

**LOCAL AGENCY LOG OF PARTICIPANT SANCTIONS**

<b>Date of Documented Abuse</b>	<b>Payee Name</b>	<b>Family Number</b>	<b>WIC Clinic Number</b>	<b>Abuse Code</b>	<b>Sanction Applied</b>	<b>Date Letter Mailed</b>	<b>LA Director Initials</b>