

Complaint Reporting Form

The Minnesota Office of Medical Cannabis allows anyone with knowledge or concerns about a suspected violation to submit a complaint. A complaint is a suspected violation of Minnesota state rules and/or statutes governing the Minnesota Medical Cannabis Program by a Minnesota registered medical cannabis manufacturer, its employees, or any person who is interacting with the program.

All information on this form is required. Please note that the Minnesota Office of Medical Cannabis will not accept complaints from an anonymous source.

Person filing complaint

First Name

Last Name

Email

Daytime Phone

Address

Apartment Number

City

State

ZIP Code

The complaint is about:

Qualifying Patient

Cannabis Patient Center Employee

Parent/Legal Guardian

Manufacturer

Health Care Practitioner

Other

Designated Caregiver

Complaint details

Date of Alleged Violation

Time of Alleged Violation

COMPLAINT REPORTING FORM

Briefly describe the complaint (include what was observed, location, and names of people involved, if possible).

Evidence

Is there evidence or other witnesses? If yes, please provide additional information.

Notification

Have other departments or agencies been contacted? If yes, please list departments or agencies and describe any results.

Submit your completed form by email to health.cannabis@state.mn.us. If you need assistance, call 1-651-201-5598 or 1-844-879-3381.

Please note: Information you provide to the Minnesota Department of Health is subject to the [Minnesota Government Data Practices Act \(www.revisor.mn.gov/statutes/cite/13\)](http://www.revisor.mn.gov/statutes/cite/13). This law classifies certain information as available to the public on request.

Office of Medical Cannabis
PO Box 64882
St. Paul, MN 55164-0882
1-651-201-5598
health.cannabis@state.mn.us
www.health.state.mn.us/medicalcannabis

10/26/20
To obtain this information in a different format, call: 1-651-201-5598.