



**Rhode Island WIC Program**  
**Vendor Unit - Complaint Form**

PLEASE COMPLETE ALL INFORMATION IN SECTIONS 1 AND 2. IF FORM IS NOT COMPLETE IT WILL BE RETURNED.

**Section 1**

<p>Name of participant/parent/guardian/caretaker</p>  <p>Family ID #:</p>	<p>Complaint is against Store Name:</p>  <p>Location:</p>
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**Section 2**

Date of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)      Date complaint received: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Description of complaint: (Use back for additional space if necessary)

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Agency Staff Signature \_\_\_\_\_ Date Faxed \_\_\_\_\_

Local Agency Name \_\_\_\_\_

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**Section 3**

This section is to be completed by the State WIC Office representative.

Representative receiving complaint \_\_\_\_\_ Title \_\_\_\_\_

Resolution of Complaint \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fax completed form to Vendor Unit: 401-222-1442