

Wyoming WIC Program  
**PARTICIPANT COMMENT FORM – Clinic/WIC Staff**

The Wyoming WIC Program is interested in knowing about your experience as a WIC participant. Your comments and concerns will help us make the WIC Program work better for you and other WIC participants.

Please complete this form and return using one of the following methods:

1. Email to: [wdhwicservicedesk@wyo.gov](mailto:wdhwicservicedesk@wyo.gov)
2. Give to your local WIC office
3. Fax to: 307-777-5643
4. Mail to: WIC Director, WY WIC Program, 122 West 25<sup>th</sup> Street, 3<sup>rd</sup> Floor West, Cheyenne, WY 82002

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

**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!**