

DEPARTMENT OF HEALTH
Nutrition and Physical Fitness Bureau
Government of the District of Columbia

COMPLAINT FORM

Instruction: Complete this form in blue or black ink. Mail, fax or email to: WIC & Senior FMNP Coordinator; WIC Program; 899 North Capitol Street NE, 3rd Floor, Washington, DC 20002; Fax: (202) 535-1710; Email: info.wic@dc.gov

Date of Incident: _____ Date Incident was filed: _____

PERSON FILING COMPLAINT:

Name (optional): _____

Tell us about yourself: (WIC Participant) (Senior Participant) (Market Manager) (Farmer/Vendor) (Farm Stand Employee) (WIC Staff) (Other) _____

Contact: (Phone) _____ **(Email)** _____

LOCATION OF INCIDENT:

Location of Incident: (Farmers' Market) (WIC Local Agency Site) (Senior Site) (Other) _____

Address: _____

Individual Involved: (Market Staff) (Farm Stand Staff) (WIC Staff) (Grocery Plus Staff) (Other) _____

Name of Individual(s) Involved: _____

DETAILS OF COMPLAINT:

Please list specific information: _____

STATE AGENCY FOLLOW-UP:

Staff Name: _____ **Date & time:** _____

Defendant's perception of problem: _____

Corrective Action Taken: _____

Date Status Report is given to person filing complaint: _____

This institution is an equal opportunity provider.

Revised: July 2021