

**The Nova Scotia Board of Registration of Embalmers and Funeral Directors**

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**COMPLAINT FORM**

**Section A. Licensee Information:**

Name (funeral director or embalmer):

Name of Employer (Funeral Home):

Address:

City: Province: Postal Code:

Tel number: Cell number: Email address:

**Section B. Complainant Information:**

Name of complainant:

Mailing address:

City: Province: Postal Code:

Home Address:

City: Province: Postal Code:

Telephone number: Cell number: Email address:

**Section C. Nature of Complaint: (Please describe the nature of the complaint and attach a copy to this form)**

**Please include copies of any documentation related to your complaint, such as copies of statements or invoices.**

**Section E. Complainants Permission Granted:**

Do you as the complainant, give the NSBREFD permission to forward your complaint to the funeral home or funeral director in question? In doing so it will alleviate the timeline for waiting for permission to act on the complaint. Please Check Appropriate Box:

Yes  No

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_