

Illinois WIC Program Employee Compliance Report

Please
Complete
and return to:

IL. Dept. of Human Services
WIC Program/Employee Compliance
815 – 823 East Monroe Street
Springfield, IL 62701

Phone (217) 782-2166
FAX (217) 785-5247

*Hearing Impaired may reach the Department
by dialing 1-866-295-6817*

A. EMPLOYEE(S) / INDIVIDUAL(S) INVOLVED *(Please Print)*

Local Agency Name: _____

Name(s)	Job Title	External Illinois.gov User ID

B. DETAILS OF VIOLATION *(All details must be provided to ensure complaint resolution. Attach additional sheets if necessary.)*

Date of Incident: _____ Time: _____ AM/PM

Describe the violation: *(Documentation that may be useful in the description includes Signed Statement/Police Report, Benefits Issued, WIC MIS Records, Employee Files, Dual Participation Records, Interview with Employee/Agency, Local Agency Report, Human Resources Report, Contacts Made/Documentation, etc.)*

C. DETAILS OF ACTION TAKEN *(Attach additional sheets if necessary.)*

Describe the action taken: *(Details related to the termination of I-WIC roles and whether the violation involved the notification of law enforcement should be included.)*

D. SUBMITTED BY

Name: _____

Phone: _____ Date: _____

E. STATE AGENCY STAFF ONLY

RESOLVED BY: _____