

ILLINOIS CEMETERY CONSUMER ADVOCATE COMMITTEE

COMPLAINT AND INQUIRY FORM

Illinois Cemetery and Funeral Home Association

•	Person Making Complaint/Inquiry:	2.	CEMETERY, FUNERAL HOME, OR CREMATORY INVOLVED
	Name	_	Name
	Address	_	Address
	City, State, Zip	_	City, State, Zip
	Phone Number E-mail	_	Phone Number
	HAVE YOU BEEN IN CONTACT WITH THE CEMETERY/CEMET	ERY MANAGER DIF	RECTLY REGARDING THIS MATTER? YES NO
	try to be specific about such things as approp of the problem. Also, please indicate if you sp or crematory. Your complaint or inquiry will be such as the names of the persons involved. He information is provided. Attach copies of any (contracts, receipts, documentation of phone Pictures are especially useful. (NOTE: Do not ser	ooke to respon e processed, e owever, we wi documents or e calls, etc.) Us	sible officers of the cemetery, funeral home, ven if you do not remember specific details, Il be better able to assist you if this materials that are relevant and helpful. e extra paper if necessary.
	How would your like the complaint/inquiry to k	pe resolved? _	
	How would your like the complaint/inquiry to k	be resolved? _	
	How would your like the complaint/inquiry to b Signature of Person making complaint/inquiry		
		:	Date
	Signature of Person making complaint/inquiry		Date

The ICFHA's Consumer Advocate Committee is an association sponsored consumer assistance committee and association members volunteer their time and experience to answer consumer inquiries and to informally help resolve complaints. Participation in the ICFHA's Consumer Advocate Committee is voluntary for both the consumer and the cemetery, and there is no fee for our assistance. However, we have no power to force the settlement of a complaint.