



**ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | PERPETUAL CARE CEMETERIES**

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.
- Attach photocopies of any supporting documents (e.g. - ownership certificates/deeds/title documents, contracts, bills, canceled checks, correspondence, photos, etc.). **Do not send original documents.**
- Under the details of the complaint, include important dates, locations of interment space(s), name(s) of owner(s), purchaser(s) and other important information relevant to your complaint.
- Exact dates are needed. If the exact dates are not known, please be as accurate as possible.

COMPLAINANT INFORMATION

Complainant’s Last Name	Complainant’s First Name	Complainant’s MI
Former Last Name(s) (if applicable)	Daytime Phone Number	Home Phone Number
Street Address or P.O. Box Number	City & State	ZIP Code
E-Mail Address		

PRELIMINARY QUESTIONS

Are there documents attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has this matter been referred 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 Cemetery	County
Name of Person and/or Company	Telephone
Street Address or P.O. Box Number	City, State, ZIP Code



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FSD-PCC Complaint Form (Rev. 2023-01)

DETAILS OF COMPLAINT

A large, empty rectangular box with a black border, intended for the complainant to provide details of the complaint.



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FSD-PCC Complaint Form (Rev. 2023-01)

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 neither the Arkansas Insurance Department nor the Arkansas State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services can act as my private attorney, but that both entities represent 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 cemetery 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:	Date:

Return completed complaints to:
Arkansas Insurance Department
Funeral Services Division | PCC
1 Commerce Way, Suite 502
Little Rock, AR 72202
Email: aid.pcc@arkansas.gov