DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

FDA FORM 3779

POTENTIAL TOBACCO PRODUCT VIOLATIONS REPORTING

Form Approved: OMB No. 0910-xxxx Expiration Date: xx/xx/xxxx (See page 3 for Burden Statement)

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, Office of Compliance and

Enforcement.

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, use the form below: **Date and State Where Violation Occurred Date potential violation** I do not recall the date this State in which potential violation occurred occurred potential violation occurred **Description of Product Tobacco brand Type** Sales to Minors Vending machine/self-service display/direct Potential violation type access to cigarette or smokeless tobacco Flavored cigarette sales (choose all that apply) Advertising/promotion/marketing Sale of cigarettes in packs of less than 20 ☐ Free samples Unsure Type of potentially Newspaper Price signage violative promotional Posters Magazine materials Coupons **Periodicals**

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(choose all that apply)

Billboard

Direct Mail

In-store advertisements

Internet advertising

Unsure

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Who potentially	Retailer		Distributor	
violated?	Manufacturer		Unsure	
(choose all that apply)	☐ Importer			
Description of potential violation (character limit 1000)				
Please provide name and phys	sical address of the po	tentially violative party/lo	cation below by potential v	violator types, if know
Brand, retailer, manufacturer, importer, or distributor name (character limit 250)				
	Street Address			
	Street Address 2			
			1	
	City		State/Province/Region	
	Postal/ Zip Code			
If report is about a Web site, please provide Web site address here:				
All reports will remain confid please visit: http://www.fda.g				s internet policies
May we contact you if we need additional Information?	Yes, CTP may contact me. (Please fill in contact information below.) No, I want my report to be anonymous			
Name (character limit 250)				
Affiliation (such as company, school, or group) (character limit 250)				
	Street Address			
	Address Line 2			
	City		State/Province/Region	
	•			
	Postal/ Zip Code		Phone number	

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E-mail			
l would like to receive an e-mail to notify me that CTP got my complaint	☐ Yes ☐ No		
	please configure your e-mail spam/junk filter to allow messages from n most cases, this is solved by adding our e-mail address to your address book		
lf you would rather submit your	report to us in writing along with any attachments, please do so at the following address:		
Tobacco Product Violation Rep FDA Center for Tobacco Produ c/o Document Control Center 9200 Corporate Boulevard Rockville, MD 20850-3229	ort, Office of Compliance and Enforcement cts		
To reach us by telephone, plea ctpcompliance@fda.hhs.gov .	se call 1-877-CTP-1373, and select option 3. You may also e-mail us at		
OMB Paperwork Reduction Act Statement			

Public reporting burden for this collection of information is estimated to average 0.25 hours (15 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

Department of Health and Human Services Food and Drug Administration Office of the Chief Information Officer 1350 Piccard Drive, 420A Rockville, MD 20850

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 control number.