

MSDH WIC PROGRAM
VENDOR COMPLAINT FORM



Today's Date: _____

Email completed form to vmu@msdh.ms.gov.

STORE INFORMATION

Store Name: _____

Store Address: _____

City/State: _____

COMPLAINT SUBMITTED BY:

Name: _____ Staff Role: _____

Phone Number: _____ Email Address: _____

INCIDENT INFORMATION:

Date of Incident: _____ Time of Incident: _____

CHECK ALL THAT APPLY:

- WIC approved item not scanning
- New UPC for WIC approved product
- Issues with a WIC participant
- Issues with a WIC staff member
- Issues with shelf tags
- Other - Please explain: _____

ADDITIONAL DETAILS:

I attest that the statements I have made are true to the best of my knowledge:

Signature _____ Date: _____

"This institution is an equal opportunity provider."