

## ILLINOIS CEMETERY CONSUMER ADVOCATE COMMITTEE COMPLAINT AND INQUIRY FORM

ILLINOIS CEMETERY AND FUNERAL HOME ASSOCIATION

1.	Person Making Complaint/Inquiry:	2.	CEMETERY, FUNERAL HOME, OR CREMATORY INVOLVED:
	Name	-	Name
	Address	-	Address
	City, State, Zip	-	City, State, Zip
	Phone Number	-	Phone Number
	E-mail	-	
3.	HAVE YOU BEEN IN CONTACT WITH THE CEMETERY/CEMETER	Y MANAGER DIR	EECTLY REGARDING THIS MATTER? YES NO
4.	Describe in reasonable detail the nature of your try to be specific about such things as appropria of the problem. Also, please indicate if you spo or crematory. Your complaint or inquiry will be a such as the names of the persons involved. How information is provided. Attach copies of any d (contracts, receipts, documentation of phone of Pictures are especially useful. (NOTE: Do not send	ate dates, the ke to respond processed, evever, we will ocuments or calls, etc.) Us	e names of people involved and the nature sible officers of the cemetery, funeral home, ven if you do not remember specific details, II be better able to assist you if this materials that are relevant and helpful. e extra paper if necessary.
<b>=</b> 5.	How would your like the complaint/inquiry to be	e resolved? _	
ó.	Signature of Person making complaint/inquiry:		
	Signature	<u>.</u> [	Date

- 7. If you have any questions, our telephone number is: 866-758-7731 (fax: 866-758-7732).
- 8. COMPLETE AND RETURN THIS FORM TO: ILLINOIS CEMETERY & FUNERAL HOME ASSOCIATION ATTN: CONSUMER ADVOCATE COMMITTEE 14608 John Humphrey Dr. Orland Park, IL 60430-8643

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.