

Information Referral Form (IRF)

This form is used to report information to the MED about possible violations of the Colorado Marijuana Statutes and Regulations by marijuana businesses, business owners, and employees. 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. The information you provide will be used by MED to determine if there has been a violation and to investigate the violation, and could lead to an administrative action by the State Licensing Authority or criminal prosecution. It is estimated that it will take 15 minutes to complete the form, depending on the amount of information being reported.

1. Please provide the following information about a 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 a Person you are reporting, if known:

Name	Occupational License No	Date of Birth	
Street Address	City	State	ZIP
Role in Business (Owner, Partner, Employee)	Email Address		

Please provide the following information about a Person you are reporting, if known:

Name	Occupational License No	Date of Birth	
Street Address	City	State	ZIP
Role in Business (Owner, Partner, Employee)	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"/> Business without 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"/> False/Altered documents | <input type="checkbox"/> Money laundering |
| <input type="checkbox"/> Product standards | <input type="checkbox"/> Diversion out of CO | <input type="checkbox"/> Unlawful consumption |
| <input type="checkbox"/> Cultivation/ Lab practices | <input type="checkbox"/> Failure to pay/withhold tax | <input type="checkbox"/> Other (Describe below) |

Comments. Describe the facts of the alleged violation - Who/What/Where/When/How. Attach a separate sheet if needed.

3. If your report involves unreported income, indicate the year(s) and the dollar amount(s):

4. Are books and/or records available to substantiate your report? ☐ Yes ☐ No

Please describe:

5. Do you consider the Business or Person to be dangerous or violent? ☐ Yes ☐ No

If yes, Name of Business or Person:

If yes, please explain:

6. Provide the name and address of bank(s) and/or financial institution(s) used by the Business or Person being reported, if known.

Name of Financial Institution

Street Address

City

State

ZIP

Name of Financial Institution

Street Address

City

State

ZIP

7. How did you learn about or obtain the information provided in this report? Attach another sheet if needed:

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

Name

Street Address

City

State

ZIP

Telephone number (include area code)

Best time to contact:

9. Please send your completed form to:

**1697 Cole Blvd., Suite 200
Lakewood, CO 80401**

or Email form to:

dor_med_info_referral_form@state.co.us