

Bureau of Special Investigations Referral Form

Record **all** pertinent information related to the Referral in the space below. Anonymous informants who do not wish to be contacted must be asked to provide as much information as possible to ensure allegations can be investigated.

Please phone 1-877-282-6657 OR fax (518) 402-1637 OR email: foodfraud@health.ny.gov OR bsiwicvendors@health.ny.gov OR mail the completed Referral to BSI, PO Box 2061, Albany, NY 12220-2061.

Individual Taking Referral				
Name		LA/VMA Name		
Email		Phone #	()	
Informant/Caller Information				
Name		Does Informant/Caller wish to remain anonymous?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Street	City/Town	State	Zip
Email		Phone #	()	

Referral Information				
Complete Relevant Information Based on the Subject of the Referral				
Subject of the Referral (Who/What is the referral about)	<input type="checkbox"/> Vendor/Store/Store Employee		<input type="checkbox"/> WIC Local Agency/WIC Vendor Management Agency/WIC Staff	
	<input type="checkbox"/> WIC Participant		<input type="checkbox"/> Other	
Date Referral Received		Date(s) of Incident		

Complete this Section if the Referral is about a WIC Vendor/Store/Store Employee				
Store Name				
Store Address	Street	City/Town	State	Zip
Phone #	()	Vendor ID #		
Store Owner's Name				
Store Employee Name				

Complete this Section if the Referral is about a WIC Participant				
Participant Name				
Participant Address	Street	City/Town	State	Zip
ID #		Phone #	()	DOB

WIC Local Agency/WIC Vendor Management Agency/WIC Staff	
LA/VMA Name	
Staff Name	

