

## **Texas Funeral Service Commission Complaint Form Instructions**

Please read the following instructions prior to completing the complaint form.

### **COMPLAINT FORM**

**PERSON REGISTERING COMPLAINT:** Please type or legibly print your name, address, phone number(s) and email address.

**COMPLAINT REGISTERED AGAINST:** Please type or legibly print the name, address, name of business and phone numbers of the person or establishment whom you are filing the complaint against. If you are filing a complaint against more than one individual, please list the names, addresses and phone numbers on a separate sheet.

**SUPPORTING DOCUMENTATION:** Supporting documentation allows the Commission to fully investigate your complaint. Please enclose copies of documents which support the complaint. Do not include original documents as all documents submitted become the property of the Commission and cannot be returned. Additional documents may be requested.

**DETAILS OF COMPLAINT:** State in simple, narrative language why you think the establishment/person violated funeral service laws. You do not need to cite a specific law or agency law. Please be as specific as possible when providing dates, places, or additional details. Your complaint should include “who, what, when, where, why and how.” You may attach additional pages if necessary. Please number and initial all pages of your narrative in the lower right hand corner.

### **MAILING INSTRUCTIONS**

Please keep a copy of your completed **COMPLAINT FORM** and the originals of any documentation included.

#### **Mail Your Completed Form To:**

Texas Funeral Service Commission  
1801 Congress, Suite 11-800  
Austin, Texas 78701

#### **OR**

#### **Email Your Completed Form To:**

[compliance@tfsc.texas.gov](mailto:compliance@tfsc.texas.gov)

### **CONCURRENT JURISDICTION**

Along with the TFSC, the Texas Department of Banking (TDB) and the Texas Department of Insurance (TDI) have jurisdiction over the death care industry. TDB regulates the trust funded prepaid funeral industry and perpetual care cemeteries. TDI regulates insurance and annuity contracts that fund prepaid contracts.

When a complaint is received by the TFSC, it is reviewed to determine which agency has jurisdiction and forwarded to the appropriate agency for enforcement if necessary.



## CONSUMER COMPLAINT FORM

Please provide as much of the information requested as possible. You may attach additional pages as necessary. Copies of any photographs, letters, contracts, or other documents pertinent to your complaint should also be enclosed.

Please TYPE or PRINT clearly.

### Person Registering Complaint

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Complaint Registered Against

Establishment \_\_\_\_\_

Individual \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

**Please Mail or Email Completed Form to:**

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1801 Congress Ave, 11-800  
Austin, TX 78701  
[compliance@tfsc.texas.gov](mailto:compliance@tfsc.texas.gov)

**Allegations and Comments**

Date(s) Problem/Transaction Occurred \_\_\_\_\_  
\_\_\_\_\_

Please describe your complaint in detail (attach additional sheets if necessary).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you discussed your complaint with the establishment? Yes  No  If yes, when?  
\_\_\_\_\_

What was the response? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you filed your complaint with any other state agency or a law enforcement agency or have you consulted with an attorney? Yes  No   
If yes, what agency or attorney?  
\_\_\_\_\_

What action did agency or attorney take? Include case number, if applicable.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the names, addresses and telephone numbers of any witnesses to the alleged act(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge, the above statements are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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