Reset Form

VERIFIED COMPLAINT REQUESTING RESTITUTION FROM THE PRE-NEED CONSUMER PROTECTION FUND

State Form 46220 (R4 / 11-16)

STATE BOARD OF FUNERAL & CEMETERY SERVICE
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-3031
Fax: (317) 233-4236
E-mail: pla12@pla.in.gov

INSTRUCTIONS:

Include the following:

1. *Copies of cancelled check(s) or other proof of payment*
2. *Copy of Death Certificate*
3. *Copy of the Pre-need Contract*
4. *Copy of At-need Contract with the funeral home that provided final disposition*
5. *Documentation showing that the seller is incapable or has failed to provide the services or merchandise on a pre-need contract*
6. *Documentation concerning efforts to obtain reimbursement from the seller, insurance companies, trustees, escrow agent, or others*
7. *Documentation of amounts recovered from any source in partial payment of the loss*
8. *Proof that the person filing the complaint is a legal representative of the deceased person's estate, unless complaint is filed by a funeral home or cemetery*

The State Board of Funeral and Cemetery Service may grant restitution only after a loss has occurred and the licensee defaults on a contract.

COMPLAINANT INFORMATION

Name of person filing a complaint	Name of deceased

Address *(number and street, city, state, and ZIP code)*

Telephone number	E-mail address
( )	

LICENSEE INFORMATION *(your complaint is against)*

Name of licensee *(individual or business)*	License number *(if available)*

Address *(number and street, city, state, and ZIP code)*

Telephone number	E-mail address *(if available)*
( )	

REASON FOR COMPLAINT

List the goods and/or services the licensee failed to provide pursuant to the contract along with an explanation of why they were unable to fulfill the contract. Use additional paper as needed.

CLAIM FOR RESTITUTION

Amount of restitution requested	Amount paid to the licensee
$	$

Did you attempt to claim restitution from the estate of the licensee, insurance companies, trustee, or escrow agent? ☐ Yes ☐ No
If "Yes", please provide the details.

I hereby certify, under penalties of perjury, that the information contained in this request is accurate and complete to the best of my knowledge and belief.

Signature	Date *(month, day, year)*