

**ALLEGHENY COUNTY HEALTH DEPARTMENT  
WIC PROGRAM  
WIC RETAIL STORE COMPLAINT FORM**

Email this completed form with a copy of WIC beginning/ending or utilization receipts or store journal receipt to [ACHDWICVendor@alleghenycounty.us](mailto:ACHDWICVendor@alleghenycounty.us). You can also mail or fax complaint form with copy of check and/or journal receipt (if possible) to:

WIC Retail Store Coordinator  
Allegheny County Health Department WIC Program  
2121 Noblestown Road  
Suite 210  
Pittsburgh, PA 15205  
Fax: 412-350-4424

Having this specific information up front will help me, the WIC retail store and the WIC office address the issue with the individual/s in order to provide the appropriate education on the proper procedures and regulations for correcting the situation. Our goal is to make their next WIC shopping trip a smooth and pleasant experience.

1. **Date:** \_\_\_\_\_
2. **Name of Store Contact Person:** \_\_\_\_\_
3. **Store Name:** \_\_\_\_\_ **WIC Vendor #:** \_\_\_\_\_
4. **Store Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_
5. **WIC Shopper/Participant Name:** \_\_\_\_\_
6. **eWIC Card 16 digit PAN Number or last 4 digits from the card or receipt.**  
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**Summary of incident.**

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