



\_\_\_\_\_  
Complainant's Name

\_\_\_\_\_  
Respondent's Name

[Type complaint here]

\_\_\_\_\_  
Complainant's Signature

[Notary Stamp or Seal]

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Commission Expiration Date

Return Completed Form To:

Arkansas Department of Commerce  
**Arkansas Insurance Department | Funeral Services Division**  
1 Commerce Way, Suite 502 | Little Rock, AR 72202-2087  
Phone (501) 682-0574 | Fax (501) 682-0575  
E-Mail: [AID.EFD@arkansas.gov](mailto:AID.EFD@arkansas.gov)