

Funeral Home/Funeral Director Complaint Form

Please be sure to complain to the company or individual **before** filing. Please type or print clearly in dark ink. You must complete the entire form. Incomplete or unclear forms will be returned to you. Make sure you enclose **copies** of important papers concerning your transaction.

Complainant

Your Name _____

Street Address _____

City _____ State _____ ZIP _____ County _____

Daytime Phone (_____) Evening Phone (_____)

Best Time to Call

What is your relationship to the decedent?

- Agent Parent Legal Guardian
 Spouse Son/Daughter Friend
 Domestic Partner Brother/Sister Other (Please Specify) _____

Complaint

Name of Funeral Home/Funeral Director _____

Street Address _____

City _____ State _____ ZIP _____ Phone (_____) _____

Decedent Name _____

Place of Death _____ Date of Death _____

Date of Transaction _____ Cost of Funeral Expenses \$ _____

Were your funeral expenses prefunded? Yes No Type of Preneed Agreement: Revocable Irrevocable

Your Relationship: Purchaser Beneficiary POA, Other

How did you pay? (Check those which apply):

- Cash Check Credit Card Insurance Assignment Other _____

Did you sign a contract? Yes No

Where did you sign the contract? _____ Date Signed _____

Did you contact the funeral home/funeral director regarding your complaint? Yes No

If yes, nature of contact: By Mail By Telephone In Person

Person Contacted _____ Job Title _____

Nature of Response _____ Date of Response _____

Has matter been submitted to another agency or attorney? Yes No

If yes, give name and address _____

Is court action pending? Yes No

If yes, please describe _____

What form of relief are you seeking? (e.g., exchange, repair or money back, etc.)

Who referred you to this office?

READ THE FOLLOWING BEFORE SIGNING BELOW

PLEASE ATTACH TO THIS FORM PHOTOCOPIES of any applicable documents (contracts, warranties, bills received, cancelled checks, correspondence, etc). **DO NOT SEND ORIGINALS.**

NOTE: In order to resolve your complaint, we may send a copy of this form to the funeral home or funeral director about whom you are complaining.

In filing this complaint, I understand that the Department of Health is not my private attorney, but represents the public in enforcing laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or person the complaint is directed against. The above complaint is true and accurate to the best of my knowledge.

I also understand that any false statements made in this complaint are punishable as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

Signature _____ Date _____

HAVE YOU ENCLOSED COPIES OF IMPORTANT PAPERS?

Return to:

**New York State Department of Health
Bureau of Funeral Directing
875 Central Avenue
Albany, New York 12206**

COMPLAINT PROCESS

Please complete the attached complaint form, and return it along with corroborative documents and witness statement, when applicable.

Please be advised any information you provide may be subject to public disclosure. If an investigation into the matter is conducted, the information and findings are subject to public disclosure only after the investigation is completed. You are also advised the completed complaint form is a "government record" which the Department may be obligated to provide to anyone making a request pursuant to the Freedom of Information Law (FOIL).

The disposition of the complaint may take several months. Please understand the Department can only take formal action if it finds sufficient basis that the funeral firm and/or funeral director has violated Public Health Law and/or its implement regulations. If the completed investigation is referred to the Department's Division of Legal Affairs, formal charges may be filed and the respondent would be given the opportunity to defend himself or herself. The process can take a considerable period of time.

If your complaint involves a dispute over fees, please be advised the Department regulates the disclosure of fees, but has no jurisdiction over the amount charged.

You will be notified in writing when the complaint investigation findings are finalized and the action, if any, taken by the Department.

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**New York State Department of Health
Bureau of Funeral Directing
875 Central Avenue
Albany, New York 12206**