

Food/Product Comment Section

1 Store Name and Location: _____

2 Select the food package you are currently prescribed. Please check all that apply.

Pregnant woman

Postpartum woman

Child 2-4

Breastfeeding woman

Formula fed infant

Not sure

Breastfeeding infant

Child 12-24 months

3 If you had an issue with your particular food package or special benefit on your eWIC benefit card, please explain here.

4 Did you have an issue with a specific food (s) or product (s) at the vendor location listed above? If yes, please list here. If no, leave blank.

5 If you have any other comments or details about this food or product, please leave those here.

Contact Information

Name _____

Street Address _____

City/Town _____ State/Province _____ ZIP/Postal Code _____

Email address _____ Phone number _____

If you have any other comments or complaints that were not addressed in this survey, please leave them here.

Complete form online at:
dhhr.wv.gov/WIC
...select "Forms/Materials" on purple ribbon
...select "WIC Comment Form" at bottom of list.

Or ... Mail to:
Office of Nutrition Services, DHHR
350 Capitol Street, Room 519
Charleston, WV 25301

