



Cannabis Compliance Board

Complaint Form

For Dept. Use Only: TID _____

Complaint # _____

Assigned to: _____

Your Information

Please provide all the information you may have to assist in the investigation of this complaint.

Last Name: _____

First Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone No.: _____ Additional Phone No.: _____

Best time to contact you: _____ Fax No.: _____

Email Address: _____

Establishment/Facility Complaint is Against

Please provide all the information you may have to assist in the investigation of this complaint.

Establishment/Facility Name: _____

DBA Name: _____

Address: _____

City, State, Zip: _____

Phone No: _____

Email Address: _____

Facility Website.: _____

Fax Number: _____

Complaint Information

Please provide details that you have of the complaint, use additional sheet (page 2) if necessary.

Incident Type(s): Odor Incorrect labeling/ packaging Unsanitary conditions I.D. verification Advertising

Lab/ COA reports not provided Criminal activity Other

If Other, please specify: _____

Are there others who can corroborate the incident? Yes No

If yes, provide contact information: _____

Date Complaint Occurred: _____

Details of Complaint Are: _____

Complaints may also be submitted through the **Accela Portal**.

