



STATE OF WEST VIRGINIA
BOARD OF FUNERAL SERVICE EXAMINERS

RETURN ADDRESS:
179 SUMMERS STREET, SUITE 319
CHARLESTON, WV 25301

UNIFORM COMPLAINT FORM

PLEASE TYPE OR PRINT

COMPLAINANT INFORMATION

YOUR NAME	TELEPHONE (BUSINESS) ()	TELEPHONE (RESIDENTIAL) ()
ADDRESS (STREET, CITY, STATE, ZIP)		YOUR OCCUPATION
CONTACT NAME (OTHER THAN YOURSELF)		TELEPHONE OF CONTACT ()
ADDRESS OF CONTACT (STREET, CITY, STATE, ZIP)		

SUBJECT OF COMPLAINT

PERSON NAME AND/OR FUNERAL BUSINESS		TELEPHONE ()
ADDRESS (STREET, CITY, STATE, ZIP)		OCCUPATION
		LICENSE NO. (IF KNOWN)
1. HAVE YOU CONTACTED SUBJECT CONCERNING COMPLAINT? IF YES, DATE: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. ARE THERE DOCUMENTS REGARDING THIS MATTER?	<input type="checkbox"/>	<input type="checkbox"/>
3. HOW LONG HAVE YOU KNOWN PERSON COMPLAINED ABOUT? _____	<input type="checkbox"/>	<input type="checkbox"/>
NAME OF PRIVATE ATTORNEY (IF APPLICABLE)		TELEPHONE ()
ADDRESS (STREET, CITY, STATE, ZIP)		

WITNESSES

NAME	ADDRESS/PHONE
1.	
2.	
3.	

DETAILS OF COMPLAINT

(Include facts, details, dates. Please attach copies of all bills, documents, records, correspondence, and contracts. Use additional sheets if necessary.)

NOTICE: All complaints must be signed. Such signature also authorizes the State Board of Funeral Service Examiners to release a copy or summary of the complaint to the registrant(s) and/or licensee(s) who is/are the subject of the complaint.

SIGNATURE
→

DATE

FOR OFFICE USE ONLY

COMPLAINT NUMBER	DATE OF COMPLAINT	DATE ACKNOWLEDGE COMPLAINT	DATE REFERRED TO INVESTIGATION	DISPOSITION	DATE OF DISPOSITION	DATE COMPLAINANT ADVISED OF DISPOSITION