

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. Your comments and concerns will help us make the WIC Program work better for you and WIC participants.

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

1. Email to: [wdh-wywicvendor@wyo.gov](mailto: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, 122 West 25<sup>th</sup> Street, 3<sup>rd</sup> Floor West, Cheyenne, WY 82002

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|--|---|
| Vendor Name:   | Phone:  |
| Address (include city)   |   |
| Would you like a response to your problem, suggestion, or comment?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Would you like to remain anonymous?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

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| Participant Name (if known):                           | PAN (may only have the last 4 digits):   |
| Date(s) of Occurrence(s):                              | Time(s) of Occurrence(s):  |
| <b>Place a check next to the appropriate response:</b> |  |
|  | 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:   |

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| <b>SUGGESTIONS OR CONCERNS</b>  |  |
| <b>Please list any suggestions or concerns you have below:</b>                |  |
| (You may include more information on a separate sheet of paper if necessary.) |  |
|   |  |

**THANK YOU FOR YOUR INPUT!**