



ETHICS COMPLAINT FORM

Please use a separate form for each complaint or comment

PERSON FILING COMPLAINT (COMPLAINANT):			COMPLAINT FILED AGAINST (RESPONDENT):		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
PHONE		ALTERNATE PHONE	PHONE		
NAME OF DECEDENT:			DATE OF FUNERAL:		
NAME OF PERSON WHO MADE THE FUNERAL ARRANGEMENTS:			NAME OF FUNERAL DIRECTOR(S) INVOLVED:		
PHONE # OF PERSON WHO MADE THE FUNERAL ARRANGEMENTS:					

PLEASE INDICATE WHICH SECTION(S) OF THE NYSFDA CODE OF ETHICS YOU BELIEVE HAS BEEN VIOLATED:

- 1 — Obligations to the Family
- 2 — Obligations for the Care of the Decedent
- 3 — Obligations to the Public
- 4 — Obligations to the Government
- 5 — Obligations to NYSFDA

A complete listing of the NYSFDA Code of Ethics available at www.nysfda.org

BRIEFLY DESCRIBE YOUR COMPLAINT (BE SPECIFIC—WHO, WHAT, WHEN, WHERE, HOW): Use additional paper if needed

BRIEFLY EXPLAIN THE RELIEF SOUGHT TO SATISFY YOUR COMPLAINT:

Please attach copies of any related documents (contracts, bills received, correspondence, invoices, itemizations, etc.)

SIGNATURE	DATE
-----------	------