

**WIC VENDOR MANAGEMENT
CUSTOMER SERVICE ISSUES FORM**

SECTION I: CUSTOMER SERVICE ISSUE DOCUMENTATION

STAFF NAME: _____ **TITLE:** _____

AGENCY: _____ **DATE:** _____

ISSUE CREATION DATE: _____

INCIDENT DATE: _____

TARGET RESOLUTION DATE: _____

IS ISSUE CONFIDENTIAL? Yes No

ISSUE REPORTED BY:

- Family/Participant Family ID _____
- WIC Staff User ID _____
- Vendor Vendor ID _____
- Other Comments _____
- Anonymous

ISSUE REPORTED ABOUT:

- Family/Participant Family ID _____
- WIC Staff User ID _____
- Vendor Vendor ID _____
- Policy/Procedure Comments _____
- Other Comments _____

ISSUE TYPE: _____

ASSIGNED TO:

- State WIC Agency
- Local WIC Agency Name of Local Agency _____
- Clinic Name of Clinic _____

DESCRIPTION OF ISSUE(S):

SECTION II: RESOLUTION OF ISSUE(S):

**WIC VENDOR MANAGEMENT
CUSTOMER SERVICE ISSUES FORM**

PURPOSE

To report service issues about WIC vendor activity.

PREPARATION

The Local WIC Agency staff must complete Section I of the form. It may be faxed to the WIC Vendor Unit at 919-870-4895 or mailed to the following address:

WIC Vendor Unit
Nutrition Services Branch - Division of Public Health
1914 Mail Services Center
Raleigh, North Carolina 27699-1914

**RETENTION AND
DISPOSITION**

This form must be retained in accordance with records retention requirements of the North Carolina Department of Cultural Resources and the North Carolina Department of Health and Human Services.