

**Michigan Department of Community Health
WIC Division**

WIC VENDOR COMPLAINT PROTOCOL

When receiving a complaint about a WIC vendor, please obtain as much detailed information as possible using the WIC Vendor Complaint Form. Be sure to including the following information:

1. Nature of the complaint
2. Complainant Name
3. Complainant Phone Number
4. WIC Vendor Name
5. Vendor Address or Approximate Location
6. Approximate Date Occurred
7. Approximate Time Occurred
8. Person Talked to at Store
9. Does the Client have the Receipt?

Forward the information to the Michigan WIC Vendor Unit at

Phone: 517-335-8937

Or: e-mail the Michigan WIC Program at MDHHS-WICVendor@Michigan.gov

Or : Fax # 517-335-9514

SUSPECTED WIC VENDOR FRAUD & ABUSE PROTOCOL

When reporting suspected vendor fraud or abuse, please provide as much detailed information as possible, including the following:

1. Nature of the suspected fraud or abuse
2. WIC Vendor Name
3. Vendor Address or Approximate Location
4. Approximate Date Occurred
5. Approximate Time Occurred
6. Witnesses

Report this information to 1-800-CALL-WIC or via the above contact methods.