



Iowa WIC Compliance Investigation Form

Store Visit Date: Time in: Time out:	(Apply Store Label Here)		Card Number (PAN):
Received Receipt Yes / No			Informant/Aide (was/was not) used in this investigation
# Registers: # Registers Used:	Description of Store Associate: Male / Female Height: Hair Color:	Store Associate Name- Identification:	
1. I (did/did not) observe any questionable treatment of WIC customers.		2. Store associate (did/did not) appear to be familiar with eWIC redemption procedures.	
3. There (was/was not) a 2 nd person verifying this sale.		4. Store associate (did/did not) give the beginning balance inquiry receipt.	
5. Store associate (did/did not) ask for identification.			
Nature of Problems discovered and details of transaction:			
(continued on back)			

If a receipt was received during this investigation, it must be attached to this document.

*The following items were purchased in compliance with this investigation and donated to a Food Bank or similar facility. In some instances, all or part of the food was destroyed. See below for the disposition of foods.

Qty	Size	Product Description/ Brand Name	Donated to	Donated or Destroyed	Date of Donation	Subs? (Y/N)	Total Purchase Retail
Total Purchase Value:							

CERTIFICATION: This declaration consists of ____ page(s). I have signed or initialed each page. The facts in this declaration are true to my knowledge. If I am called to testify as a witness in any proceeding, I am competent to testify to the matters stated herein. I declare that under penalty of perjury the foregoing is true and correct. (Use back of this sheet for additional comments or attach additional sheets).

Investigators Signature

Investigators Name (Print) / Date

Confidential Informants Name (Print)

Reviewers Signature

Reviewers Name (Print) / Date

Additional Information Regarding Investigation

