# WIC Store Incident Report

Please complete this form and **fax** it to: **(651) 215-8951**
or **email** it to: **Erin.Kelsey@state.mn.us**
or **mail** it to: **WIC Program, Minnesota Dept. of Health**
**P.O. Box 64882**
**St. Paul, Minnesota 55164-0882**
If you have questions, please call: **(651) 201-4415**

| | |
|---|---|
| **Today's date:** | **Local Agency name:** |
| **Local Agency telephone number:** | **Name of WIC Staff person filling out this form:** |
| **Household ID:** | **Participant name (this information is confidential):** |
| **Store name:** | **Store location or address:** |
| **Store county:** | **Date AND Time of incident:** |

**Name or description of cashier and/or other store staff involved:**

**What happened?**

**Please check box(es), and then give details below.**

☐ Store staff did not treat WIC customer courteously. Give **specific** details of what the person DID or SAID.
☐ Store staff did not follow correct WIC voucher procedures. Give **specific** details below.
☐ Store did not provide WIC-allowed foods. Give **specific** details (such as the brand and size of the product) below.
☐ Other: Give **specific** details below.

**Details (required)**

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**State staff use only**

**Date of follow-up action:**

**Comments:**