Alaska Department of Health
Division of Public Assistance
Nutrition Services WIC Program
P.O. Box 110612, Juneau, AK 99811-0612
(907) 465-3100 phone/ (907) 465-3416 fax /email: wic@alaska.gov

ALASKA WIC PROGRAM COMPLAINT REPORT

Complaint against: ___ **Vendor** ___ **Participant** ___ **Alternate** ___**WIC Office** ___ **Other**

Complaint submitted by: ___ **Vendor** ___ **Participant** ___ **Alternate** ___**WIC Office** ___ **Other**

Name/Store/Office _____ **Phone #** _____

Address/Store branch_____

Witness _____ **Phone #**_____

What happened: (include names, time, date, warrant number/s (Attach additional pages if necessary)

_____

_____

_____

_____

_____

_____ _____ _____

(Date) **(Name of Complainant)** **(Signature of Complainant)**

Complainant can remain anonymous but must provide all other pertinent information required on this form so State/Local Agency can follow-up.

Office use only
Complaint accepted by _____ Date _____

Name of Local Agency: _____ **Action Taken by Local Agency:**

_____

SEND ORIGINAL COPY TO The State WIC Office – KEEP COPY FOR LOCAL AGENCY FILES.

PO Box 110612 Juneau, AK 99801: FAX No 907-465-3416

WIC is an equal opportunity employer and provider.

Updated 04.07.2025