

# 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**.

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**Vendor (Store) Name:** \_\_\_\_\_

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**Vendor Address** (street #, street name, city, state, zip code, if available): \_\_\_\_\_

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**Date of Incident:** \_\_\_\_\_

**Please Describe What Happened:**

- Would not accept food instruments of cash value vouchers
- Did not have enough food for participant to purchase amount listed on the food instrument
- Would not allow participant to purchase all the infant formula listed on the food instrument
- Other (please describe below)

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**Local Agency** (Name, Number, Site): \_\_\_\_\_

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<b>Name of Individual Completing Report:</b>	<b>Report Date:</b>	<b>Phone Number</b> (for follow up):
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**Email Address** (If you would like verification of receipt of report): \_\_\_\_\_

**STATE WIC PROGRAM USE**

**Date Action Taken:** \_\_\_\_\_

**Action Taken:** \_\_\_\_\_

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**WIC Program Staff:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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