

**CONSUMER COMPLAINT**  
(Please type or print)

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**TO:** N. C. Board of Funeral Service **AT NEED** \_\_\_\_\_  
1033 Wade Avenue, Suite 108  
Raleigh, North Carolina 27605 **PRENEED** \_\_\_\_\_  
Phone (919) 733-9380 Fax (919) 733-8271

**CONSUMER:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Home \_\_\_\_\_ Work \_\_\_\_\_  
(area code) (area code)

**DETAILS OF COMPLAINT:** (Funeral Home, Crematory or Person complained about)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_  
(area code)

Have you complained directly to this business? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of person contacted \_\_\_\_\_ Date contacted \_\_\_\_\_

**DESCRIPTION OF PROBLEM OR COMPLAINT:** (Attach COPIES ONLY of contracts, receipts, cancelled checks, or other pertinent documents to include all communications with the funeral home or crematory representatives. Include names, dates, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use reverse side if necessary)

**WHAT ACTION WILL RESOLVE THIS MATTER?** \_\_\_\_\_  
\_\_\_\_\_

**Be advised that your identity will be disclosed to the funeral home/crematory/person. The Board's policy is that anonymous complaints will not be processed.**

**Except in limited circumstances, the North Carolina public records law requires that copies of complaints and responses be made available to anyone who requests them.**

**I understand that if no applicable civil or criminal regulatory law, rule, regulation or policy has been broken by the business complained of, I will be advised that this is a civil dispute between me and the said business and that I can seek such civil remedy through the courts as appears appropriate to me or my attorney. I certify that all information supplied by me is true and to the best of my knowledge. I recognize that the North Carolina Board of Funeral Service will serve only as a facilitator to try to resolve this matter and cannot represent me in legal proceedings.**

**YOUR SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR AGENCY USE ONLY**

File No.	Assigned To	Follow-up?	Response date	Closed by	Date

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_