

Oregon Mortuary and Cemetery Board
 State Office Building, Mail Box # 19
 800 NE Oregon Street, Suite 430
 Portland OR 97232-2195
 www.oregon.gov/MortCem
 971-673-1503
 971-673-1501 - fax

COMPLAINT FORM
 (Please print or type.)

| | |
|---|--|
| Name of Person filing complaint | Name of person you are complaining about, if any |
| Mailing address | Name of business establishment you are complaining about, if any |
| City State Zip | Street address of business |
| Daytime Telephone Number | City State Zip |
| Alternate Telephone Number(s) | Business Telephone Number |
| Relationship to deceased | Additional Telephone Number(s) |
| E-mail address of Person filing complaint, if any | |

| | |
|---|------------------|
| Name of decedent: | Date of death: |
| Name of Contact with whom arrangements were made: | Date of service: |

Complaint: Explain the nature of your complaint as clearly as possible on the back of this form. Use additional pages as necessary for a full explanation. If available, please enclose copies of any documents involved (contracts, bills received, correspondence, agreements, certificate of death, etc.) and names/telephone numbers of any witnesses.

