DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

Potential Tobacco Product Violations Report

Form Approved: OMB No.: 0910-0716
Expiration Date: 08/31/2026
(See page 3 for PRA Statement)

Directions:

Use this form to report potential tobacco-related violations of the Federal Food, Drug, and Cosmetic Act and associated regulations. These submissions are reviewed by FDA's Center for Tobacco Products.

WHO can report? - Any member of the public.

Tell us:

WHEN did you see the potential violation?

WHERE did the potential violation occur?

WHAT is the potential violation?

WHY report? - Information we receive from the public is often very helpful in identifying problems with marketed products and possible violations of the laws that we enforce.

To submit your report, complete the form below:

Date and State Where Violation Occurred

Date potential violation occurred *(mm/dd/yyyy)*	I do not recall the date this potential violation occurred ☐	State in which potential violation occurred

Description of Product

Type	Tobacco Brand

Potential violation type *(choose all that apply)*

- ☐ Unauthorized tobacco product
- ☐ Sales to minors
- ☐ Flavored cigarette sales
- ☐ Advertising/promotion/marketing
- ☐ Vending machine/direct access to cigarette or smokeless tobacco or covered tobacco products
- ☐ Free samples
- ☐ Self-service display/direct access to cigarette or smokeless tobacco
- ☐ Sale of cigarettes in packs of less than 20
- ☐ Unsure

Type of potentially violative promotional materials *(choose all that apply)*

- ☐ Newspaper
- ☐ Magazine
- ☐ Periodicals
- ☐ Billboard
- ☐ Direct mail
- ☐ In-store advertisements
- ☐ Price signage
- ☐ Posters
- ☐ Coupons
- ☐ Internet
- ☐ Unsure

Who potentially violated? *(choose all that apply)*

- ☐ Retailer
- ☐ Manufacturer
- ☐ Importer
- ☐ Distributor
- ☐ Unsure

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Description of potential violation

Name and physical address of the potential violator, if known

Retailer, manufacturer, importer, or distributor name

Street Address

Street Address Line 2

City	State/Province/Region	Postal/Zip Code

If report is about a website, insert website address:

All reports will remain private to the extent allowed by law. For more information about FDA's internet policies, please visit: http://www.fda.gov/AboutFDA/AboutThisWebsite/WebsitePolicies/default.htm

May we contact you if we need additional information?

- ☐ No, I want my report to be anonymous. *(Please note that if you submit this form by email, FDA will receive your email address. However, if you choose "no" FDA will not contact you.)*
- ☐ Yes, FDA may contact me. *(Please fill in contact information below.)*

Name

Affiliation *(such as company, school, or group)*

Street Address

Street Address Line 2

(continued on next page)

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City	State/Province/Region
Postal/Zip Code	Phone Number

Email

Please email me to notify me that FDA got my complaint	☐ No ☐ Yes	*In order to receive a response, please configure your email spam/junk filter to allow messages from ctpcompliance@fda.hhs.gov. In most cases, this is solved by adding our email address to your address book.*

If you would rather submit your report to us in writing, along with any attachments, please do so at the the following address:

Food and Drug Administration
Center for Tobacco Products
Document Control Center
Building 71, Room G335
10903 New Hampshire Avenue
Silver Spring, MD 20993-0002

To reach us by telephone, please call 1-877-CTP-1373, and select option 3.
You may also email us at ctpcompliance@fda.hhs.gov.

Submit By Email | Print Form | Reset Form

An email message automatically will be produced when you click the SUBMIT BY EMAIL button. In the resulting email message, please don't forget to click the "Send" button or its equivalent when you are ready to send the email.

OMB Paperwork Reduction Act Statement

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden for this collection of information is estimated to average 0.25 hour per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to the following address:

Department of Health and Human Services
Food and Drug Administration
Office of Operations
Paperwork Reduction Act (PRA) Staff
PRAStaff@fda.hhs.gov

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."