

**[NAME OF AGENCY]
[NAME OF STATE OR PROVINCE]
CEMETERY COMPLAINT FORM**

1. You should complain directly to the cemetery or individual before contacting the [name of agency]. Please do so before filing this complaint. **TYPE or PRINT CLEARLY** please, so that we may act on your complaint.
 2. Submit this completed and signed complaint form to [mailing address].
 3. Attach *photocopies* of any supporting documents (i.e. ownership certificates/deeds/title documents, contracts, bills, canceled checks, correspondence, photos, etc.). *Do not send original documents.*
- Under the details of the complaint, include important dates, locations of interment space(s), name(s) of owner(s), purchaser(s) and other important information relevant to your complaint.

COMPLAINANT INFORMATION		
Your Last Name	Your First Name	Your Middle Name
Former Last Name(s)	Daytime Phone Number	Home Phone Number
Street Address - P.O. Box Number	City & State	Zip Code
Email Address		
Name of Personal Representative for this complaint	Email Address	Daytime Phone Number

PRELIMINARY QUESTIONS	
Are there documents attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has this matter been submitted to an attorney?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has a lawsuit been filed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a hearing is necessary, are you willing to testify?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has this matter been reported to any other government agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>

CONTACT INFORMATION	
Attorney's name, if applicable:	Telephone:
Address (Street, City, State, Zip Code)	
Witness name, if applicable:	Telephone:
Address (Street, City, State, Zip Code)	
Witness name, if applicable:	Telephone:
Address (Street, City, State, Zip Code)	
Witness name, if applicable:	Telephone:
Address (Street, City, State, Zip Code)	

