VENDOR MANAGEMENT COMPLAINT INTAKE FORM

To: Tysha N. Grays, Vendor Manager
Nutrition Services Branch, 1914 Mail Service Center, Raleigh, NC 27699-1914
919-870-4818 (fax)

Complaint taken by:	**Contact Name**	**Contact Phone Number**
☐ Local WIC Agency	_____	_____
☐ State WIC Agency	_____	_____
Date Complaint Received:	_____	

Source of Complaint:	**Contact Name**	**Contact Phone Number**
☐ Vendor	_____	_____
Vendor Name / Vendor Number	_____	
☐ Participant	_____	_____
☐ Other	_____	_____

Complaint: _____

State Agency Use Only

Actions Taken: