

WIC Program Participant Violation Reporting Form

Please Complete and return to:	IL. Dept. of Human Services WIC Program/Participant Compliance 815 – 823 East Monroe Street Springfield, IL 62701	Phone (217) 782-2166 or FAX (217) 785-5247	<i>by dialing 1-866-295-6817 Hearing Impaired may reach the Department</i>
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A. PARTICIPANT(S) / INDIVIDUAL(S) INVOLVED *(Please Print)*

Name(s) & DOB: (for children include caregiver information) _____

Local Agency Name: _____

B. DETAILS OF VIOLATION *(All details must be provided to ensure complaint resolution. Attach additional sheets if necessary.)*

Date of Incident: _____ Time: _____ AM/PM

Describe the violation: *(Documentation that may be useful in the description includes Participant Records, Police Report, EBT card issued/BVT date, I-WIC Records, Contacts Made/Documentation, etc.)*

C. DETAILS OF ACTION TAKEN *(Attach additional sheets if necessary.)*

Describe the action taken: *(Details related to the contacts made with participant(s), and whether the violation involved the notification of law enforcement should be included.)*

D. SUBMITTED BY

Name: _____

Phone: _____ Date: _____

E. STATE AGENCY STAFF ONLY

RESOLVED BY: _____