

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
WIC PROGRAM**

REQUEST FOR REVIEW – VENDOR

I AM REQUESTING A REVIEW AS PROVIDED IN THE WIC PROGRAM. THE FOLLOWING ARE MY REASONS FOR REQUESTING A REVIEW:

PRINT NAME OF STORE: _____

PRINT OWNER'S NAME: _____

MAILING ADDRESS: _____

OWNER'S SIGNATURE: _____

DATE: _____

TELEPHONE: _____

A review will be scheduled within seven (7) days from the date of receipt of a timely request. You will be notified at least ten (10) days prior to your scheduled review as to time, date, and location where the review is to be held. You have the right to be assisted by another person or represented by an attorney. Additional information on Review Procedures may be obtained by contacting the State WIC Office.

No individual shall, on the grounds of race, color, national origin, age, sex or disability be excluded from participation in, or be denied the benefits of, or be otherwise subjected to discrimination under the Program.

This is an equal opportunity program. If you believe that you have been discriminated against because of race, color, national origin, age, sex, or disability, write immediately to the Secretary of Agriculture, USDA, Washington, DC 20250.

Send or fax to:

Commissioner
Department of Public Health
410 Capitol Avenue, MS# 13PHO
P. O. Box 340308
Hartford, CT 06134-0308
(860) 509-7553