OKLAHOMA WIC PROGRAM
FRAUD & ABUSE REPORT FORM

Please complete this form if you suspect someone to be committing fraud or abuse of the Oklahoma WIC Program.

Date:

Name of Person Suspected of Fraud or Abuse:
Address:
City: State: Zip code:
Telephone Number:

Type of Fraud or Abuse Suspected:

- ☐ Selling or giving away WIC benefits (Food, Infant Formula, Breast Pumps)
- ☐ Advertising with the intent to sell WIC benefits through social media (Facebook, Twitter, eBay, Craig's List)
- ☐ Falsifying information about income/ family size when applying for WIC
- ☐ Accepting WIC for non-WIC approved items
- ☐ Accepting WIC as payment when not an authorized vendor
- ☐ Other (Specify)

Explanation of Incident:

In the event that more information is needed, please provide the following OPTIONAL contact information.

Name of Person Completing Form:
Address:
City: State: Zip code:
Telephone Number:

This institution is an equal opportunity provider.