



# Vermont WIC Program Comment Form

Filed by:

Name/Title \_\_\_\_\_

Store Name \_\_\_\_\_

Location/Address \_\_\_\_\_

City/Town \_\_\_\_\_

May we contact you regarding this incident? Yes \_\_\_\_\_ No \_\_\_\_\_

Telephone \_\_\_\_\_

email \_\_\_\_\_

Comments about:

Family \_\_\_\_\_ WIC Staff \_\_\_\_\_ Other \_\_\_\_\_

Family Name \_\_\_\_\_

Last 4 digits of WIC card \_\_\_\_\_

Incident Date \_\_\_\_\_

Describe the nature of the issue. Provide details including a description of the issue and any related information. Include: lane number, any associated error messages and time.

Is this a new \_\_\_\_ or ongoing \_\_\_\_ issue? If ongoing, please provide any additional related information.

Describe Incident Resolution:

Please return the completed form by email or fax or call us at:

Vermont Department of Health - WIC Program  
P.O. Box 70 Burlington, VT 05402  
(802) 863-7333 phone (802) 863-7229 fax  
WIC@Vermont.gov

Thank you for taking the time to share your comments with us.

State use:

Incident Form received by: Email \_\_\_\_\_ Fax \_\_\_\_\_ Mail \_\_\_\_\_ Phone \_\_\_\_\_

Received by \_\_\_\_\_ Date Received \_\_\_\_\_