



WIC and Senior
Farmers' Market Nutrition Program
Complaint Form



Contact Information

Today's Date	First Name	Last Name		
Street Address	City	State	Zip Code	
Telephone Number	Email Address			

Double click the box that best describes who you are:

- WIC Participant Senior Participant Market Manager Farmer Vendor AAA/WIC Staff
 Other. Please Explain

Incident Information

Date of Incident	Time of Incident
Location or address of incident	

Who or What is this complaint regarding? Double click the appropriate category listed.

- Farmers' Market Local WIC Office AAA Office State WIC or CDFA
 Other. Please Explain

Please describe the complaint. Use additional sheets of paper if needed.

What is the desired outcome of this complaint?

How to Submit the Form

By Mail: CDPH/WIC
 Communications Unit
 3901 Lennane Drive
 Sacramento CA 95834

By Phone: (800) 852-5570

By email: WIC@cdph.ca.gov