**OFFICE OF CEMETERY OVERSIGHT-COMPLAINT FORM**

1. You are encouraged to attempt to resolve your complaint directly with the cemetery or individual before contacting the Office of Cemetery Oversight. Please do so before filing this complaint.
2. Print, complete and sign this form. Email the completed form to: [DLOPLCemeteryOversight-LABOR@maryland.gov](mailto:DLOPLCemeteryOversight-LABOR@maryland.gov)DLOPLCemeteryOversight-LABOR@maryland.gov, or mail to:

**Office of Cemetery Oversight**

**1100 N. Eutaw Street, Room 121**

**Baltimore, Maryland 21201**

Attach copies of any supporting documents (i.e. certificates for right of interment, deeds, contracts, bills, receipts, correspondence, photographs, etc.) Do not mail original documents.

1. If you need additional space to complete a section of this form, attach a separate sheet of paper.
2. Please type or print clearly.

**PLEASE BE ADVISED THAT BY FILING THIS COMPLAINT IT MAY BE NECESSARY FOR YOU TO APPEAR AT A FORMAL HEARING BEFORE THE OFFICE OF CEMETERY OVERSIGHT, OFFICE OF ADMINISTRATIVE HEARINGS AND/OR A COURT.**

**1. Complaint Information**

Name

Last First M.I.

Address

Street/ P.O. Box

City/State/Zip

Email address

Phone ( ) ( ) ( )

Home Work Mobile

Deceased Date of Death Relationship

Name mm/yyyy

**2. Subject of Complaint**

Name of Business Type of Business

Address of Cemetery, Burial Goods, or Service Provider

Name of Sales Person/Counselor Phone Number

**3. Type of Purchase**

Check all that apply:

[ ] Ground Burial [ ] Mausoleum [ ] Caskets/Urns

[ ] Vaults/Liners [ ] Memorials [ ] Opening/Closing

**4. Please Indicate the Nature of your Complaint by checking the appropriate box(s).**

[ ] Contract Terms [ ] Maintenance [ ] Employee Service

[ ] Performance [ ] Sales Practice [ ] Burial Location

[ ] Fees Charged [ ] Services [ ] Record Keeping

[ ] Record Keeping [ ] Merchandise [ ] Other

**5. Details of Complaint**

Please type or print a detailed but concise explanation of your complaint in the order in which events occurred. Attach a separate sheet of paper if necessary. Indicate important dates, locations of interment space(s) (graves), name(s) of owner(s), purchaser(s) and other important information relevant to your complaint.

**6. Preferred Resolution**

**7. Affirmation and Signature**

**Please read the following statement carefully, then sign and date below.**

I understand that the Office of Cemetery Oversight will make every effort within its power to investigate, address, mediate or resolve my complaint or concern. I also understand that the Office of Cemetery Oversight is a regulatory office whose mission is to enforce the laws and regulations involving cemeteries and burial goods / services businesses operating under the registration of the office in the state of Maryland. As such, I understand that the ability of the office to help and intervene is defined and limited by the existing Maryland statues pertaining to these businesses. I understand that the office does not function or serve as my legal representative. I further understand that the office may not be successful in achieving a satisfactory resolution to my complaint within the limitations stated above and that I am free at any time to seek legal counsel by contacting a private attorney for advice regarding questions of law which are addressed or not addressed by the statutes and regulations governing this office.

I also understand that I may have available to me other choices of redress including but not limited to small claims court, civil lawsuit or private mediation/arbitration.

I understand that in order to fulfill its mission the office may have to hold hearings before the Director of the Office of Cemetery Oversight, the Office of Administrative Hearings and / or in Court and that I may be called upon as a witness to these proceedings.

I submit the foregoing information which is true to the best of my knowledge, information and belief.

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**Complainant Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Internal Use Only**

Receipt Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Closing Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complainant’s Printed Name**

FORM: LABOR/OCO-200 1-30-2023