The Wyoming WIC Program is interested in knowing about any specific problems you have in using the program. Your comments and concerns will help us make the WIC Program work better for you and other participants.

Please complete this form and return using one of the following methods:
1. Email to: wdh-wywicvendor@wyo.gov
2. Give to your local WIC office
3. Fax to: 307-777-5643
4. Mail to: Vendor Coordinator, WY WIC Program, 6101 Yellowstone Rd, Suite 420, Cheyenne, WY 82002

Name (Optional):
Phone # (Optional):
Address (Optional):
City:
Would you like a response to your problem, suggestion, or comment? ☐ Yes ☐ No

INCIDENT TYPE

PLEASE INCLUDE ANY APPLICABLE STORE RECEIPTS

Grocery Store Name and City: 
PAN (last 4 digits on the WYO W.E.S.T. card):
Date(s) of Occurrence(s):
Time(s) of Occurrence(s):
Cashier Name/Description (if applicable):

Place a check next to the appropriate response:
- Store did not give receipts for WIC transaction
- Store staff was threatening or verbally abusive
- Store did not allow coupons or other promotions to be used with WIC benefits
- Store treated WIC participant different from other customers
- Store staff was not courteous
- Store Staff discriminated because of Race, Color, National Origin, Gender, Disability, or Age
- Not allowed to purchase WIC foods
- Not enough WIC foods on the store shelves
- Asked to pay cash for WIC foods
- Other:

INCIDENT INFORMATION

Please describe the incident in detail below:
(You may include more information on a separate sheet of paper if necessary.)

WE VALUE YOUR INPUT. THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM.