



State of Alaska  
Department of Health & Social Services  
Division of Public Assistance  
Nutrition Services – WIC  
PO Box 110612  
Juneau, Alaska 99811-0612

**ALASKA WIC PROGRAM COMPLAINT REPORT**

Complaint against: \_\_\_\_\_ Vendor \_\_\_\_\_ Participant \_\_\_\_\_ Alternate Representative \_\_\_\_\_ Other

Complaint submitted by: \_\_\_\_\_ Vendor \_\_\_\_\_ Participant \_\_\_\_\_ Alternate Representative \_\_\_\_\_ Other

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address/City/Store Branch \_\_\_\_\_

Witness (optional) \_\_\_\_\_ Phone # \_\_\_\_\_

What happened: (include names, eWIC card number, date, time, Universal Product Code numbers)

Attach additional pages if necessary \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Date) (Signature of Complainant)

*Office use only*  
Agency: \_\_\_\_\_ Employee Name: \_\_\_\_\_ Date \_\_\_\_\_

Local Agency Action Taken:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send copy to Vendor Management Unit via fax at (907) 465-3416