



STATE OF WEST VIRGINIA  
BOARD OF FUNERAL SERVICE EXAMINERS

RETURN ADDRESS:  
179 SUMMERS STREET, SUITE 305  
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 9	NO 9	1. ARE THERE DOCUMENTS ATTACHED? 9
2. ARE THERE DOCUMENTS REGARDING THIS MATTER?	9	9	2. ARE THERE DOCUMENTS TO FOLLOW? 9
3. HOW LONG HAVE YOU KNOWN PERSON COMPLAINED ABOUT? _____			3. HAVE YOU CONTACTED AN ATTORNEY? 9
			4. HAS A LAWSUIT BEEN FILED? 9
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 o	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

