

INSTRUCTIONS FOR COMPLETING THE COMPLAINT PACKAGE

Please read the following instructions prior to completing the complaint form. Your complaint will be reviewed to verify that the complaint is a potential violation of law/rules. Please type or print all information.

COMPLAINT FORM

PERSON REGISTERING COMPLAINT: Please type or print your name, address and phone numbers.

COMPLAINT REGISTERED AGAINST: Please type or print the name, address, name of business and phone numbers of the person or establishment whom you are filing the complaint against. If you are filing a complaint against more than one individual, please list the names, addresses and phone numbers on a separate sheet.

SUPPORTING DOCUMENTATION: Supporting documentation is extremely important. Please enclose any documents which support your complaint. Please retain all original documents; enclose only copies. You will be notified if original documents are needed.

DETAILS OF COMPLAINT: Below are suggestions that may help you in recalling details of your complaint.

Date of professional relationship: List the date the relationship began.

Date(s) of violations(s): List each date on which a violation (incident) occurred.

Details of Complaint: Describe your complaint. Your narrative should address the reason(s) for your complaint. Please be specific as possible by providing dates, places, times, etc. If specific information is not available, please give the next best available: i.e., "I cannot recall the exact date, but it was a Monday in January...". It is helpful if you can note how you are able to recall the date or day of the week. It is important to identify any witness(es) who may have knowledge of the event(s) that you have described. If possible, any witness should be fully identified by name, address and phone numbers. You may attach additional pages if necessary. Please number and initial all pages of your narrative in the lower right hand corner. Your complaint should include "who, what, when, where, why and how".

MAILING INSTRUCTIONS

Please keep a copy of your completed **COMPLAINT FORM** and any documentation that you have included.

Mail your completed packet to: **Texas Funeral Service Commission, P.O Box 12217, Capitol Station, Austin, TX 78711**

Texas Department of Banking
2601 N. Lamar Boulevard
Austin, TX 78705-4294
(512) 475-1290
FAX (512) 475-1288

Texas Funeral Service
Commission
PO BOX 12217 Capitol Station
Austin, Texas 78711
FAX (512) 479-5064
1-888-667-4881

Texas Department of Insurance
Consumer Help Line
P. O. Box 149091
Austin, Texas 78714-9091
1-800-252-3439

CONSUMER COMPLAINT FORM

The three agencies listed above have jurisdiction over of the death care industry. The Texas Department of Banking regulates the prepaid funeral industry and perpetual care cemeteries. The Texas Funeral Service Commission licenses and regulates funeral homes, funeral directors and embalmers. The Texas Department of Insurance regulates insurance and annuity contracts that fund prepaid contracts. Please address your complaint to the agency which regulates the portion of the industry which is applicable to your complaint. All of the agencies will forward, when appropriate, copies of complaints to the other agencies involved in the regulation of death care industry. Please provide as much of the information requested as possible. You may attach additional pages as necessary. **Copies of any photographs, letters, contracts, or other documents pertinent to your complaint should also be enclosed.**

Please type or Print Clearly

Your Name	Your Address
Home Phone	City
Work Phone	State Zip

Person or Firm Complained Against	Business Address
Business Phone	City
Individual With Whom You Dealt	State Zip

