



# Division of Cemeteries

New York State  
**Department of State**  
**DIVISION OF CEMETERIES**  
One Commerce Plaza  
99 Washington Avenue  
Albany, NY 12231-0001  
Telephone: (518) 474-6226  
www.dos.ny.gov

## CEMETERY COMPLAINT FORM

1. You should complain directly to the cemetery or individual before contacting the Division of Cemeteries. Please do so before filing this written complaint. TYPE or PRINT CLEARLY so that we may act on your complaint immediately.
2. Submit this completed and signed complaint form to your nearest Division of Cemeteries office.
3. Attach *photocopies* of any supporting documents (i.e., deeds, contracts, warranties, bills received, canceled checks, correspondence, photos). *Do not send original documents.*

**Note: To resolve your complaint, we may send a copy of this completed form to the cemetery or person you name in this complaint.**

COMPLAINANT NAME	TELEPHONE (DAYTIME) ( )	(EVENING) ( )
HOME ADDRESS — NUMBER AND STREET	CITY	STATE ZIPCODE COUNTY

TYPE OF COMPLAINT — PROVIDE A BRIEF SUMMARY (USE PAGE 2 OF THIS FORM AND ATTACH ADDITIONAL SHEETS FOR A DETAILED STATEMENT)

NAME OF CEMETERY OR INDIVIDUAL	TELEPHONE (DAYTIME) ( )	(EVENING) ( )
ADDRESS — NUMBER AND STREET	CITY	STATE ZIPCODE COUNTY

LOCATION OF LOT OR GRAVE (IF APPLICABLE)	SECTION	LOT/BLOCK/GRAVE(S)
NAME ON DEED	RELATIONSHIP TO YOU (IF OTHER THAN YOURSELF)	

MEANS BY WHICH YOU ACQUIRED OWNERSHIP	<input type="checkbox"/> PURCHASE	<input type="checkbox"/> GIFT
	<input type="checkbox"/> INHERITANCE	<input type="checkbox"/> OTHER (SPECIFY):

COST OF PRODUCT/SERVICE	DATE OF TRANSACTION	DATE YOU COMPLAINED
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NAME OF PERSON CONTACTED	<input type="checkbox"/> BY PHONE <input type="checkbox"/> BY LETTER <input type="checkbox"/> IN PERSON
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Has this matter been submitted to an attorney? . . . . .  YES (If so, enter name and address)  NO

Is court action pending?... . . . . .  YES  NO

FORM OF RELIEF YOU ARE SEEKING

### COMPLAINANT — Read this statement carefully before signing below.

I understand that the Division of Cemeteries has jurisdiction ONLY over not-for-profit cemetery corporations within New York State and cannot act as my private agent, but represents the public in enforcing applicable laws. Further, I understand that if I have any questions concerning my legal rights or responsibilities, it is suggested that I contact a private attorney. I have no objection to the contents of this complaint being forwarded to the cemetery or person it is directed against. The information contained in this complaint is true and accurate to the best of my knowledge.

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Use page 2 of this form to describe your complaint. Please remember — enclose *copies* of any important supporting papers.

#### REGIONAL OFFICES:

- Binghamton** – 44 Hawley Street, Suite 1506, Binghamton, NY 13901-4400....(607) 721-8757
- Buffalo** - 65 Court Street, Buffalo, NY 14202-3471...(716) 847-7101
- New York City** – 123 William Street, New York, NY 10038-3804...(212) 417-5713
- Syracuse** - 333 E. Washington Street, Syracuse, NY 13202-1428...(315) 428-4237

# CEMETERY COMPLAINT FORM

Use this sheet to describe your complaint. Attach additional sheets if necessary.  
Please remember — enclose copies of any important supporting papers.

**Details of Complaint:**