Family ID:			
Transaction Date/Time:	Vendor Number/Name:		
	Participant Statement		
		_	

## Dependent on the participant complaint, please ask the participant following questions.

1	What was the brand(s), quant	ity nroduct size and item(s)	Lyou were trying to nurchase?
Τ.	villat was the brand(s), qualit	ity, product size and item(s)	you were trying to parchase:

Brand Name	Quantity	Product Size	Item

2.			trying to purchase. Please in the number to the farthest ri	_
3.	Please describe the tr	ransaction (only WIC items,	mixed basket, etc.).	
4.	Did you present yours	self as a WIC participant or	state that you were using yo	ur eWIC card?
5.	Did the cashier verbal items not ring up as V		not WIC-approved or, as iten	ns were scanned, did the

6.	Did you use the BNFT app to scan the item(s) to see if they were WIC-approved prior to the transaction?		
7.	Ask the participant if they have their receipts. If so, please make copies and attach to the form. In the box below, please describe your initial findings after viewing the receipts and listening to the participant's statement.		

## **TIPS AND ADDITIONAL INFORMATION**

- Please inform and strongly encourage participants to take pictures of the UPC for the item(s) in question.
- Please remind participants to contact the Local Agency during or immediately after the incident has occurred.
- Please inform participants to keep all receipts and bring the receipts to the clinic if they are reporting an issue that occurred at the store.
- Please send Local Agency Vendor Triage Forms to the following email address: NCWICVendorQuestions@dhhs.nc.gov.
- Do not use this form for complaints that are not related to eWIC. Other vendor-related complaints should be documented on the WIC Vendor Management Customer Service Issues Form.

Date: \_\_\_\_\_