



# WIC Shopping Issue Form

**NOTE:** Personal information will be kept confidential

**\*\*\* Please complete all fields \*\*\***  
**then contact the eWIC Coordinator at the Central WIC Office - (605) 773-3361**

***This information is mandatory for the Central WIC Office to follow-up***

Client/Shopper Name: \_\_\_\_\_

Family ID: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Store Name/town: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Time of Issue: \_\_\_\_\_

Describe incident in detail: *(need additional space, continue writing on the back)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***If available please provide this information***

Store Receipt

Store Employee Name or description: \_\_\_\_\_

*(hair color, height, age, glasses, other distinguishing features, register lane – provide as much detail as possible)*

Name of store manager or other staff you spoke to: \_\_\_\_\_

UPC or PLU of item you tried to purchase with eWIC \_\_\_\_\_

Picture of item you tried to purchase \_\_\_\_\_