



# Cannabis Compliance Board

## Complaint Form

For Dept. Use Only: TID \_\_\_\_\_

Complaint # \_\_\_\_\_

Assigned to: \_\_\_\_\_

<b>Your Information</b>	<i>Please provide all the information you may have to assist in the investigation of this complaint.</i>
Last Name:	_____
First Name:	_____
Address:	_____
City, State, Zip:	_____
Daytime Phone No.:	_____
Additional Phone No.:	_____
Best time to contact you:	_____
Fax No.:	_____
Email Address:	_____

<b>Establishment/Facility Complaint is Against</b>	<i>Please provide all the information you may have to assist in the investigation of this complaint.</i>
Establishment/Facility Name:	_____
DBA Name:	_____
Address:	_____
City, State, Zip:	_____
Phone No.:	_____
Email Address:	_____
Facility Website.:	_____
Fax Number:	_____

<b>Complaint Information</b>	<i>Please provide details that you have of the complaint, use additional sheet (page 2) if necessary.</i>
Incident Type(s): <input type="checkbox"/> Odor <input type="checkbox"/> Incorrect labeling/ packaging <input type="checkbox"/> Unsanitary conditions <input type="checkbox"/> I.D. verification <input type="checkbox"/> Advertising	
<input type="checkbox"/> Lab/ COA reports not provided <input type="checkbox"/> Criminal activity <input type="checkbox"/> Other	
If Other, please specify: _____	
Are there others who can corroborate the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide contact information: _____	
Date Complaint Occurred: _____	
Details of Complaint Are: _____	
_____	
_____	
_____	

Submit this form electronically, or print and forward with any additional documentation to:  
 Cannabis Compliance Board, Attn: Investigations, P.O. Box 1948, Carson City, NV 89701.  
 E-mail with any attachments to [CCBInvestigations@CCB.nv.gov](mailto:CCBInvestigations@CCB.nv.gov).

