

ARKANSAS INSURANCE DEPARTMENT FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS

COMPLAINT FORM

Completion Instructions:

- This form must be <u>TYPED</u> not handwritten (The complaint form will be returned if <u>not</u> typed.)
- The <u>FULL NAME AND ADDRESS</u> of the licensee/establishment (Respondent) against whom the complaint is being filed is required.
- State the "facts" briefly and clearly. Attach any supporting documentation to the complaint form.
- Individuals wishing to verify the complaint may submit a <u>signed and notarized affidavit</u>.
- Exact dates are needed. If the exact dates are not known, please be as accurate as possible.

Complainant's Name	Complainant's Address (Street or P.O. Box)	City	State	ZIP Code
Complainant's Contact Phone No.	Complainant's E-Mail Address			
Licensee/Establishment ag	gainst whom the complaint is being filed:	(Respondent)		
Respondent's Name	Respondent's Address (Street or P.O. Box)	City		ZIP Code
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Complainant's Name	Respondent's Name		
[Type complaint here]			
		Complainant's Signature	
			[Notary Stamp or Seal]
Owner to and otherwise that have an other	dayyaf	00	
Sworn to and subscribed before me this	day of	, 20	
	Notary Public Signature		Commission Expiration Date
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Return Completed Form To:	Arkansas Department of (commerce partment Funeral Ser	

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