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 "*")
* 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