MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF CANNABIS REGULATION

PATIENT, CAREGIVER, AND CONSUMER PERSONAL CULTIVATION ID CARDHOLDER COMPLAINT FORM

Complaints regarding patient, caregiver, patient/caregiver cultivator, or consumer personal cultivator ID card holders may be received by the department in accordance with 19 CSR 100-1.030(1). Upon review, the department may investigate the allegations related to the individual cardholder if it has reason to believe the individual has violated or is violating any area of rule or provision of Article XIV that could affect the individual's right to continue holding the authority granted by the department pursuant to 19 CSR 100-1.040(1)-(3). ID cardholders found in violation of rules may be subject to revocation, fines, and other penalties pursuant to 19 CSR 100-1.040(6)(C).

Complaints and associated documents are public records, including all identifying information of the complainant. However, pursuant to Article XIV, Section 1.3(5), confidential information related to patients will be redacted before any public release of the complaint form.

A separate form should be submitted for each complaint unless the same individual(s) are involved. Once complete, submit the form and any attachments to: **cannabiscomplaints@health.mo.gov, Attention: Patient/Caregiver/Consumer Complaint**.

PATIENT / CAREGIVER / CONSUMER INFORMATION

PATIENT / CAREGIVER / CONSUMER NAME [1]	PAT / CAR / CNC ID NUMBER, IF KNOWN [2]
PATIENT / CAREGIVER / CONSUMER ADDRESS, IF KNOWN [3]	**PATIENT / CAREGIVER / CONSUMER PHONE NUMBER, IF KNOWN [4]**

COMPLAINANT CONTACT INFORMATION

NAME [5]	EMAIL

PHONE NUMBER [7]	CASE NUMBER [8]	DATE CASE FILED [9]

STREET ADDRESS [10]	CITY	STATE	ZIP

PROVIDE DETAILS SUPPORTING THE COMPLAINT [11]

CHECK ALL THE CATEGORIES THAT APPLY, BELOW [12]

- ☐ Over legal possession limits pursuant to 19 CSR 100-1.040(4) Total amount of possession: _____
- ☐ Distributing or selling medical marijuana
- ☐ Driving while impaired
- ☐ Unlawfully in possession of Patient/Caregiver/Consumer Cultivation ID Card
- ☐ Over approved cultivation limits pursuant to 19 CSR 100-1.040(5) Total number of plants: _____
- ☐ Cultivator's "enclosed, locked facility," is non-compliant with 19 CSR 100-1.010(28)
- ☐ Conviction, guilty plea, or SIS for violation of 579.020, 579.065, or 579.068 RSMo or any similar law of another state
- ☐ Other complaint

DATE(S) ACTION(S) OBSERVED [13]

ARE SUPPORTING DOCUMENTS ATTACHED? ☐ YES ☐ NO

IF YES, PLEASE LIST:

SIGNATURE	DATE

Submit this form to: Cannabiscomplaints@health.mo.gov, Attention: Patient/Caregiver/Consumer Complaint.

[1] The Patient/Caregiver/Consumer name refers to the name of the ID cardholder the complaint is being filed against.
[2] The PAT/CAR/CNC ID number refers to the number listed on the department-issued ID card.
[3] Address of the Patient, Caregiver, or Consumer the complaint is referencing, if known.
[4] Phone number of the Patient, Caregiver, or Consumer the complaint is referencing, if known.
[5] Name of the individual submitting complaint.
[6] Email for individual submitting complaint.
[7] Phone number for individual submitting complaint.
[8] Case Number associated with arrest/incident record and date case was filed, if applicable.
[9] Date the case was filed, if applicable.
[10] Street address, city, state, and zip code for individual submitting complaint.
[11] Provide any comments or information that may help the department review the potential violations.
[12] Refer to the areas of rule the complainant believes the patient or caregiver is violating in Article XIV or associated rules in 19 CSR 100-1.
[13] Include dates that complainant observed the actions indicated in areas [11] and [12], if applicable.