



## COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CANNABIS COMMISSION

P.O. Box 500135 Saipan, MP 96950  
Email: [compliance@cnmicannabis.org](mailto:compliance@cnmicannabis.org)  
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### COMPLAINT FORM

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**Complaint form:** The CNMI Cannabis Commission may investigate complaints from the public or industry about matters related to the regulation of cannabis in the CNMI. Unless a complaint relates to an immediate public safety concern, all complaints must be submitted in writing to the Commission. Your complaint will be reviewed and if it is determined that additional information is required, the Commission will contact you at the email/phone number provided.

Within 30 days of receiving a complaint, the Commission will send a letter to you acknowledging receipt of the complaint and indicating whether the complaint has been accepted for investigation.

The Commission may decide not to investigate a complaint if any of the following apply:

- more than six months has elapsed between the date the complainant knew the facts on which the complaint is based and the date the Commission received the complaint
- there is a remedy available in law (the complaint is outside the Commission's mandate under the The Taulamwaar Sensible CNMI Cannabis Act of 2018 Act) that is adequate for the complainant and there is no reasonable justification for the complainant's failure to take advantage of the remedy
- the complaint is deemed to be frivolous, vexatious or not made in good faith
- further investigation is not necessary in order to consider the complaint
- the complaint has already been investigated; or
- the complainant did not provide sufficient information or evidence to substantiate the complaint and warrant an investigation

Please note, according to the Privacy Act of 1974, 5 U.S.C. 552a, the Commission is unable to comment on the findings or actions in the investigation of a complaint.

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### PART 1: COMPLAINANT CONTACT INFORMATION

1. Name:

2. Mailing Address:

3. Physical  
Address:

4. Email Address/  
Phone Number:

(number must be 10 digits)

**Note:** If more details are required to properly investigate this complaint and the branch is unable to contact you within a month of filing, the complaint may be considered closed and no further action will be taken.

## **PART 2: LOCATION ASSOCIATED WITH THE COMPLAINT**

1. Name if a licensed business:
2. License Number (if applicable):
3. Physical Address of business/residence:
4. Physical Address:

## **PART 3: COMPLAINT DETAILS**

1. Please provide as much detail about the incident as possible, including any witness information, and action you may have already taken. Attach an additional page if necessary.

Date of incident:

MM/DD/YYYY

Time of incident (include a.m. or p.m.):

**PART 3: COMPLAINT DETAILS (CONTINUED)**