



STATE OF WEST VIRGINIA
BOARD OF FUNERAL SERVICE EXAMINERS
UNIFORM COMPLAINT FORM

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

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"/>	1. ARE THERE DOCUMENTS ATTACHED?		YES <input type="checkbox"/> NO <input type="checkbox"/>
2. ARE THERE DOCUMENTS REGARDING THIS MATTER?		<input type="checkbox"/>	<input type="checkbox"/>	2. ARE THERE DOCUMENTS TO FOLLOW?		<input type="checkbox"/> <input type="checkbox"/>
3. HOW LONG HAVE YOU KNOWN PERSON COMPLAINED ABOUT? _____				3. HAVE YOU CONTACTED AN ATTORNEY?		<input type="checkbox"/> <input type="checkbox"/>
				4. HAS A LAWSUIT BEEN FILED?		<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.)						
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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