



# 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
- 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.**