



Cannabis Compliance Board
Cannabis Establishment (CE)

Incident Report

For Dept. Use Only: _____
Incident #: _____
Assigned to: _____

CE Information *Please provide all the information you may have to assist in the investigation of this incident.*

Legal CE Name: _____

CE DBA Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

CE Phone No: _____ Additional Phone No: _____

CE Website: _____

Certificate/License No.: _____

CE License type: _____

Evidence of Incident *Please provide details that you have of the incident, use additional sheet (page3) if necessary.*

Nature of Incident Type(s): Burglary/Theft Robbery Vandalism Suspicious Activity Other
If Other, please specify nature of the incident type(s): _____

Location of the incident: _____

Date and Time incident occurred: _____

Date and Time incident reported to law enforcement: _____

Are there others who can corroborate the incident? Yes No

If Yes, please provide their name(s): _____

If Yes, provide contact information: _____

Subject Vehicle/Lic. Plate # & State if known: _____

Describe the security measures in place during the time of the incident: _____

Describe the incident and how it was discovered: _____

Describe damage/ loss of property: _____

Estimated value of loss: _____

Your Information	
Name:	_____
Title:	_____
Address:	_____
City, State, Zip:	_____
Contact Phone No.:	_____

Submit this form electronically, or print and mail with any additional documentation to:

Cannabis Compliance Board
 Attn: Cannabis Investigations
 P.O. Box 1948
 Carson City, NV 89701

E-mail with any attachments to CCBInvestigations@CCB.nv.gov.

INCIDENT REPORT TIP FORM INSTRUCTIONS:

The CCB will make every effort to protect your identity from disclosure; however, we cannot guarantee confidentiality since disclosure may be required to those persons during the investigation whom need the information to do their job or in the course of corrective action, or where Nevada laws authorize disclosure.

Legal Business Name:	The establishment name and/or legal name with the Secretary of State.
Contact Person:	Name of the person most knowledgeable of the incident.
DBA Name:	The trade name of the CE or the fictitious firm name registered with the county in which the CE resides.
Address, City, State, Zip	The full address from which the CE operates.
Phone numbers:	Any CE, owner phone or mobile phone numbers related to this business.
Certificate / License No.	CE Certificate or License numbers issued by the CCB.
Supporting documentation:	Documentation to support the allegations to be investigated. Attach them to this form when you email it, send by fax or conventional mail.
Others who can corroborate:	Contact information of anyone who may have direct knowledge of the incident and are willing to speak to an investigator in this matter.
Vehicle/Lic. Plate #	The license plate number for the offender, please list it along with the state of origin.
Estimated Value of Loss	Estimate of the amount of money you believe to be involved in this incident
Date & Time Incident Occurred:	Date and time when the incident was first discovered or when the business was first notified about the incident.
Describe the security measures	Describe security measures at the time of the incident. Please include, number of security personnel, video cameras, etc.
Describe the Incident	Describe the details of the incident. If necessary, please attach additional sheets and any accompanying documentation you may have.

