



ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | BURIAL ASSOCIATIONS
 1 Commerce Way, Suite 502 – Little Rock, AR 72202
 Email: 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)		

