



Complaint # - Office Use Only

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## State of Ohio Board of Embalmers and Funeral Directors

77 South High Street, 16<sup>th</sup> Floor, Columbus, OH 43215-6108 • Phone: (614) 466-4252 • Fax (614) 728-6825  
E-Mail: [oh.emb.bd@exchange.state.oh.us](mailto:oh.emb.bd@exchange.state.oh.us) • Website: [www.funeral.ohio.gov](http://www.funeral.ohio.gov)

### **STATEMENT OF COMPLAINT**

**YOUR NAME:**

**ADDRESS:**

**DAYTIME PHONE:**

**NAME OF FUNERAL HOME/CREMATORY/EMBALMING FACILITY:**

**ADDRESS:**

**PHONE:**

**NAME OF PERSON YOU DEALT WITH AT FUNERAL HOME/FACILITY:**

**NAME OF DECEASED:**

**DATE OF DEATH:**

**YOUR RELATIONSHIP TO DECEASED:**

**PERSON RESPONSIBLE FOR MAKING THE ARRANGEMENTS/SIGNING THE CONTRACTS:**

**ARE YOU WILLING TO TESTIFY IN A HEARING? (circle one) YES    NO**

**NATURE OF COMPLAINT (use additional pages if necessary):**

Describe in detail your complaint, include copies of all documents and contracts and names of any other person(s) who may have direct knowledge of the facts surrounding your complaint:

Explain the relief or adjustment that you seek:

I verify that I have read this complaint, and I believe that the statements made herein are true to the best of my knowledge and belief.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return Complaint Statement and copies of documents to:

**State of Ohio Board of Embalmers & Funeral Directors  
77 South High Street, 16<sup>th</sup> Floor  
Columbus, Ohio 43215-6108**