WIC Shopper Complaint Card

Store name:	Store vendor ID:
Store contact name:	Store phone number:
Date incident occurred:	Time incident occurred:
Voucher Number, WIC ID Number, or last 4 digits of the eWIC Card:	
Other transaction information (e.g. details from receipt, foods purchased, etc.):	

Please describe what happened (be specific):

Thank you for your cooperation. If you have further information regarding the incident, please call 1-877-807-0889.
If you have any questions or need this form in an alternate format, please call (971) 673-0040.

WIC is an equal opportunity provider and employer.

57-1005-ENG (8/2017)

WIC OREGON

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 389 PORTLAND OR

POSTAGE WILL BE PAID BY ADDRESSEE

OREGON WIC COMPLIANCE COORDINATOR
OREGON PUBLIC HEALTH DIVSION
PO BOX 14450
PORTLAND OR 97293-9901