



**CANNABIS COMPLIANCE BOARD**  
**STATE OF NEVADA**

Website: [ccb.nv.gov](http://ccb.nv.gov)  
Main Line: (775) 687-6299

**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 _____	

