



CANNABIS COMPLIANCE BOARD
STATE OF NEVADA

Website: ccb.nv.gov
Main Line: (775) 687-6299

For Dept. Use Only: _____ Incident #: _____ Assigned to: _____

Cannabis Establishment (CE) Incident Report

CE Information	<i>Please provide all the information you may have to assist in the investigation of this incident.</i>
Legal CE Name:	_____
CE DBA Name:	_____
Contact Person:	_____
Address:	_____
City, State, Zip:	_____
CE Phone No:	_____ Additional Phone No: _____
CE Website:	_____
Certificate/License No.:	_____
CE License type:	_____

Evidence of Incident	<i>Please provide details that you have of the incident, use additional sheet (page3) if necessary.</i>
Nature of Incident Type(s):	<input type="checkbox"/> Burglary/Theft <input type="checkbox"/> Robbery <input type="checkbox"/> Vandalism <input type="checkbox"/> Suspicious Activity <input type="checkbox"/> Other
If Other, please specify nature of the incident type(s):	_____
Location of the incident:	_____
Date and Time incident occurred:	_____
Date and Time incident reported to law enforcement:	_____
Are there others who can corroborate the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide their name(s):	_____
If Yes, provide contact information:	_____
Subject Vehicle/Lic. Plate # & State if known:	_____
Describe the security measures in place during the time of the incident:	_____ _____
Describe the incident and how it was discovered:	_____ _____ _____
Describe damage/ loss of property:	_____
Estimated value of loss:	_____



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Your Information	
Name:	_____
Title:	_____
Address:	_____
City, State, Zip:	_____
Contact Phone No.:	_____

Incident reports may be submitted through the [Accela portal](#).

INCIDENT REPORT TIP FORM INSTRUCTIONS:

The CCB will make every effort to protect your identity from disclosure; however, we cannot guarantee confidentiality since disclosure may be required to those persons during the investigation whom need the information to do their job or in the course of corrective action, or where Nevada laws authorize disclosure.

Legal Business Name:	The establishment name and/or legal name with the Secretary of State.
Contact Person:	Name of the person most knowledgeable of the incident.
DBA Name:	The trade name of the CE or the fictitious firm name registered with the county in which the CE resides.
Address, City, State, Zip	The full address from which the CE operates.
Phone numbers:	Any CE, owner phone or mobile phone numbers related to this business.
Certificate / License No.	CE Certificate or License numbers issued by the CCB.
Supporting documentation:	Documentation to support the allegations to be investigated. Attach them to this form when you email it, send by fax or conventional mail.
Others who can corroborate:	Contact information of anyone who may have direct knowledge of the incident and are willing to speak to an investigator in this matter.
Vehicle/Lic. Plate #	The license plate number for the offender, please list it along with the state of origin.
Estimated Value of Loss	Estimate of the amount of money you believe to be involved in this incident
Date & Time Incident Occurred:	Date and time when the incident was first discovered or when the business was first notified about the incident.
Describe the security measures	Describe security measures at the time of the incident. Please include, number of security personnel, video cameras, etc.
Describe the Incident	Describe the details of the incident. If necessary, please attach additional sheets and any accompanying documentation you may have.

