



Washington State Department of

Health

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](mailto: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).