

**Farmers Market Nutrition Program Complaint Form**

Complete as much information in each section as possible. If mailing or faxing the form, use a pen with black or blue ink.

**Section 1 – Person reporting the complaint**

Name of person reporting the complaint: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Person reporting is:  WIC client  Caregiver  Alternate endorser  
 Market manager  Grower  Other: \_\_\_\_\_Does this person wish to remain anonymous?  Yes  No**Section 2 – Complaint**

- |  |  |
|--|--|
| <input type="checkbox"/> Discourteous or disruptive behavior | <input type="checkbox"/> Participant doesn't know how to use FMNP checks |
| <input type="checkbox"/> Used profanity or rude gestures     | <input type="checkbox"/> Grower charged tax                              |
| <input type="checkbox"/> Threatened harm or physical abuse   | <input type="checkbox"/> Grower didn't give full value of \$4 FMNP check |
| <input type="checkbox"/> Market out of produce               | <input type="checkbox"/> Other: _____                                    |

**Describe the incident in detail. Use back page or attach additional pages as needed.**

Date and time of complaint: \_\_\_\_\_

**Section 3 – Person, market, or clinic that the complaint is about**

Person's name: \_\_\_\_\_ if participant, participant ID #: \_\_\_\_\_

Market, Farm or clinic name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Other: \_\_\_\_\_

**Section 4 – Person recording the complaint**

Name: \_\_\_\_\_ Date and time: \_\_\_\_\_

You may call in your report to the Washington State WIC Nutrition Program. Dial 1-800-841-1410, press zero and ask for the Farmers Market Nutrition Program staff.

Email, mail or fax the form to:

**WIC FMNP Coordinator****Washington State WIC Nutrition Program**

PO Box 47886

Olympia, WA 98504-7886

Fax: 360-236-2345 / Email: [FMNPteam@doh.wa.gov](mailto:FMNPteam@doh.wa.gov)

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