



**ALASKA WIC PROGRAM REQUEST FOR CLIENT or CASHIER RETRAINING**

Person Needing Training: \_\_\_\_\_ or Warrant # \_\_\_\_\_

Requesting Person (Contact) \_\_\_\_\_ Phone # \_\_\_\_\_

Address/Store Branch \_\_\_\_\_ Local Agency \_\_\_\_\_

**CLIENT NEEDING TRAINING**

Outline specific issues below or select from the list:

- Client did not separate their foods by warrant
- Client attempted to purchase incorrect items (also specify if wrong size or not least expensive)
  - Bread
  - Milk
  - Cheese
  - Formula
  - Other: \_\_\_\_\_
- Client argued with store staff
- Client would not comply with staff attempts to provide them with the correct foods
- Other – Please explain (Feel free to elaborate about any of the above circumstances) \_\_\_\_\_

(Date) \_\_\_\_\_ (Signature of Vendor) \_\_\_\_\_

**CASHIER NEEDING TRAINING**

Outline specific issues below or select from the list:

- Cashier did not allow purchase of certain item:
- Cashier tried to get me to purchase a certain item instead of the WIC food item I wanted
- Cashier did not allow me to pay for an amount over the FVV (Fruits & Vegetables Warrant)
- Cashier did not allow me to purchase bananas with my FVV baby foods
- Cashier argued with or treated WIC client with disrespect
- Other – Please explain (Feel free to elaborate about any of the above circumstances) \_\_\_\_\_

*Office use only*  
Complaint accepted by \_\_\_\_\_ Date \_\_\_\_\_

Name of Local Agency: \_\_\_\_\_

Local Agency Action Taken: \_\_\_\_\_

**SEND ORIGINAL COPY TO VENDOR COORDINATOR – Fax to: (907) 465-3416**  
Cc: Local agency files.