

Arkansas Insurance Department

Asa Hutchinson
Governor



Allen Kerr
Commissioner

Funeral Services Division | Burial Associations

COMPLAINT FORM

- 1 Please TYPE or PRINT CLEARLY, so that we may act on your complaint.
- 2 Submit this completed and signed complaint form to Arkansas Insurance Department | Funeral Services Division **1200 West Third Street, 2nd FL, Little Rock, AR 72201.**
- 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), if applicable	Daytime Phone Number	Home Phone Number
Street Address - P.O. Box Number	City & State	Zip Code
Email Address		
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"/>

CONTACT INFORMATION

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

COMPLAINANT – Read this statement carefully before signing below: I understand that the Arkansas State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services cannot act as my private attorney, but represents the public in enforcing applicable laws.

If I have any questions concerning my legal rights and responsibilities, it is suggested that I contact a private attorney. I have no objection to the contents of this complaint being forwarded to the burial association or person it is directed against. I affirm that the information contained in this complaint is true and accurate to the best of my knowledge.

Signature: X	Date:
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