

# 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):

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### SECTION II: RESOLUTION OF ISSUE(S):

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**WIC VENDOR MANAGEMENT  
CUSTOMER SERVICE ISSUES FORM**

- PURPOSE** To report service issues pertaining to 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 sent by email to the following email address: [NCWICVendorQuestions@dhhs.nc.gov](mailto:NCWICVendorQuestions@dhhs.nc.gov).
- 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.