

COMPLAINT FORM -- FUNERAL AND CEMETERY MATTERS

When completed, mail this form to:

Division of Funeral, Cemetery & Consumer Services, ATTN: Complaint staff
Larson Building, 200 E. Gaines Street, Tallahassee FL 32399-0361

Section 1. THIS COMPLAINT IS BY			
Your Name:			
Your street address:			
City	County	State	Zip
Your phone number with area code:		Your email address (optional):	
Are you, the complainant, a funeral director, direct disposer, funeral establishment or cemetery operator, preneed seller, or other deathcare industry licensee, or employee of such licensee? (circle one) YES NO			
Section 2. WHO IS THE COMPLAINT AGAINST?			
Name of person or business the complaint is against:			
Street address:			
City	State	Zip	
Telephone number of the person or business your complaint is against (with area code):		To your knowledge, is the Subject properly licensed? __YES __NO __Don't know for sure	
If your complaint is against a business with multiple employees, please name the person(s) you have dealt with the most in that business, concerning your complaint (and if they have specific phone numbers or extensions, please provide same):			
Please state your complaint in your own words. Provide names of all persons involved or who are witnesses. Provide specific or at least approximate dates for all contracts, important events, communications, etc. Attach copies of any important contracts, letters, etc. (do <u>not</u> send originals). <i>Continue on reverse side and additional pages, as needed.</i>			
Section 3. COMPLAINANT'S SIGNATURE			
_____		_____	
Signature of complainant		Date signed	