



PA DOH WIC DI Internship Complaint Form

Directions: Please read this form in its entirety, complete, sign, and e-mail to or print and mail to: RA-DHWICADMIN@pa.gov

PA DOH WIC Bureau Director
625 Forster Street
7 West, Health and Human Services Building
Harrisburg, PA 17120

The DI Program or Bureau Director will provide a written response to the complaint/grievance within 10 days of receipt. If any questions arise while filling out this form, please reach out to the DI Program or Bureau Director for further clarification/direction.

DATE:	
Your Contact Information	
<hr/> Name: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. (Check One)	<hr/> Rotation Site
<hr/> Address	<hr/> Preceptor
<hr/> City, State, Zip code	<hr/> Name(s) of the individual(s) cited in your complaint.
<hr/> Daytime Phone Number	
<hr/> Evening Phone Number	
<hr/> Email Address (Required)	

1. Please list any ACEND or PA WIC standards or the policies and procedures that are being violated as a result of this complaint: (Note: Please refer to www.eatrightpro.org/ACEND for ACEND standards and policies and procedures.)

2. What steps have you already taken to address this issue and what was the outcome?

3. What outcome would you like to occur?

4. Directions: Succinctly describe your complaint including any individuals involved. Please do not exceed the space allotted on this summary form.

Please read before signing:

By signing this form, you are stating that all the information is true and an accurate description of the issue. If any of this information is found to be false, the person submitting this form may have disciplinary actions taken against them.

Signature: _____ **Date:** _____