

**MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS
4201 PATTERSON AVENUE
BALTIMORE, MD 21215-2299
Telephone Number: 410-764-4792**

COMPLAINT FORM

READ THE FOLLOWING INSTRUCTIONS CAREFULLY

1. Please complete the attached form. If the information requested is not known, please write "unknown". The form must be signed and dated.
2. Be sure the names, addresses and telephone numbers listed in the complaint are correct.
3. If more space is needed to explain the complaint, please add additional pages.
4. Attach copies of all contracts, price lists and other documents to the complaint.
5. If a licensee has possibly violated the law, an investigation will be conducted by the Board. You may be contacted by an impartial investigator who will gather the facts and submit a written report to the Board.
6. If the Board brings charges against the licensee, there may be a formal hearing. You will be contacted, if this is the case.

NOTE: Please be aware that the Board, pursuant to COMAR 10.29.11.04 D, may authorize an investigation by sending a copy of the complaint to the licensee requesting a response to the allegations made.

AN INVESTIGATION MAY TAKE SIX MONTHS TO COMPLETE.

COMPLAINT FORM

MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS
4201 PATTERSON AVENUE – BALTIMORE, MD 21215-22992
TELEPHONE NUMBER: 410-764-4792

(PLEASE TYPE OR PRINT CLEARLY)

FULL NAME OF COMPLAINANT: _____

HOME ADDRESS: _____
(Street)

(City) (State) (Zip Code)

TELEPHONE NUMBER; _____
(Home) (Work) (Cell)

NAME AND ADDRESS OF MORTICIAN OR FUNERAL DIRECTOR:

(Name)

(Street)

(City) (State) (Zip Code)

TELEPHONE NUMBER OF MORTICIAN OR FUNERAL DIRECTOR: _____

NAME, ADDRESS AND TELEPHONE NUMBER OF ALL WITNESSES THAT HAVE
KNOWLEDGE OF THE COMPLAINT (Feel free to add another page if more witnesses should be contacted):

1. _____

2. _____

NAME OF THE PERSON WHO WAS PAID FOR THE FUNERAL:

1. _____

2. _____

NAMES AND RELATIONSHIPS OF NEXT OF KIN:

1. _____

2. _____

NAME OF THE PERSON WHO WAS IN CHARGE OF ARRANGEMENTS WITH CONTACT
INFORMATION:
