STORE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

One ‘undercover’ teen enters store to ask if they have any spice.

Was Spice visible in store? YES NO

If YES, where was it located? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When you asked for Spice and available somewhere else?

* If no, teen leaves and follow up team (teen leader and/or VCC staff) enters store to thank clerk/retailer for not selling dangerous synthetic drugs and leaves a copy of the law enforcement letter and a thank-you letter.
	+ If yes, teen states they forgot their $ and leaves store. Follow up team of teen leader and parent/coalition member/VCC staff enter store with a copy of law enforcement letter and information. Ask to speak with manager and/or owner and express concern for these dangerous products (short script will be developed).
* May we please speak to the owner or manager?
	+ In not available, get name and best time to reach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ State you are with the North Coastal Prevention Youth Coalition and asking retailers not to sell these dangerous products.
	+ Do you remember getting this letter from the police department?
	+ We hope that you will not sell this dangerous product in the future.
	+ You can state any negative experiences your family have had with these drugs, and why you would like them banned.
	+ Personal Example (if you have one)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Thank them for their time. Leave the letter and drug info with the person.

Outcome/summary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Undercover person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_

Name of Letter presenters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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