



# Alabama Board of Funeral Services

Mailing Address:  
P.O. Box 309522  
Montgomery, AL 36130-9522  
334-242-4049 Fax: 334-353-7988  
Website: www.fsb.alabama.gov  
Email: info@fsb.alabama.gov

Complaint #: \_\_\_\_\_

## Consumer Complaint Form

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

### Consumer Information (Required)

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

### What is your relationship to the decedent?

<input type="checkbox"/> Agent	<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian
<input type="checkbox"/> Spouse	<input type="checkbox"/> Son/Daughter	<input type="checkbox"/> Friend
<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Brother/Sister	<input type="checkbox"/> Other ( Please Specify) _____

### Details of Complaint

Name of Funeral Home/ Funeral Director _____
Street Address _____
City, ST, Zip Code _____
Decedent Name _____
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 \_\_\_\_\_

**Description of problem or complaint:**

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

Complaint #: \_\_\_\_\_

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What action would resolve this matter?

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

**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 _____

**Agreement and Signature**

I understand that the Alabama Board of Funeral Service will investigate this complaint for violations of the Alabama Funeral Service Law and if there are no violations of Alabama Board of Funeral Service regulatory law, rule, regulation or policy, 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 address any violations of the Alabama Funeral Service Law 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.

\*Signature \_\_\_\_\_

Date \_\_\_\_\_

**Note**

In order to resolve your complaint, we will send a copy of this form to the funeral home, funeral director, or embalmer about whom you are complaining. The funeral home, funeral director, or embalmer will have 20 days to issue a response.

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

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