



Complaint # - Office Use Only

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State of Ohio
Board of Embalmers and Funeral Directors

77 South High Street, 16th Floor, Columbus, OH 43215-6108 • Phone (614) 466-4252 • Fax (614) 728-6825
E-Mail: oh.emb.bd@funeral.ohio.gov • Website: www.funeral.ohio.gov

STATEMENT OF COMPLAINT

(All documents received in conjunction with the complaint may become public record.)

YOUR NAME:

ADDRESS:

DAYTIME PHONE:

NAME OF FUNERAL HOME/CREMATORY/EMBALMING FACILITY:

ADDRESS:

PHONE:

NAME OF PERSON YOU DEALT WITH AT FUNERAL HOME/FACILITY:

NAME OF DECEASED:

DATE OF DEATH:

YOUR RELATIONSHIP TO DECEASED:

PERSON RESPONSIBLE FOR MAKING THE ARRANGEMENTS/SIGNING THE CONTRACTS:

ARE YOU WILLING TO TESTIFY IN A HEARING? (circle one) YES NO

NATURE OF COMPLAINT (use additional pages if necessary):

Describe in detail your complaint, include copies of all documents and contracts and names of any other person(s) who may have direct knowledge of the facts surrounding your complaint:

Explain the relief or adjustment that you seek:

I verify that I have read this complaint, and I believe that the statements made herein are true to the best of my knowledge and belief.

Your Signature: _____

Date: _____

Return Complaint Statement and copies of documents to:

**State of Ohio Board of Embalmers & Funeral Directors
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