710

By email: info.wic@dc.gov

This institution is an equal opportunity provider.