



WIC PROGRAM
WIC VENDOR ISSUE INCIDENT REPORTING FORM

Record all pertinent information related to the Participant and Vendor in the space below.

Please complete and return form to:

Email:
DHS.WICVendor@illinois.gov

Fax:
(217) 785-5247

Participant Information

Head of Household Name:	Contact: (If different than HH)
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Head of Household I.D. No.:	Contact Phone:
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Participant Information

Store Name:	WIC Vendor ID#:
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Address:	City:
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Names of any Store Employees Involved:

Incident Information
Complete relevant information based on the subject of the incident

Subject of the Incident: <i>(who / what is the complaint about?)</i>	<input type="checkbox"/> Vendor / Store / Store Employee	<input type="checkbox"/> WIC Participant
	<input type="checkbox"/> eWIC Transaction (eWIC Information <u>must</u> be provided)	<input type="checkbox"/> Other

Date Incident Reported:	Date of Incident:	Time of Incident:
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eWIC Information
(specific items must be listed - form will be returned if this section is not completed for eWIC transaction issues)

Which items were unable to be purchased (include Brand, Size, Flavor and Fat Content)?
(Attach photos of the product if possible).

Can they provide the UPC(s) for those items?	<input type="checkbox"/> Yes	UPC(s)	
	<input type="checkbox"/> No		

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Description of Incident and / or Information regarding the Complaint
(attach additional sheets if needed)

Education Steps Taken with Participant Regarding this Incident

Local Agency Information

WIC Local Agency Name:

Staff Name:

Staff Phone:

Staff Email: