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**Vendor Complaint Form**

**Rhode Island WIC Program**

*Address:*

*Name of Vendor filing complaint:*

*Complaint is against:*

 Owner/Manager Name:

 Store Name:

 Store Address:

Name:

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

Description of Complaint: (Use Back for additional space if necessary)

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

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

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Staff Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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