REPORTING MISC MEDICAL CANNABIS DISCRIMINATION

Gather as much of the following information to report medical cannabis discrimination that does not fit neatly into another reporting category. You do not need to have all of this information to report an incident. However, this information will be needed if you intend to challenge a decision.

GENERAL INFORMATION:

- ☐ Contact information
- ☐ Attorney or legal representative's name and contact information, when applicable
- ☐ Current state medical cannabis identification card
- ☐ Medical cannabis recommendation, certification, authorization, or registration document
- ☐ Pending application confirmation, when applicable
- ☐ Caregiver registration or authorization

INCIDENT INFORMATION

- ☐ Name, address, and contact information for every organization, institution, business, agency, or person(s) involved
- ☐ Names and titles of the people involved
- ☐ Date, time, and location of each incident
- ☐ A written timeline in chronological order
- ☐ A detailed description of what happened
- ☐ Exact words used, especially statements about cannabis, federal law, federal funding, drug policies, or criminal activity
- ☐ Names and contact information for witnesses
- ☐ Notes from telephone calls, meetings, interviews, or in-person conversations

RECORDS & EVIDENCE

- ☐ Copies of emails, letters, text messages, portal messages, notices, forms, photographs, recordings, and other evidence
- ☐ The policy, rule, contract, application, consent form, or practice used against the patient or caregiver
- ☐ Proof of medical cannabis status
- ☐ Proof that the organization knew about the person's medical cannabis status
- ☐ Any denial, warning, penalty, suspension, termination, exclusion, or other adverse-action notice

ACCOMMODATION, COMPLAINTS, & HARM

- ☐ Copy of any accommodation or individualized review request
- ☐ Documentation submitted in support of the request
- ☐ The organization's response
- ☐ Records of internal complaints, grievances, appeals, investigations, or meetings
- ☐ Documentation of financial, medical, employment, housing, educational, family, or other harm
- ☐ Any upcoming hearing, appointment, termination, move-out, response, or appeal deadline
- ☐ A statement of the outcome or remedy requested

REPORT DISCRIMINATION:

SafeAccessNow.org/Medical_Cannabis_Discrimination