



INSTRUCTIONS:

Complaints regarding illegal cannabis activity which contravene the *Cannabis Control and Licensing Act* or its associated regulations should be submitted using this form. Please fill out all applicable fields and submit the completed form to the Community Safety Unit. You may complete this form online, then print. If you have any questions about this form, please contact the Community Safety Unit at 604-502-5493 (lower mainland) or 1-855-502-5494 (toll free).

If you provide your name and contact information, you may be contacted by the Community Safety Unit for additional information. The information that you provide may be disclosed in certain circumstances, as set out in sections 11 and 12 of the *Cannabis Control and Licensing Act*. For example, the information may be disclosed to a law enforcement agency, in a proceeding before a court or tribunal, or for the purpose of the administration or enforcement of the *Cannabis Control and Licensing Act* or its associated regulations.

If you wish to remain anonymous and not to be contacted by the Community Safety Unit, please check "Yes" below, and do not fill in any fields under Part 1 or provide a signature in Part 4. We also recommend that you do not include any information that may identify you in Part 2.

Do you want to remain anonymous? Yes No

NOTE: The Community Safety Unit is NOT able to share information about the progress or outcome of the investigation.

Part 1: Complainant Contact Information

Name of Complainant	Name of Organization or Government Department		
Telephone	Fax		
Email	Your preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail		
Mailing Address	City	Province	Postal Code

Part 2: Complaint Details

Name of Establishment/Business (if applicable)			
Address of Establishment/Premises	City	Province	Postal Code

Please provide as much detail about your complaint as possible. Attach another page if necessary.



Part 4: Signature

I certify that the above information is true and correct to the best of my knowledge.

Signature of Individual

Date (mm/dd/yy)

The information requested on this form is collected by the Community Safety Unit under Section 26 (b) and (c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of compliance and enforcement matters in accordance with the *Cannabis Control and Licensing Act*. Should you have any questions about the collection, use, or disclosure of personal information, please contact the Freedom of Information Officer at PO Box 9292 STN PROV GVT, Victoria, BC, V8W 9J8 or by phone toll free at 1-866-209-2111.

Mail this completed form to:
 Director,
 Community Safety Unit
 PO Box 9060 Stn Main
 Surrey BC
 V3T 0N4

OR

Email this completed form to:
 CSU@gov.bc.ca