

## Iowa WIC Vendor Comment Form

The WIC State Office is interested in knowing about specific problems you have with WIC participants, the eWIC card, or general feedback or suggestions related to our operations. Please complete this form and submit it to the State WIC Office.

Store Name:

Store Address:

Store Contact Person:

Date of incident:

Time of incident:

Last four (4) of the participant's card number:

Is there a transaction receipt available? If yes, please attach      Yes      No

Name of the participant (if known)

Details of problem or suggestion (provide as much information as possible):

Return this form, along with supporting documentation to the State Office.

<b>Mail:</b> Iowa Department of Public Health Attn: WIC Vendor Section 321 East 12th Street Des Moines, IA 50319-0075	<b>Email:</b> wicvendor@hhs.iowa.gov	<b>Fax:</b> 515-281-4913
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This institution is an equal opportunity provider.