

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
- AAA/WIC Staff
- Other

Who/What is this complaint regarding?

- Farmers' Market
- WIC Local Agency/Clinic
- Area Authority on Aging
- WIC or CDFA 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:

**CA Department of Public Health
Women, Infants & Children
Business Integrity Section
3901 Lennane Drive
Sacramento, CA 95834**

By phone: (800) 852-5570

By FAX: (916) 440-5575

By email: WICABUSE@cdph.ca.gov

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