

**Indiana WIC
Local Agency Complaint Form**

Date: _____

Local agency/clinic
Receiving complaint: _____

Name and Title of
Staff receiving complaint: _____

1. Name and State ID# of applicant/client:

2. Person filing complaint if other than the applicant/client listed above:

3. Relationship to the applicant/client:

☐ Parent ☐ Legal Guardian ☐ Caretaker

☐ Other: _____

4. Contact Information:

Street Address: _____	County: _____
City: _____	Zip Code: _____
Day Phone: _____	Evening Phone: _____
Mobile Phone: _____	Email: _____

5. Brief explanation of the complaint*

*Complaints involving issues of race, color, national origin, age, sex, or disability are considered possible Civil Rights complaints and must be filed on the appropriate Civil Rights Complaint Form.

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Follow-up

Date: _____

Name and Title of
Staff completing
follow-up: _____

6. Description of incident(s)

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7. Name(s) of involved WIC staff (if known)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____
- i. _____
- j. _____
- k. _____

8. Additional Comments **(See Attached)**

9. Finding of Investigation and Resolution

Signature of Local Agency Coordinator

Date