

**Montana WIC Program
Program Complaint Form**



INSTRUCTIONS: Use this form for taking a complaint from a participant, local agency or retailer. Document the name, clinic, city and phone number and well as follow-up of the complaint. Offer participant or local agency the opportunity for a "Fair Hearing"

Name: _____ Clinic: _____ City: _____

Address (optional): _____ Phone: _____

Complaint:

Signed

Date

Follow-Up:

Signed

Date

Response:

