

Complainant's Name

Respondent's Name

Lined area for writing the complaint details.

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