General Investigation Form

Description of Report/Allegation

Person making report

Date report received

Person's contact information

- ☐ Telephone number
- ☐ Address
- ☐ Email

Type of Complaint:

- ☐ Selling Formula (complete the Selling Formula Investigation Form)
- ☐ Rude Staff (clinic or vendor)
- ☐ Not providing correct information to program (ie. family size, income, address, not the minor's guardian)
- ☐ Discrimination (enter information using the Fraud & Complaint Form)
- ☐ Participating at two clinics at once (complete the Dual Participation Investigation Form)
- ☐ Exchanging WIC formula at the store without approval by WIC staff
- ☐ Returning or trying to return WIC foods/formula to vendor for unapproved items, credit or cash
- ☐ Exchanging WIC foods/formula for other non-WIC items at a store
- ☐ Purchasing foods/formula not included on WIC card, including brand
- ☐ Selling WIC card
- ☐ Trafficking or collusion with a vendor
- ☐ Verbally abusive/intimidation toward staff, vendor staff or another participant
- ☐ Being a public nuisance/disrupting normal activity at a WIC clinic or store.
- ☐ Threat of or physical abuse of staff, vendor staff or another participant
- ☐ Damage or destruction of property
- ☐ Altering or falsifying a Physician Authorization Form
- ☐ Redeeming or attempting to redeem benefits for a participant no longer in the household or custody of authorized representative
- ☐ Use of a WIC card reported as lost/stolen
- ☐ Other, specify:

Participant identification

- ☐ Verify participant name(s).
- ☐ Confirm all FID numbers involved.

Local Agency:
Clinic:

Screenshot(s) of Family Panel(s)

Screenshot(s) of Social Media Posts/Text Messages

Timeline

- ☐ Confirm dates of WIC enrollment

Screenshot of Certification Panel(s)

Documentation Review (check family size, income, address, etc.)

Benefit & Participation Review

- ☐ Check for benefit issuance

  Year/Months issuance occurred

  Year/Months purchases occurred

  Value (dollar amount) of benefits:

Is value of WIC benefits or items received over $1000?

- ☐ No, no further action is necessary
- ☐ Yes, send documentation to State WIC Office for further action

Screenshots of Archive panel showing issuance, purchases for affected months for all participants.

Screenshots of Appointment History when necessary.

Determination

- ☐ Finalize determination
  - ☐ No Fraud
  - ☐ Fraud
- ☐ Document rationale supporting determination.

Required Actions

No Fraud:

- ☐ Add appropriate alerts to Journey record(s).

  Screenshot of alert(s)

☐ Scan completed Investigation Form into record.

Fraud/Rules Broken:

Sanctions 15 points or below –

- ☐ Enter sanctions using the WIC Participant Sanction, Fraud, Disqualification Tracking Smartsheet.
  ** if the family has previous sanction points in the log and these additional points give them 20 or more points, reach out to the state WIC Office prior to the next step
- ☐ Send a sanction letter to the authorized representative .
- ☐ Scan sanction letter into the client's Journey record.

20 Point Sanctions

- ☐ Complete WIC Participant Sanction, Fraud, Disqualification Tracking Smartsheet
- ☐ Send all information to the Clinic Services Coordinator at the State WIC Office
- ☐ State – continue investigation as needed

☐ State – send sanction, disqualification and claims letters when appropriate
☐ State – Add alerts to record.
☐ Terminate enrollment in Journey.
☐ Remove benefits and deactivate eWIC card when necessary.

Investigation completed by: (name/s)

Date(s) information collected: