



**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](mailto:DHS.WICVendor@illinois.gov)

**Fax:**  
(217) 785-5247

**Participant Information**

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

**Participant Information**

Store Name:	WIC Vendor ID#:
Address:	City:
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
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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).

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

**(Continued on next page)**



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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: