



# Mississippi State Board of Funeral Service



Tate Reeves  
Governor

Della Smith  
Executive Director

## COMPLAINT (Please type or print)

**TO:** Mississippi State Board of Funeral Service 3010 Lakeland Cove, Suite W  
Flowood, Mississippi 39232-9709  
Phone: (601)932-1973 FAX: (601)932-1901

**CONSUMER:** Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home or Cell Work

**DETAILS OF COMPLAINT:** (Funeral Home, Crematory or Person complained about)

Funeral Establishment/License Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Have you complained directly to this business? Yes No Date(s) contacted \_\_\_\_\_

Name of person contacted \_\_\_\_\_

DESCRIPTION OF PROBLEM OR COMPLAINT: (Attach COPIES ONLY of contracts, receipts, canceled checks, or other pertinent documents to include all communications with the funeral home or crematory representatives. Include names, dates, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT ACTION WILL RESOLVE THIS MATTER?**

Be advised that your identity could be disclosed to the funeral home/crematory/person. The Board's policy is that anonymous complaints will not be processed.

I understand that if no applicable regulatory law, rule, regulation or policy has been broken by the business complained of, I will be advised.

If the Board feels that there is sufficient evidence to warrant a hearing, YOU WILL BE REQUIRED TO ATTEND.

YOUR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_