

**GEORGIA DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF NUTRITION AND WIC  
INCIDENT/COMPLAINT FORM**

<b>District/Unit/Clinic:</b>		<b>County:</b>	
<b>Date of Incident:</b>		<b>Date Reported:</b>	
<b>Follow-Up Date:</b>			
<b>Type of Complaint:</b>			
<b>Sub Category 1:</b>		<b>Sub Category 2:</b>	
Participant <input type="checkbox"/>	Proxy <input type="checkbox"/>	Wait Time <input type="checkbox"/>	Stolen Vouchers <input type="checkbox"/>
Vendor <input type="checkbox"/>	Civil Rights <input type="checkbox"/>	Vendor <input type="checkbox"/>	Transfer <input type="checkbox"/>
Local Agency/State WIC Office Staff <input type="checkbox"/>		Food Package Change <input type="checkbox"/>	Other <input type="checkbox"/>
Anonymous <input type="checkbox"/>			
			Shelf Prices <input type="checkbox"/>
			Customer Service <input type="checkbox"/>
			Fraud(Buy/Sell/Dual) <input type="checkbox"/>
			Clinic Closing <input type="checkbox"/>
			Appointment <input type="checkbox"/>
			Formula <input type="checkbox"/>
			Participant <input type="checkbox"/>
<b>Person Filing Complaint</b>	<b>Participant information</b>	<b>Vendor Information</b>	<b>Local Agency/State WIC Office Staff</b>
<b>Name:</b>	<b>Name:</b>	<b>Vendor/Vendor #:</b>	<b>Staff Name :</b>
<b>Phone:</b>	<b>Guardian:</b>	<b>Employee Name:</b>	<b>Phone:</b>
	<b>Phone:</b>	<b>Title:</b>	<b>Staff Name :</b>
		<b>Phone:</b>	<b>Phone:</b>
<b>Incident/Complaint:</b>			
<b>Local Agency Resolution:</b>			<b>Can the complaint be closed at the Local Agency?</b>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			<b>Signature:</b>
			<b>Date:</b>
<b>State Office of Nutrition and WIC Resolution/Comments: Please respond to this complaint.</b>			<b>Can the complaint be closed at the State Office of Nutrition and WIC?</b>
			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
			<b>Signature: Ricky T. Brown</b>
			<b>Date:</b>
<b>Follow-up Report:</b>			
<b>Office of Nutrition and WIC, Customer Service Coordinator:</b>			
<b>Date:</b>			