



Louisiana WIC Complaint Form



Date of Report: _____

Complaint Against: Vendor Participant Clinic

Instructions: Fully complete as much of this form with as much specific information as possible to assist with the complaint investigation.

SECTION I – General Complaint Information

Staff Taking Report (Name):		Phone Number:
WIC Clinic:		Clinic City/Parish:
Person Reporting the Complaint:		Phone Number:
<input type="checkbox"/> Caregiver <input type="checkbox"/> Proxy <input type="checkbox"/> Family Member <input type="checkbox"/> Staff Member <input type="checkbox"/> Vendor <input type="checkbox"/> Other: _____		
Participant Name:		Participant DOB:
Family ID#:	PAN:	
Date of Incident:	Time of Incident:	Previous Complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

SECTION II – Complaint Against Vendor

Complete this section to report a complaint against a WIC vendor. **Include copies of receipts, if applicable.** These complaints should be forwarded to LaWICVendor@la.gov.

Vendor Name:		Vendor Number:
Nature of Complaint:		
Corrective Action Taken	<input type="checkbox"/> Phone Call to Vendor <input type="checkbox"/> Correspondence (attach) <input type="checkbox"/> Store Visit	
Date:	_____	

SECTION III – Complaint Against Participant

Complete this section to report a complaint against a WIC participant.

These complaints should be forwarded to Wendy.Terrell@la.gov

**Nature of
Compliant:**

Date Complaint Forwarded:

SECTION IV – Complaint Against Clinic

Complete this section to report a complaint against a WIC clinic.

These complaints should be forwarded to Wendy.Terrell@la.gov

Clinic Name:

Region:

City/Parish:

**Nature of
Compliant:**

Complaint Forwarded To:

Date Forwarded:

SECTION V – Additional Information/Comments

Use this section to include any additional information/comments related to this complaint.