

# VENDOR REPORT CONCERNING WIC PARTICIPANTS

On \_\_\_\_\_  
Month Day Year

**Complete all boxes below to describe Vendor comments and WIC violations:**

Must complete Food Instrument information below:

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**Individual Number**

**First Day to Use**

**Serial Number**

Vendor \_\_\_\_\_

Address (number, street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_ Manager's Initials \_\_\_\_\_ Telephone Number \_\_\_\_\_

(      )

**Food:**

- Wrong Size/Amount
- Wrong Food Brand
- Type:
  - Milk
  - Infant Cereal
  - Infant Formula
  - Infant Foods
  - Cheese
  - Juice
  - Tofu
  - Eggs
  - Peanut Butter
  - Canned Beans
  - Soy Beverage
  - Whole Grains
  - Dry Beans, Peas, or Lentils
  - Breakfast Cereal
  - Tuna, Salmon or Sardines
  - Fruits and Vegetables

**Specify details:** \_\_\_\_\_

**Food Instrument:**

- Used another person's food instrument without authorization
- Used an altered food instrument
- Used a food instrument before "FIRST DAY TO USE" or after "LAST DAY TO USE"
- Pre-signed a food instrument

**Transactions:**

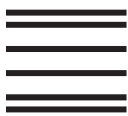
- Signature did not match WIC Authorization Folder
- Did not have the WIC Authorization Folder
- Attempted to receive cash back from purchase
- Attempted to exchange WIC food for other food, cash, or credit
- Did not separate the WIC foods from the other food

**Participant:**

- Was the alternate buyer
- Needs more training on WIC foods
- Was rude and/or argued
- Was cooperative when given an explanation of WIC Program rules

**WIC TRANSACTION:**  Terminated  Successful

*Thank you for your cooperation. We will notify the local WIC agency immediately and re-educate the participant on the rules of the WIC Program.*



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NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL

PERMIT NO. 1

SACRAMENTO CA

POSTAGE WILL BE PAID BY ADDRESSEE

LOCAL AGENCY SUPPORT BRANCH  
WIC PROGRAM  
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH MS 8600  
PO BOX 997375  
SACRAMENTO CA 95899-9972

