

Wyoming WIC Program
PARTICIPANT COMMENT FORM - Grocery Store

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:

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| <ol style="list-style-type: none"> 1. Email to: wdh-wywicvendor@wyo.gov 2. Give to your local WIC office 3. Fax to: 307-777-5643 | <ol style="list-style-type: none"> 4. Mail to: Vendor Coordinator, WY WIC Program, 122 West 25th Street, 3rd Floor West, Cheyenne, WY 82002 |
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Name (Optional):	Phone # (Optional):
Address (Optional):	City:
Would you like a response to your problem, suggestion, or comment? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

<input type="checkbox"/> Store did not give receipts for WIC transaction	<input type="checkbox"/> Store staff was threatening or verbally abusive
<input type="checkbox"/> Store did not allow coupons or other promotions to be used with WIC benefits	<input type="checkbox"/> Store treated WIC participant different from other customers
<input type="checkbox"/> Store staff was not courteous	<input type="checkbox"/> Store Staff discriminated because of Race, Color, National Origin, Gender, Disability, or Age
<input type="checkbox"/> Not allowed to purchase WIC foods	<input type="checkbox"/> Other:
<input type="checkbox"/> Not enough WIC foods on the store shelves	
<input type="checkbox"/> Asked to pay cash for WIC foods	

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.