



**ARKANSAS INSURANCE DEPARTMENT**  
**FUNERAL SERVICES DIVISION | BURIAL ASSOCIATIONS**  
Email: [aid.ba@arkansas.gov](mailto:aid.ba@arkansas.gov)  
**COMPLAINT FORM**

**Completion Instructions:**

- This form must be Typed or Handwritten Legibly – **if not written legibly, it will be returned. Must be signed and dated.**
- The FULL NAME AND ADDRESS 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.
- Exact dates are needed. If the exact dates are not known, please be as accurate as possible.

**COMPLAINANT INFORMATION**

Your Last Name	Your First Name	Your Middle Name
Former Last Name(s), if applicable	Daytime Phone Number	Home Phone Number
Mailing Address	City & State	Zip Code
Email Address		

**PRELIMINARY QUESTIONS**

Are there documents attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has this matter been submitted to an attorney?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a lawsuit been filed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**SUBJECT OF COMPLAINT**

NAME OF BURIAL ASSOCIATION	County
NAME OF PERSON AND/OR COMPANY	Telephone
Address (Street, City, State, Zip Code)	

## DETAILS OF COMPLAINT

## CONTACT INFORMATION

Attorney's name, if applicable:

Telephone:

Address (Street, City, State, Zip Code)

**COMPLAINANT – Read this statement carefully before signing below:** I understand that the Arkansas State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services nor the Arkansas Insurance Department cannot act as my private attorney, but represents the public in enforcing applicable laws.

If I have any questions concerning my legal rights and responsibilities, it is suggested that I contact a private attorney. I have no objection to the contents of this complaint being forwarded to the burial association or person it is directed against. I affirm that the information contained in this complaint is true and accurate to the best of my knowledge.

Signature: **X**

Date: