

Arkansas Insurance Department

Asa Hutchinson
Governor



Alan McClain
Commissioner

FUNERAL SERVICES DIVISION – PERPETUAL CARE CEMETERIES

COMPLAINT FORM

1. Please TYPE or PRINT CLEARLY, so that we may properly determine the nature of your complaint in order to investigate.
2. Submit this completed and signed complaint form to: **Arkansas Insurance Department, 1 Commerce Way, Suite 502, Little Rock, AR 72202-2087 (ATTN: Funeral Services Division – Perpetual Care Cemeteries).**
3. Attach photocopies of any supporting documents (e.g. - 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		
Complainant's Last Name	Complainant's First Name	Complainant's MI
Former Last Name(s) (if applicable)	Daytime Phone Number	Home Phone Number
Street Address or P.O. Box Number	City & State	ZIP Code
E-Mail Address		
PRELIMINARY QUESTIONS		
Are there documents attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has this matter been referred to an attorney?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a lawsuit been filed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SUBJECT OF COMPLAINT		
Name of Cemetery	County	
Name of Person and/or Company	Telephone	
Street Address or P.O. Box Number	City, State, ZIP Code	

ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION – PERPETUAL CARE CEMETERIES
COMPLAINT FORM

FSD-PCC Complaint Form (Rev. 2020-03)



DETAILS OF COMPLAINT

A large, empty rectangular box with a thin black border, intended for the user to provide details of the complaint.



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FSD-PCC Complaint Form (Rev. 2020-03)

CONTACT INFORMATION	
Attorney's Name (if applicable)	Telephone
Address (Street, City, State, ZIP Code)	
COMPLAINANT – Read this statement carefully before signing below: I understand that neither the Arkansas Insurance Department nor the Arkansas State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services can act as my private attorney, but that both entities represent 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 cemetery 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:	Date: