



Health Systems Quality Assurance
Office of Customer Service
PO Box 47857
Olympia, WA 98504-7857

Complaint Intake Form Medical Marijuana Consultant

Date Filed:

Your Information:

Name:

(First) (Middle) (Last)

Physical Address:

(Street Address) (City) (State) (Zip Code)

Mailing Address (if different than above):

(Street Address) (City) (State) (Zip Code)

Phone: () - Home: ☐ Cell: ☐ Work: ☐

Alternate Phone: () - Home: ☐ Cell: ☐ Work: ☐

Alternate Phone: () - Home: ☐ Cell: ☐ Work: ☐

Email:

Customer Information (if filing on behalf of someone else):

Are you filing this report on behalf of a customer?

Yes ☐ No ☐ If yes, please complete the following:

Name:

(First) (Middle) (Last)

Physical Address:

(Street Address) (City) (State) (Zip Code)

Mailing Address (if different than above):

(Street Address) (City) (State) (Zip Code)

Information about the Medical Marijuana Consultant:

Please provide as much information as possible regarding the consultant(s) and/or the medically endorsed store where the consultant works.

Consultant Name:

Store Name:

Store Address:

(Street Address)

(City)

(State)

(Zip Code)

Store Phone: () -

Date(s) of visit to the Medically Endorsed Store:

Employment status with the medically endorsed store:

☐ Current Employee ☐ Former Employee ☐ Never an Employee

Complaint:

Please describe your complaint in the space below. Include the name, title and phone number of other customers, witnesses or staff involved in the incident (if applicable):

Have you filed a complaint with anyone at the store?

Yes ☐ No ☐ If yes, with whom? Date?

Have you received a response? Yes ☐ No ☐

Comments:

Have you reported this to or filed a complaint or action with any other agency or organization? For example law enforcement, Washington State Liquor and Cannabis Board, etc.

Yes ☐ No ☐ If yes, with whom? Date?

Have you received a response? Yes ☐ No ☐

Comments:

Return this completed form via mail or email to:

Washington State Department of Health
Health Systems Quality Assurance
Complaint Intake Unit
PO Box 47857
Olympia, WA 98504-7857
HSQAcomplaintintake@doh.wa.gov

If you have questions, please call 360-236-2620. Additional information regarding the complaint and disciplinary process is available on our [website at www.doh.wa.gov](http://www.doh.wa.gov).