

## Bureau of Medical Marijuana Complaint Form

A complaint is a suspected violation of state law and/or regulations governing the Pennsylvania Medical Marijuana Program. This form allows anyone with knowledge or concerns about a suspected violation to submit a complaint.

Submit completed Complaint Forms via email to: [RA-DHMMCOMPLAINTS@pa.gov](mailto:RA-DHMMCOMPLAINTS@pa.gov). Upon receipt, you will receive a confirmation email. You may be contacted for additional information.

Complaints filed are considered confidential. While the Bureau reviews each submittal, incomplete or anonymous complaints may not be processed.

**Complainant Information:**

First Name:	Last Name:	Relationship to Program:	
Email:	Confirm Email:	Phone Number:	
Address (Street and Number):		City:	State:      Zip:

**The complaint is about (check at least one):**

- |  |  |
|--|--|
| <input type="checkbox"/> Patient               | <input type="checkbox"/> Practitioner                          |
| <input type="checkbox"/> Parent/Legal Guardian | <input type="checkbox"/> Dispensary or Grower/Processor: _____ |
| <input type="checkbox"/> Caregiver             | <input type="checkbox"/> Other: _____                          |

**Complaint Description:**

Date of Suspected Violation:	Time of Suspected Violation:
Please describe the complaint (include all details, such as observation, location, names of involved individuals):	

**Evidence:**

Please describe the evidence and/or identify any witnesses:

**Notifications:**

Please list any other state agencies that have been contacted about this complaint: