



Texas Department of Public Safety
Regulatory Services Division
www.dps.texas.gov

COMPASSIONATE USE PROGRAM

Please submit a completed complaint form and any supporting documents or pictures to
RSDCriminal@dps.texas.gov

PRODUCT COMPLAINT FORM

CONTACT INFORMATION			
Last Name	First Name	Middle Initial	Suffix
Phone Number		Email Address	
Physical Address			

COMPLAINT			
Complaint by:			
<input type="checkbox"/> Patient/Caregiver/Guardian	<input type="checkbox"/> Physician	<input type="checkbox"/> Dispensing Organization	<input type="checkbox"/> Other <i>(Please specify)</i>
Date of Birth	Texas Medical Board Number	DO License Number	

Complaint Details: *(Please include Date of Incident, Dispensing Organization, and any photos you might have):*

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INCIDENT TYPE		
<input type="checkbox"/> Packaging/Labeling Complaint	Product Type:	<input type="checkbox"/> Concentrates/Distillate oil
<input type="checkbox"/> Device Complaint	<input type="checkbox"/> Tinctures	<input type="checkbox"/> Device
<input type="checkbox"/> Product Complaint	<input type="checkbox"/> Capsules/Tablets	<input type="checkbox"/> Topicals
	<input type="checkbox"/> Gummies	<input type="checkbox"/> Suppository
	<input type="checkbox"/> Chocolates	<input type="checkbox"/> Cartridges for vapes, inhalers
	<input type="checkbox"/> Lozenges	<input type="checkbox"/> Other
	<input type="checkbox"/> Beverages	