

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.

130 Seward Street, Room 508, Juneau, AK 99801: FAX No 907-465-3416

WIC is an equal opportunity employer and provider.