

REPORT CONCERNING VENDORS FOR LOCAL AGENCY AND PARTICIPANT USE

Instructions: Please complete this report with all requested information. If you are a local agency staff person either completing this report or assisting a participant, please include your agency information. Once this report is complete, please print and fax it to the State WIC Program at **(916) 440-5575**.

VENDOR (STORE) NAME:		
VENDOR ADDRESS: (include street number, street name, city, state, and zip code, if available)		
DATE OF INCIDENT: _____ PLEASE DESCRIBE WHAT HAPPENED: <input type="checkbox"/> Would not accept food instruments or cash value vouchers <input type="checkbox"/> Did not have enough food for participant to purchase amount listed on the food instrument <input type="checkbox"/> Would not allow participant to purchase all the infant formula or infant cereal listed on the food instrument <input type="checkbox"/> Other (please describe below)		
LOCAL AGENCY NAME/NUMBER/SITE:		
NAME OF INDIVIDUAL COMPLETING REPORT:	REPORT DATE:	PHONE NUMBER: (for follow up)
EMAIL ADDRESS: (If you would like verification of receipt of report)		
STATE WIC PROGRAM USE		
ACTION TAKEN:		

WIC PROGRAM STAFF:

(Printed Name) _____ (Signature): _____