



Cannabis Control Complaint Form

Please fill out the marked *required fields below along with any additional information you wish to provide. Any required field left blank will be returned to complainant without further processing. Completed forms can be emailed to CCD.Complaints@state.nm.us.

Complainant Information:

*Complainant Full Name: _____

*Complainant Phone Number: _____

*Complainant Email: _____

*I am a (check all that apply):

Patient

Adult-Use Consumer

Employee

Other: _____

Licensee

Facility Information:

*Type of Facility (check the applicable facility type)

Production Facility

Lab

Manufacturing Facility

Other: _____

Dispensary

*Facility Name: _____

*Facility Street Address: _____

Facility City, State and Zip: _____

*Date and Time of Alleged Incident(s)/Violation(s):

*Was this an isolated incident(s)/violation(s) or a continuing activity?

*Have any other agencies been notified? If so, which ones (e.g. OSHA, DPS, Worker's Comp)?



*Are you aware of any evidence of the incident(s)/violation(s), or do you have evidence of the incident(s)/violation(s)? If yes, describe the evidence and attached copies of evidence you have.

*Was the incident(s)/violation(s) documented anywhere? If so, how was it documented?

Has there been any damage to people, business, and equipment? If so, explain.

How has the incident(s)/violation(s) impacted you or others?

Who else might have knowledge of this incident(s)/violation(s)? List their names and contact information, if applicable.

*Briefly describe the incident(s)/violation(s) (include all details, such as observation, date, time, location, names of employees present, and injuries or incidents, etc.). Please add an additional page if needed.

CCD Office use only:

Case Number: _____ Date Accepted: _____ Accepted By: _____

