

Report Concerning Vendors For Local Agency And Participant Use

[PRINT FORM](#)

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 (street # / street name / city / state / 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 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		
Date Action Taken: _____		
Action Taken:		
WIC Program Staff:		
Print Name: _____		Signature: _____