

State of Nevada
FUNERAL AND CEMETERY SERVICES BOARD



3740 Lakeside Drive, Suite 201, Reno, Nevada, 89509
Phone (775) 825-5535

INFORMAL COMPLAINT FORM

Informal Complaint Instructions and Information

Chapter 642 of the Nevada Revised Statutes authorizes the Nevada Funeral and Cemetery Services Board (Board) to investigate accusations against persons licensed or issued permits by the Board. A notarized Informal Complaint Form must be received in the office before the Board can take any action. Please complete the Informal Complaint Form and mail to the office with any pertinent information and supporting documents that may substantiate any violations of under the purview of the Board. In order for disciplinary action to be taken, an accusation must fall within the provisions set forth in the statutes or in the regulations promulgated by the Board.

All accusations are carefully reviewed for potential violations. If potential violations are identified, an investigation will be commenced. After all the facts have been obtained and if it is determined that the actions may constitute a violation of law, the matter will be submitted for an evaluation to determine whether sufficient evidence exists for the Board to file a formal complaint. If it is determined that no potential violation exists or there is insufficient evidence to file a formal complaint, the accusation may be dismissed. You will be notified of the outcome of this review.

If a formal complaint is filed, the matter will be set for a disciplinary hearing and you may be asked to testify. At any time during this process, the respondent may choose to resolve the matter by entering into a consent decree. A consent decree is a written agreement between the parties in which the person charged admits to certain violations and agrees to a particular disciplinary action.

Person Filing Complaint (Complainant)

Your Name: _____

Address: _____
Street / P.O. Box City State Zip

Email Address: _____

Phone #: _____ Fax #: _____

Complaint Filed Against (Respondent)

Name of Funeral Establishment,

Cemetery or Crematory: _____

Address: _____
Street / P.O. Box City State Zip

Phone #: _____ Fax #: _____

Name of Funeral Director (if applicable): _____

Name of Embalmer (if applicable): _____

Informal Complaint Narrative

Please provide a narrative description of the complaint, explaining in detail the alleged activity you witnessed or of which you have direct and personal knowledge. Do not forget to include dates, times, places, and the names of any other people who might have witnessed the alleged activity. Use additional sheets if necessary, and provide copies of all supporting documents.

Contact Address/Phone Number:

If no, please explain why:

Are you willing to testify at a public administrative hearing? Yes No
(Please note that even if you are unwilling to testify, this form may still be used as evidence).

For Board Use Only: Case Number