

Medical Cannabis Program

Complaint and/or Injury Report Form

License & Compliance

Today's Date: _____

Your Full Name: _____

Your Organization: _____

Your Title: _____

Your Phone Number: _____

Your Email: _____

I am an MCP (Check all that apply):

- Patient
- LNPP Grow Employee
- LNPP Dispensary Employee
- Manufacturer Employee
- Laboratory Employee
- OTHER: _____

Who or what is the complaint against (i.e. the name of the person or organization)?

Provide a summary of the nature of the event. Briefly describe who, why, when, where and how the incident occurred.

Answer the following questions completely and to the best of your ability:

1. Date of occurrence: _____ Time of occurrence: _____
2. Date you learned of the issue: _____ Time you learned of the issue: _____
3. Where did it occur? Please provide the address and area of location. If the address is unknown, provide any details you have about the location.



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4. Who was involved in the complaint? If you do not have names of individuals, provide a description of the person(s) involved, (e.g. customers, employees, bystanders, friends, family).

5. Describe how you were made aware of the situation. Were you a witness? Did someone tell you about it? If you were not present, how did you obtain knowledge of the situation?

6. What evidence do you have (e.g. photos, written reports, video/audio recording, eye witness affidavits)? Please submit any evidence with this report. If no evidence, state "no evidence."

7. Who else might have knowledge of this event? List their names and contact information, if applicable.

8. Was anyone hurt? YES NO

IF yes, who and to what extreme? List all names and any injuries you are aware of.

a. Were police dispatched to the scene? YES NO

b. Was an ambulance dispatched to the scene? YES NO

c. Were firefighters dispatched to the scene? YES NO

d. Was anyone transported by emergency personnel to a medical facility? If so, who?

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

10. Was an "OSHA 300 Log" filled out or was the incident documented anywhere? If so, where was it documented?

11. How has the event impacted the business or individual?

12. Were the impacted individual(s) under the influence or inebriated, by any legal or illegal substance? If so, how do you know?

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

14. Is there currently a hazard or threat? If so, explain

15. Was this an isolated incident or a continuing activity?

16. Provide any additional details about the event that you would like to share:

Send questions or submit this form to: Angie.Cormier@state.nm.us