



## Complaint Form

Please fill out this form as completely as possible. It is very important that you sign the form. Please return the completed and signed Complaint form to the Oklahoma Funeral Board by either: (1) scanning it and emailing it to [info@funeral.ok.gov](mailto:info@funeral.ok.gov), with "Complaint" written on the email subject line; or (2) mailing the original signed Complaint form to 3700 N. Classen Blvd., Suite 175, Oklahoma City, OK 73118.

Today's Date: \_\_\_\_\_

**Name of decedent:** \_\_\_\_\_

Date of death: \_\_\_\_\_

Place of death: \_\_\_\_\_ City: \_\_\_\_\_

Name of funeral home employee(s)  
that picked up decedent from place of death: \_\_\_\_\_

**Funeral Home:** \_\_\_\_\_

City: \_\_\_\_\_

Date of funeral/cremation arrangements: \_\_\_\_\_

Name of funeral home employee that made arrangements: \_\_\_\_\_

Date of Funeral/Memorial/Graveside: \_\_\_\_\_

Place of Funeral/Memorial/Graveside: \_\_\_\_\_

City: \_\_\_\_\_

Cemetery: \_\_\_\_\_ City: \_\_\_\_\_

**Were you provided with copies of each of the following to keep?**

- |  |     |    |
|--|-----|----|
| • General Price List   | Yes | No |
| • Statement of Goods & Services Selected (Contract)                                  | Yes | No |
| • Other authorizations signed (cremation application, embalming authorization, etc.) | Yes | No |
| • Certified death certificate  | Yes | No |

**\*\*Please include photocopies of these along with your complaint\*\***

Please note your experience and/or concerns on this page. Additional pieces of paper may be used, if needed.

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature:\_\_\_\_\_

Printed Name:\_\_\_\_\_

Relationship to decedent:\_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

Email:\_\_\_\_\_

Phone:\_\_\_\_\_