

Marijuana Information Referral Form (IRF)

This form is used to report possible violations of the Fort Collins Municipal Code or Colorado Medical and Retail marijuana codes, by licensed marijuana businesses and unlicensed marijuana cultivation operations. Reporting this information is completely voluntary and you are not required to provide your own name and contact information, nor to provide complete information if you do not have it. However, the more information you provide, the more likely the City can take appropriate action. The information you provide will be used by the City to investigate the violation, and if proven could lead to an administrative disciplinary action by the City’s Marijuana Licensing Authority and/or criminal prosecution.

In addition, Section 4 provides a place to compliment or comment positively about a particular business or employee. Please complete Sections 1 and 4. Section 5 is optional.

1. Please provide the following information about the Business you are reporting, if known:			
DBA/Facility Name	Business License No.		
Street Address	City	State	Zip
Principal Business Activity (Dispensary, Cultivation, Infused Products)	Email Address		
Please provide the following information about the Person you are reporting, if known:			
Name	Occupational License No.		
Street Address	City	State	Zip
Role in Business (Owner, Partner, Employee)	Email Address		
Please provide the following information about the location you are reporting, if known:			
Type of Building	Residential or Commercial		
Street Address	City	State	Zip
Associated Person	Email Address		
2. Alleged violation of Colorado Marijuana Laws and Regulations. Check all that apply. If not listed, describe in the Comments section below.			
<input type="checkbox"/> Operating without a license <input type="checkbox"/> Sale to nonqualified persons <input type="checkbox"/> Advertising/Consumer safety <input type="checkbox"/> Sale to minors <input type="checkbox"/> Packaging/Labeling <input type="checkbox"/> Crime on premises <input type="checkbox"/> Sale after hours <input type="checkbox"/> Providing delivery service <input type="checkbox"/> Money laundering <input type="checkbox"/> Product standards <input type="checkbox"/> Diversion out of Colorado <input type="checkbox"/> Unlawful consumption on premise <input type="checkbox"/> Cultivation/Lab practices <input type="checkbox"/> Failure to withhold payroll tax <input type="checkbox"/> Other(describe below)			
Comments. Briefly describe the facts of the alleged violation/issue. – Who/What/Where/When/How. Attach a separate sheet if needed. Include date of incident.			

3. **How did you learn about or obtain the information provided in this report? Attach a separate sheet if needed.**

4. **Compliments:**

5. **Optional: Please enter your own information and when you may be contacted.**

Name	Email		
Street Address	City	State	Zip
Telephone number (included area code)	Best time to contact		

6. **Please send your completed form to:** Marijuana Enforcement Officer
PO Box 580
Fort Collins, CO 80522
970-416-2949
Or email form to: marijuanaenforcement@fcgov.com
Date complaint/compliment submitted: _____

