

ALBERTA FUNERAL SERVICES REGULATORY BOARD
COMPLAINT FORM

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For Office Use Only

File _____

Name of Complainant: _____

Address of Complainant:

Telephone Number: _____

My Problem is with:

Address: _____

Telephone Number: _____

Who did you speak or deal with?
Name of Deceased: _____ Date of Death: _____

Date of Funeral/Disposition: _____
Your relation to the deceased: _____

What have you done to resolve this complaint? Identify who you contacted.

Have you filed or do you intend to file any other complaints or have you started any other proceedings concerning this complaint? If yes, please explain:

What do you want the business to do?

How did you hear about the Board?

Please attach COPIES of any papers you have about this complaint (i.e. letters, contracts, bills of sale, cancelled cheques, etc.) that you believe support your position.

Complaints Investigator
Alberta Funeral Services Regulatory Board
180 2755 Broadmoor Blvd.
Sherwood Park, AB T8H 2W7

Fax: (780) 452-6085

Email address: office@afsrab.ab.ca

Signature of Complainant

Date

If this information was taken orally, the form was completed by

Signature

Date