COMMENT FORM

If you have any comments about WIC services, please complete the information below and return it to the following address:

West Virginia WIC Program
350 Capitol Street
Room 519
Charleston, WV 25301-3717

Be assured that all comments will be handled by the State WIC Agency and/or the Local WIC Agency and will be held in strict confidence. Please give full details, names, dates, etc. below:

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Name: _____

Address: _____

Phone: _____

WIC Clinic: _____

This institution is an equal opportunity provider and employer.

WIC-16 (Revised 10/02)

WEST VIRGINIA Department of Health & Human Resources