

MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS
4201 PATTERSON AVENUE
BALTIMORE, MARYLAND 21215-2299
OFFICE: 410-764-4792 • FAX: 410-358-6571
EMAIL: MDH.BOMFD@MARYLAND.GOV

COMPLAINT FORM

PLEASE 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 supporting 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.



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

COMPLAINT FORM

(PLEASE TYPE OR PRINT CLEARLY)

FULL NAME OF COMPLAINANT: _____

RELATIONSHIP TO DECEASED: _____

HOME ADDRESS: _____
(STREET) _____ (CITY) _____ (STATE) _____ (ZIP CODE) _____

TELEPHONE NUMBER: _____ EMAIL: _____

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 THE PERSON WHO WAS IN CHARGE OF ARRANGEMENTS:

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. _____

NAMES AND RELATIONSHIP OF NEXT OF KIN:

1. _____
2. _____

NAME OF THE PERSON WHO WAS PAID FOR THE FUNERAL:

1. _____
2. _____

Has this complaint been previously filed with another State organization, if yes please list it (them) and date(s) filed:

Please describe in detail the nature of your complaint and exactly what happened. Please include dates and times in your description. (Use as many additional pages as necessary)

<p>I hereby affirm that the above information is true and correct to the fullest extent of my knowledge.</p> <p>Signature of Complainant _____ Date _____</p>	
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