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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-01835 (09/2016)  | **STATE OF WISCONSIN** 608-266-6912 |
| **eWIC TRANSACTION ISSUE**  |
| EBT Account Number | Urgent? [ ]  Yes [ ]  No | Reason for Urgency |
| Store Name | City | WIC Vendor Number |
| Contact at Store if Applicable | Benefit Expiration Date |
| Date of Transaction | Approximate Time of Transaction | Dollar Value of Transaction |
| Register Where The Transaction Took Place (for example:  *Lane 14, Customer Service, Pharmacy, etc.)* |
| Items Purchased/attempted to Purchase: *(include UPC of item if known)* |
| Error Message if applicable |
| Has the participant bought these items before?[ ]  Yes [ ]  No | Did the participant leave with the item/s?[ ]  Yes [ ]  No |
| Additional Comments |
| **Receipts and pictures of items are invaluable to resolving the issue.** **If such images are available, please include with this form.** |
| Name of WIC Staff Submitting Form  | Project Number (if applicable) |
| Email | Phone Number |
| Return completed form with attachments to: | Chris Grover (chris.grover@wi.gov) and Carrie Coenen (carrie.coenen@wi.gov) |
| **STATE OFFICE USE ONLY** |
| Received By | Date Received |
| Outcome |