

Wyoming WIC Program
VENDOR COMMENT FORM

The Wyoming WIC Program is interested in knowing about specific problems you may encounter with WIC participants, WIC transactions or WIC foods. We would appreciate your suggestions for making the Program work better. To return the completed form to the Wyoming WIC Program, please fax it to 307-777-5643 or mail by folding the form in half and taping the bottom of the form.

Vendor Name:	Phone #:
Address:	City:
Would you like a response to your problem, suggestion, or comment? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PROBLEMS WITH A PARTICIPANT/WIC TRANSACTIONS

Participant Name (if known):	PAN (may only have the last 4 digits):
Date(s) of Occurrence(s):	Time(s) of Occurrence(s):

Place a check next to the appropriate response:	
	Participant tried to buy unauthorized item(s). Please list:
	Participant tried to receive cash for WIC EBT card in addition to foods.
	Participant tried to return items purchased with the WYO W.E.S.T. card for cash, credit, or other WIC/non-WIC items.
	Participant was verbally or physically abusive to employees.
	Participant's WIC product(s) would not scan. Please list:
	Other – Please list:

SUGGESTIONS OR CONCERNS

Please list any suggestions or concerns you have in the box below: (You may include more information on a separate sheet of paper if necessary.)

THANK YOU FOR YOUR INPUT!

STATE WIC OFFICE USE ONLY:	
Action taken:	
Signature: _____	Date: _____



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 363 CHEYENNE, WYOMING

POSTAGE WILL BE PAID BY ADDRESSEE

Wyoming WIC Program
Public Health Division
Department of Health
6101 Yellowstone Road; Suite 420
Cheyenne, Wyoming 82002