



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 SECTION FOR MEDICAL MARIJUANA REGULATION
 MEDICAL MARIJUANA REGULATORY PROGRAM

MEDICAL MARIJUANA FACILITY LICENSE & COMPLIANCE COMPLAINT FORM

Per 19 CSR 30-95.025(3) Complaints, all complaints against licensed or certificated medical marijuana facilities must be submitted using this form. Complaints shall include the name and address of the facility against which the complaint is made and a clear description of what violation the complainant believes the facility has committed.

- (A) Upon complaint against a facility, the department will determine whether an inspection is warranted to investigate the allegations in the complaint.
- (B) If the department conducts an inspection, the facility will receive a copy of the complaint.
- (C) Employees of a facility who report potential violations by a facility to the department may not be subjected to retaliation of any kind, including termination, because of their report.

Multiple complaints should be submitted separately. Once complete, submit form and any attachments to: **mmcomplaints@health.mo.gov**

Attention: Facility Complaint

FACILITY NAME AND FACILITY LICENSE ID

FACILITY NAME [1]	FACILITY LICENSE ID, IF KNOWN [2]
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COMPLAINANT CONTACT INFORMATION

NAME [3]		DATE COMPLAINT FILED
PHONE NUMBER	EMAIL	
STREET 1	STREET 2	
CITY	STATE	ZIP

ARE YOU AN EMPLOYEE OF THIS FACILITY?

YES NO

CITATION TO PROVISION OF ARTICLE XIV OR 19 CSR 30-95 THE COMPLAINANT BELIEVES IS BEING VIOLATED.

PROVIDE THE COMPLAINT. THE WORD LIMIT IS 400 WORDS. [4]

ARE SUPPORTING DOCUMENTS ATTACHED? YES NO
 IF YES, PLEASE LIST.

SIGNATURE	DATE
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- [1] The facility name refers to the name of the facility the complaint is being filed against.
- [2] The facility license ID refers to the number listed on the approved facility license or certificate.
- [3] Name and contact information of person submitting the complaint.
- [4] Provide detailed information about how the complainant believes the facility is violating Article XIV or associated rules in 19 CSR 30-95.

Submit this form and any attachments to mmcomplaints@health.mo.gov Attention: Facility Complaint