

Marijuana Establishment Incident Report Form



Colony Enterprise Authority Compliance Department

1937 Prosperity St. Reno, NV 89502

Phone: 775-420-6010

Email: compliance@colonyenterpriseauthority.org

Marijuana Establishment Incident Report Form

For Department Use Only
<i>Incident Number:</i>
<i>Investigation Start Date:</i>
<i>Investigation Conclusion Date:</i>

A marijuana establishment must document and report any burglary/theft/robbery, vandalism, suspicious activity, or any other type of incident that occurred at the marijuana establishment to the appropriate law enforcement agency and to the Colony Enterprise Authority Compliance Department within 24 hours.

This form must be submitted to the Compliance Department along with the establishment's internal incident report. The establishment shall maintain all documents for at least 5 years after the date of documentation and provide any documentation to the Compliance Department upon request.

Submit this form along with any attachments electronically to the email address above or print and send this form with any additional documentation to: Colony Enterprise Authority Compliance Department at the address above.

Cannabis Establishment Information	
<i>Establishment Name</i>	
<i>DBA</i>	
<i>Establishment License Number</i>	
<i>Facility Type</i>	
<i>Address</i>	
<i>City, State, Zip</i>	
<i>Contact Person</i>	<i>Contact Person Phone Number</i>
<i>Contact Person Email</i>	

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Evidence of Incident
<i>Nature of Incident Type(s)</i> ☐ Burglary/Theft ☐ Robbery ☐ Vandalism ☐ Suspicious Activity ☐ Other: _____
<i>Location of the Incident</i>
<i>Date and Time Incident Occurred (Date and time when the incident was first discovered or when the business was first notified about the incident.)</i>
<i>Date and Time Incident Reported to Law Enforcement</i>
<i>Subject Information if Known (Example: Name, Vehicle, License Plate # & State)</i>

Description of Incident <i>(use additional pages if necessary)</i>
<i>Describe the Damage or Loss of Property and the Estimated Value of Loss:</i>
<i>Describe the Security Measures that were triggered or implemented in response to- the Incident:</i>
<i>Describe any Security Measures that failed or should have been implemented in response to the Incident.</i>

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Describe the Incident and How it was Discovered:

Describe contact with and the response by each law enforcement agency, if applicable:
