

WIC Shopper Complaint Card

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|---|-------------------------|
| 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.





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 DIVISION
PO BOX 14450
PORTLAND OR 97293-9901

