Alaska Department of Health & Social Services
Division of Public Assistance
Nutrition Services WIC Program
P.O. Box 110612, Juneau, AK 99811-0612
(907) 465-3388 phone (907) 465-3416 fax

ALASKA WIC PROGRAM COMPLAINT REPORT

Complaint against: ___ Vendor ___ Participant ___ Alternate ___ Other

Complaint submitted by: ___ Vendor ___ Participant ___ Alternate ___ Other

Name_____ **Phone #** _____

Address/Store Branch _____

Witness _____ **Phone #**_____

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

_____

_____

_____

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_____

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

Office use only
Complaint accepted by _____ **Date** _____

Name of Local Agency: _____

Local Agency Action Taken:

_____

_____

_____

_____

_____

_____

SEND ORIGINAL COPY TO VENDOR COORDINATOR – Fax to: (907) 465-3416
Cc: Local agency files.

(Rev. May 2009)