

WIC PROGRAM *SUGGESTION*COMPLAINT*INCIDENT* REPORT

Today=s Date:
 Suggestion Complaint Incident

Report from Clinic site: 01 02 03 04 05 06
Date of complaint/incident:

A. Type of Contact: Clinic visit Admin. office visit Phone call Written
 Other (specify):

B. Who is making the suggestion, compliant or reporting the incident? (minimum information A*@)
* Print name: _____ * Telephone: _____
Address: _____

C. Statement of caretaker/client/vendor/staff making the suggestion or complaint or reporting the incident:

_____ (Use additional sheets of paper if needed)

(TO BE COMPLETED BY WIC STAFF ONLY BELOW THIS LINE)

D. Does this situation need to be referred to another area or higher authority? Yes No
If Yes, Who _____ If No, describe resolution to problem or action taken:

E. Follow up on suggestion, complaint, or incident (if needed):

Was the suggestion, complaint, or incident resolved?
 Yes - How resolved

No - What further action is needed?

F. Signatures (suggestions, complaints, and reports of incidents are not valid unless accompanied by the signature of the person bringing the issue to our attention and therefore may not be acted upon if unsigned):

Signature of WIC staff contact person:

Signature of WIC participant/caretaker/vendor:

Rev.3/2000