



# Alabama Board of Funeral Services

Mailing Address:  
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Montgomery, AL 36130-9522  
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Website: [www.fsb.alabama.gov](http://www.fsb.alabama.gov) | Email: [info@fsb.alabama.gov](mailto:info@fsb.alabama.gov)

## Consumer Complaint Form

### Section 1: Consumer Information (Required)

Name _____
Street Address _____
City, ST, Zip Code _____
Home Phone _____
Work Phone _____
E-Mail Address _____

### Section 2: What does this complaint involves?

<input type="checkbox"/> At-Need Funeral (death has occurred)	<input type="checkbox"/> Preneed Funeral/Cemetery (death has not occurred)
If At-Need, skip Section 4.	
If Pre-need, skip Section 3.	

### Section 3: At-Need Funeral

Name of Funeral Home/ Funeral Director _____	
Street Address _____	
City, ST, Zip Code _____	
Decedent Name _____	
What is your relationship to the decedent? _____	
Place of Death _____ Date of Death _____	
Date of Transaction _____ Cost of Funeral Expense _____	
Your Relationship: <input type="checkbox"/> Purchaser <input type="checkbox"/> Beneficiary <input type="checkbox"/> Other	
How Did You Pay? <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Insurance Assignment <input type="checkbox"/> Other _____	
Did You Sign A Contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did You Receive a Copy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Where Was The Contract Signed? _____	Date Signed _____
Did You Receive a General Price List? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were You Shown a Casket and Outer Burial Price List? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did You Contact The Funeral Home/Funeral Director Regarding Your Complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Nature Of Contact: <input type="checkbox"/> By Mail <input type="checkbox"/> By Telephone <input type="checkbox"/> In Person	
Person Contacted _____	Job Title _____

Nature of Response \_\_\_\_\_ Date of Response \_\_\_\_\_

Has This Matter Been Submitted To Another Agency Or Attorney? \_\_\_ Yes \_\_\_ No

If Yes, Give Name And Address \_\_\_\_\_

Is Court Action Pending? \_\_\_ Yes \_\_\_ No

If Yes, Please Describe \_\_\_\_\_

**Section 4: Preneed**

Name of Preneed Contract Purchaser: \_\_\_\_\_

Complete Name of Funeral Home or Cemetery Company:  
\_\_\_\_\_

Type of Contract (check one):  Funeral  Cemetery

Name of Beneficiary (if different from your name):  
\_\_\_\_\_

Contract Number(s): \_\_\_\_\_  
(Attach copies of all contracts, front and back, if available)

Preneed Sales Agent (if applicable): \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Have you contacted the Funeral Home or Cemetery? (check one)  YES  NO

If yes, state the date(s) and person (s) contacted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach copies of any important correspondence and/or documentation that relates to your complaint. **Examples:**  
Payment receipts, cancelled checks, letters to/from the company, notes from phone conversations, etc.

Has This Matter Been Submitted To Another Agency Or Attorney? \_\_\_ Yes \_\_\_ No

If Yes, Give Name And Address \_\_\_\_\_

Is Court Action Pending? \_\_\_ Yes \_\_\_ No

If Yes, Please Describe \_\_\_\_\_

Has anyone previously contacted the Alabama Board of Funeral Services about this matter? (check one)

YES  NO  UNSURE

Name on file: \_\_\_\_\_

Date: \_\_\_\_\_

**Section 5: Description of problem or complaint:**

Please describe the facts of your complaint in the order in which they happened. Please include who, what, when, where, and why. Please print clearly. You may use additional sheets of paper if needed. Attach copies of contracts, receipts or other pertinent documents

What action would resolve this matter?

Who referred you to this office? \_\_\_\_\_

**Section 6: Additional witnesses**

Please provide the following about anyone who was a witness to the matter about which you are filing a complaint.

Name (printed) _____	
Daytime Phone _____	Evening phone _____
Name (printed) _____	
Daytime phone _____	Evening phone _____
Name (printed) _____	
Daytime phone _____	Evening phone _____
Name (printed) _____	
Daytime phone _____	Evening phone _____

**Section 7: Agreement and Signature**

I understand that if no Alabama Board of Funeral Service regulatory law, rule, regulation or policy has been broken by the licensee complained of, I will be advised that this is a civil dispute between me and the said licensee 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 Alabama Board of Funeral Service will serve only as a facilitator to try to resolve this matter and cannot represent me in legal proceedings. I understand the Board will not investigate anonymous complaints and I have provided the information below to verify my complaint.

*Name (printed) _____
*Signature _____
Date _____

**Note**

In order to resolve your complaint, we will send a copy of this form to the funeral home, funeral director, cemetery, or preneed sales agent about whom you are complaining.

\_\_\_ Please check if you have included additional documents