



**Vermont WIC Program**  
**Grocer Incident Report Form**

Filed by:

Name/Title \_\_\_\_\_

Store Name \_\_\_\_\_

Location/Address \_\_\_\_\_

City/Town \_\_\_\_\_

May we contact you regarding this incident? Yes \_\_\_\_\_ No \_\_\_\_\_

Telephone \_\_\_\_\_ email \_\_\_\_\_

Incident Type:

Family \_\_\_\_\_ Transaction \_\_\_\_\_

Family Name \_\_\_\_\_

Last 4 digits of WIC card \_\_\_\_\_

Incident Date \_\_\_\_\_

Describe the nature of the issue. Provide details including a description of the issue and any related information. Include: lane number, any associated error messages and time.

Is this a new \_\_\_\_\_ or ongoing \_\_\_\_\_ issue? If ongoing, please provide any additional related information.

Describe Incident Resolution:

Please return the completed form by email to: [WIC@Vermont.gov](mailto:WIC@Vermont.gov)

Thank you for taking the time to share your comments with us.

State use:

*Date Received:*

*Follow-up:*