



## Cemetery Complaint Form

### Jurisdiction

Ohio Revised Code Chapter 4767 provides the Ohio Cemetery Dispute Resolution Commission with responsibility over registered cemeteries. The cemetery may be operated by a person, church, religious society, established fraternal organization or political subdivision. The Commission is vested with the authority to assist in resolving complaints by the use of informal techniques of mediation, conciliation, and persuasion. The Division of Real Estate & Professional Licensing provides administrative services to the Commission.

If a violation of Ohio cemetery law is believed to have been committed, the Division and the Commission have the authority to make a referral to a prosecutor's office that has jurisdiction over the matter or the Ohio Attorney General's Office for alleged violations of the Ohio Consumer Sales Practices Act.

Neither the Division nor the Commission has authority to award monetary damages or make burial right determinations. Any such action must be initiated in a court of law. Additionally, the Division cannot provide legal advice or opinions. If legal advice is desired, please consult with an attorney.

### Filing A Complaint

**The Division requires all complaints be filed in written form and signed by the complainant.**

Upon receipt of a complete complaint form, the cemetery section reviews the matter to determine if it falls within the Division's jurisdiction. For such jurisdiction to exist, the complaint must concern the conduct of a registered cemetery or a cemetery that is not registered but is required to be registered.

When a case is opened, the Division, within seven days after receiving the complaint, sends written notice to the owner or person responsible for the operation of the cemetery that is the subject of the complaint. A letter acknowledging receipt of the complaint is sent to the complainant within 20 days after receiving the complaint.

Before the Division takes further action, the owner or the person responsible for the operation of the cemetery has 30 days to respond to the complaint. Any response or offer to resolve the complaint submitted by the cemetery owner or operator is forwarded to the complainant for response.

The Cemetery Dispute Resolution Commission hears each complaint within 180 days after filing unless the parties have resolved the complaint prior to the Commission meeting. The Commission, at any time, may dismiss a complaint if it determines there is not good cause shown for the complaint. If the Commission dismisses a complaint, it shall notify the person who filed the complaint within 20 days of reaching its decision and identify the reason why the complaint was dismissed.

Record your complaint on the following form. If accessed online, the form is interactive and you may record your responses directly onto the form. Complete and sign the form, attach copies (not originals) of pertinent documents and mail the package to the Division's office. The Division does not accept electronic filings.

- The online form is interactive. You may type your responses directly onto the form. Otherwise, please print neatly with blue or black ink.
- This form should be used when filing a complaint for dispute resolution regarding the activity, practice, policy, procedure, or law violation of a cemetery.
- Please fill in each field to the best of your knowledge. This will help expedite the process.
- State the facts clearly and briefly. An investigator will follow up with you if any clarification is needed.
- Furnish the full names, addresses and phone numbers of all parties to the complaint, including witnesses.
- Print the form. Sign and date the form at the bottom.  
**Attach copies (not originals) of all pertinent documents** listed above.
- **Mail To:** Division of Real Estate & Professional Licensing, 6606 Tussing Rd PO Box 4008, Reynoldsburg, Ohio 43068.

FOR DIVISION USE ONLY		
Complaint Number	Cemetery Reg. Number	
Owner Number	Township of Cemetery	
Proper Name of Operator		
Address of Operator		
City	State	ZIP Code + 4
<b>NOTE:</b> This complaint will become public record. A copy will be given to the party against whom the complaint is filed. Persons who file complaints will be notified to appear before the Ohio Cemetery Dispute Resolution Commission if the complaint is not resolved. The Commission has no authority to award monetary damages or determine burial rights.		

### Complainant Information

Your Full Name (Identifies You as Complainant)		Email Address		Home Phone	Cell Phone
Home Address					
City	County	State	Zip Code + 4		
Business Name			Business Phone	Fax Number	
Business Address					
City	County	State	Zip Code + 4		

### Respondent Information (Against Whom This Complaint Is Being Filed)

Cemetery Owner/Operator Full Name (Identifies Respondent)		Email Address		Business Phone	Cell Phone
Cemetery Name					Fax Number
Cemetery Address				Township of Cemetery	
City	County	State	ZIP Code + 4		
Cemetery Mailing Address (Line 1) If Different from Above Address					Business Phone
Cemetery Mailing Address (Line 2)					Business Fax
City	County	State	ZIP Code + 4		

### Name(S) Of Any Cemetery Employee(S) With Whom You Have Dealt

Employee 1	Employee 2	Employee 3
Employee 4	Employee 5	Employee 6

**NOTICE:** Section 2921.13 of the Ohio Revised Code makes the providing of a false statement to a government official or public agency subject to criminal sanctions.

### Complaint

Have you included any documents pertaining to the complaint? ☐ **Yes** ☐ **No**

Are you an owner of grave spaces, mausoleums, crypts or niches in the cemetery? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (If Yes, complete the adjacent fields)	<b>Description of Space</b>	<b>Date of Acquisition</b>
Have you consulted an attorney regarding your complaint? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (If yes, complete the adjacent fields)	Attorney Name	
	Attorney Address	
	City	State
		Phone Number (    )
		Fax Number (    )
		ZIP Code + 4
Have any claims been filed in a court of law? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (If Yes, complete the adjacent fields)	Name of Court (e.g. Franklin County)	Name of Case
	Docket Number	

### Prior Notification

Have you previously notified the respondent of your complaint? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	If yes, in what form was your notification? <input type="checkbox"/> <b>Oral</b> <input type="checkbox"/> <b>Written</b> (If written, include a copy)
Did you receive a response? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	If yes, in what form was the response? <input type="checkbox"/> <b>Oral</b> <input type="checkbox"/> <b>Written</b> (If written, include a copy)
If response was oral, what was the response?	

### Description of Complaint

In the form of a brief statement, give the details of your complaint. Be factual and complete. Attach additional sheets if necessary.

**What would you consider a reasonable resolution to your complaint?**

### Affirmation

<b>I affirm that the information provided within, and attached hereto, this complaint is complete and accurate.</b>	Signature of Complainant	Date
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