

Cemetery Complaint

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 REVERSE OR 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 Purchase Gift
 Inheritance Other (*Specify*): _____
COST OF PRODUCT/SERVICE _____ DATE OF TRANSACTION _____ DATE YOU COMPLAINED _____

NAME OF PERSON CONTACTED _____ BY PHONE BY LETTER IN PERSON

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 the back of this form or another sheet to describe your complaint.
Please remember — enclose *copies* of any important supporting papers.**

