



# Complaint Form

<b>For Dept. Use Only:</b> 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: _____	
MME/ME 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:  
 Nevada Department of Taxation attn: Marijuana Investigations, 555 E Washington Ave., Ste. 4100, Las Vegas, NV  
 89101. E-mail with any attachments to [marijuanainvestigations@tax.state.nv.us](mailto:marijuanainvestigations@tax.state.nv.us) or click on the submit button below.

