

## Subject: FMNP Program Complaints

## Item: FMNP Program Complaints

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### PURPOSE:

To establish procedures for the complaint process for the Farmers' Market Nutrition Program (FMNP).

### POLICY:

- I. Local agency (LA) staff must inform family representatives/caretakers how to report complaints relating to the FMNP.
- II. LA staff must document and report complaints received regarding the FMNP to California Department of Public Health/Women, Infants and Children (CDPH/WIC) using the *FMNP Complaint Form*.

### PROCEDURES:

- I. LA staff must:
  - A. Inform the family representative/caretaker of their right to file an FMNP complaint.
  - B. Assist the complainant in completing the *FMNP Complaint Form* when requested including the following:
    1. The complainant's contact information.
    2. Incident information.
      - a. Date and time the incident occurred.
      - b. Incident description, including all pertinent details such as farm or farmer's name, market name, market location, market manager name, etc.
      - c. Desired outcome.
  - C. Inform the family representative/caretaker of their right to file a complaint if discrimination is alleged or suspected. Refer to WPPM 510-40.
  - D. Submit the completed complaint form to CDPH/WIC at [WICfarmersmarket@cdph.ca.gov](mailto:WICfarmersmarket@cdph.ca.gov).
  - E. Confirm within five business days that CDPH/WIC received the complaint and follow up as directed.
  - F. Retain the complaint for review and audit for three years following the final payment of the contract.

### AUTHORITY:

[7 CFR §248.7](#)

### CROSS REFERENCE:

WPPM 510-40 Complaints of Discrimination

[FMNP Complaint Form](#)