

ARKANSAS STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS
101 E. CAPITOL, SUITE 113
LITTLE ROCK, AR 72201
501-682-0574 FAX 501-682-0575

COMPLAINT-ANSWER

Instructions:

1. Type only (Complaints will be returned if not typed)
2. Give full name and address of the licensees/establishment (respondent) your complaint is against.
3. State facts briefly and clearly; attach any supporting documentation.
4. Individuals wishing to verify the complaint may send an affidavit. It must be signed and notarized.
5. Give exact dates. If not known, be as accurate as possible.

COMPLAINANT	ADDRESS	ZIP
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RESPONDENT	ADDRESS	ZIP
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Complainant/Respondent PHONE	Complainant/Respondent Email
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AFFIDAVIT

STATE OF _____

COUNTY OF _____

_____, being first duly sworn

(NAME OF COMPLAINANT OR RESPONDENT)

deposes and states that

COMPLAINANT-RESPONDENT

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, Year of _____

NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS

SEAL

MY COMMISSION EXPIRES: _____

Updated 7/20/2016
