VENDOR COMPLAINT FORM

"VENDOR COMPLAINT AGAINST PARTICIPANT" forms are used to record complaints by vendors against participants. The information is used to identify participant abuse or educational need of participant on FI/CVB and program responsibilities. The completed forms may be mailed to:

Muscogee (Creek) Nation-WIC Program,
ATTN: Vendor Coordinator
P.O. Box 580, Okmulgee, Oklahoma 74447

VENDOR COMPLAINT AGAINST PARTICIPANT

PROBLEM: (Include WIC Participant and/or WIC Paraprofessional Name)

________________________________________________________________________
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NAME OF EMPLOYEE REPORTING PROBLEM: ______________________________

VENDOR NAME & ADDRESS: ______________________________________________

COMPLAINT RECEIVED BY: ____________________________________________

DATE COMPLAINT WAS RECEIVED: __________________________

"VENDOR EMPLOYEE NAME(S) WILL NOT BE DISCLOSED DURING THE HANDLING OF THIS COMPLAINT".

“This Institution Is An Equal Opportunity Provider”
ACTION TAKEN: ____________________________________________________________
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SIGNATURE: _____________________________________________________________
TITLE: __________________________________________________________________
DATE: ___________________________________________________________________