

## 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 is the nature of the complaint? *(Check all that apply and provide any additional comments on a separate sheet of paper.)*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Administrative/Recordkeeping | <input type="checkbox"/> Unlicensed Practice | <input type="checkbox"/> Fees/Billing Practices       |
| <input type="checkbox"/> Fraud                        | <input type="checkbox"/> Advertising         | <input type="checkbox"/> Insurance Fraud              |
| <input type="checkbox"/> Misconduct                   | <input type="checkbox"/> Incompetence        | <input type="checkbox"/> Other (Please Specify) _____ |

Please describe the facts of your complaint in the order in which they happened. Please print clearly. You may use additional sheets of paper, if they are needed. (If additional space is needed, please attach 8½" x 11" sheets.)

Please provide the following information about another funeral home or funeral director involved in the matter about which you are complaining.

Name \_\_\_\_\_

Title \_\_\_\_\_ License Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_ License Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Please provide the following about anyone who was a witness to the matter about which you are filing a complaint.

Name \_\_\_\_\_

Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Evening Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_

Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Evening Phone ( \_\_\_\_\_ ) \_\_\_\_\_

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, NY 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.

*Please return the completed complaint form to:*

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