



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
UNIFORM COMPLAINT

OFFICE OF ENDOWED CARE CEMETERIES
 PO BOX 1335 JEFFERSON CITY, MO 65102
 TELEPHONE (573) 751-0849
 FAX (573) 751-1155
 TDD 800-735-2966

Section 575.060 – False Declarations. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a Class B misdemeanor. PLEASE TYPE OR PRINT IN BLACK INK

INFORMATION ABOUT YOU

YOUR NAME	TELEPHONE (DAYTIME)	CELL	TELEPHONE (EVENING)
ADDRESS (STREET, CITY, STATE, ZIP)			YOUR OCCUPATION
PREFERRED CONTACT	TELEPHONE	CELL	EMAIL

INFORMATION ABOUT LICENSEE OR PERSON PRACTICING WITHOUT A LICENSE

PERSON NAME AND/OR COMPANY		TELEPHONE	
ADDRESS (STREET, CITY, STATE, ZIP)		PROFESSION	LICENSE NO. (IF KNOWN)
HAVE YOU CONTACTED LICENSEE OR UNLICENSED INDIVIDUAL ABOUT YOUR COMPLAINT? IF YES, DATE _____ YES <input type="checkbox"/> NO <input type="checkbox"/> HAVE YOU HAD A PROFESSIONAL OR SOCIAL RELATIONSHIP WITH THE PERSON YOU ARE FILING THE COMPLAINT AGAINST? IF SO, PLEASE EXPLAIN _____ YES <input type="checkbox"/> NO <input type="checkbox"/>		HAVE YOU CONTACTED AN ATTORNEY? <input type="checkbox"/> YES <input type="checkbox"/> NO HAS A LAWSUIT BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO IT MAY BE NECESSARY FOR YOU TO TESTIFY AT A HEARING. ARE YOU WILLING TO TESTIFY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ALL PERTINENT DOCUMENTS NEED TO BE ATTACHED			
NAME OF YOUR PRIVATE ATTORNEY (IF APPLICABLE)		TELEPHONE	
ADDRESS (STREET, CITY, STATE, ZIP)			

WITNESS: IF WITNESSES ARE LISTED, PLEASE PROVIDE CONTACT INFORMATION

NAME	ADDRESS AND TELEPHONE NUMBER

DETAILS OF COMPLAINT

GIVE FULL DETAILS OF YOUR COMPLAINT. Be specific. What happened? When? **USE BLACK INK.** Type or print legibly. Use additional sheets if necessary. Please attach all pertinent documents regarding this complaint.

Check here if you have included additional sheets or other materials.

NOTICE: All complaints must be signed. Such signature also authorizes the Board/ Committee/Commission to release a copy of the complaint to the licensee who is the subject of the complaint.

SIGNATURE



DATE