

Board of Funeral Services

2810-777 Bay Street, Box 117, Toronto, ON M5G 2C8

Website: www.funeralboard.com E-mail: info@funeralboard.com

Tel: (416) 979-5450 Toll Free: (800) 387-4458 Fax: (416) 979-0384

Complaint Form

The Complaints Committee of the Board of Funeral Services reviews and adjudicates complaints pursuant to the *Funeral Directors and Establishments Act*, R.S.O. 1990. However, it attempts to resolve disputes wherever possible and encourages the parties to discuss their concerns before proceeding through the Board's complaint mechanism. If you are unable to resolve the matter, you may complete this form and submit it to the Board of Funeral Services and the matter will be investigated and a written decision will be delivered to the parties involved.

For assistance, please call (416) 979-5450 or Toll Free at 1 (800) 387-4458.

Please complete sections 1 to 11 on this form.	
1	<p>Complainant Mailing Address – person filing the complaint (Signature required on page 4)</p> <p>Last Name _____ First Name _____</p> <p style="margin-left: 40px;"><input type="checkbox"/> Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Mrs.</p> <p>Address _____</p> <p>City/Town _____ Province/State _____</p> <p>Postal/Zip code _____ Country _____</p>
2	<p>Complainant Contact Information – person filing the complaint</p> <p>Daytime phone # _____ Fax Number _____</p> <p>e-mail address _____</p> <p>Preferred method of contact: <input type="checkbox"/> Telephone <input type="checkbox"/> e-mail <input type="checkbox"/> Fax</p>
3	<p>Complaint Against – Service provider (funeral home or transfer service)</p> <p>Name of the Company _____</p> <p>Person you dealt with _____</p> <p>Address _____</p> <p>City/Town _____, Ontario <small>(The Board oversees only Ontario firms.)</small></p>
Details of the Complaint	
4	<p>Name of deceased _____</p> <p>Your Relationship to the deceased _____ Date of death _____</p> <p style="text-align: right;"><small>(mm / dd / year)</small></p>

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8	Have you discussed your concerns with the service provider? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check one.)
9	Have you filed a complaint with any another agency? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check one.) If YES , provide the name of the agency and details of the results of the investigation. Name of the agency: _____ Details of the investigation: _____ _____ _____
10	How did you find out about the Board? <input type="checkbox"/> Service Provider <input type="checkbox"/> Another Service provider <input type="checkbox"/> BOFS Notice <input type="checkbox"/> Phone book <input type="checkbox"/> BOFS web site <input type="checkbox"/> Other _____
11	Permission to share this information – Important Notice The personal information gathered in this form is collected under the authority of the <i>Funeral Directors and Establishments Act</i> , R.S.O. 1990. Any information I provide will only be used for the purposes of investigating, mediating and/or prosecuting the complaint in question and may be shared with other law enforcement agencies as permitted by the laws of Ontario. I understand that the licensee will receive a copy of the complaint. I understand that I will not be placed on any mailing lists. Date _____ Complainant Signature _____ (mm / dd / year)

Please review **About Complaints**. The information sheet outlines the complaint process and the timelines that are generally involved. If you have questions, please contact the Board of Funeral Services at **(416) 979-5450** or **1 (800) 387-4458**.

Please return the form and supporting documentation to:

The Registrar, Board of Funeral Services
2810-777 Bay Street, Box 117
Toronto, ON M5G 2C8

Please retain a copy of the form for your personal records.
Do not send original supporting documentation.