

Participant Abuse Report

Submission instructions: To submit a completed form: Use the Submit Form button at the bottom of the page to submit form to WICAbuse@cdph.ca.gov or fax to (916) 440-5575

Participant's Name(s):

ISIS Family/Individual ID Number(s):

Allegations of Abuse (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Dual Participation | <input type="checkbox"/> Selling WIC Formula |
| <input type="checkbox"/> Over Income | <input type="checkbox"/> Non-Residency |
| <input type="checkbox"/> Child Not Living With Parent (custody) | <input type="checkbox"/> False Information |
| <input type="checkbox"/> Altered Food Instrument | <input type="checkbox"/> Foster Parent Abuse |
| <input type="checkbox"/> Selling Food Instruments | <input type="checkbox"/> Local Agency Violence |
| <input type="checkbox"/> Unauthorized Receipt/Redemption of FIs | <input type="checkbox"/> Breast Pump Loss/Theft |
| <input type="checkbox"/> Selling WIC Food | <input type="checkbox"/> Other (Explain below) |

Explanation of Abuse (Describe in detail):

Supporting documentation attached?

Yes No

Report Completed By: (Print legibly)

Local Agency Name		Agency/Clinic Number	Date
Staff Person's Name		Title	
Phone Number		E-mail Address	



This institution is an equal opportunity provider.

CDPH 4476 Rev 04/17

