



**DC BOARD OF FUNERAL DIRECTORS**  
**Regulatory Complaint Intake Form**

**GENERAL INSTRUCTIONS:** Consumers who have experienced legal or ethical problems of alleged negligence with D.C. Funeral Directors should complete this form and submit the original form with all supporting documents. Documents would include copies of all contracts signed or agreed to, certificates or any other legal documents used to support your complaint.

**DATE OF COMPLAINT:** \_\_\_\_\_

**DATE RECEIVED:** \_\_\_\_\_  
*(Office use only)*

**COMPLAINT IS WRITTEN ON:**

Alleged Violator: \_\_\_\_\_  
*(Include Full name, Alias, and Company name)*

Alleged Violator's Home and/or Company Address: \_\_\_\_\_  
\_\_\_\_\_ Ward # (if known): \_\_\_\_\_

Address Where Violation Occurred: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**COMPLAINT IS WRITTEN BY:**

Name of Person Submitting Complaint: \_\_\_\_\_

Address: \_\_\_\_\_ Ward#: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**NATURE OF COMPLAINT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Use additional paper, if necessary. Submit copies of all documents to support claim of alleged negligence.**

*(Office Use only):*  
COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ STATUS: \_\_\_\_\_  
STATUS: \_\_\_\_\_  
{ } MAIL-IN { } WALK-IN { } TELEPHONE { } REFERRED FROM: \_\_\_\_\_

*Revised 05/22/2009*

**MAIL COMPLAINT FORM TO:**  
**ATTN: S. J. Brown, Program Liaison (email: [SheldonJ.Brown@dc.gov](mailto:SheldonJ.Brown@dc.gov))**  
DC Board of Funeral Directors  
DCRA/OPLD  
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