

The Nova Scotia Board of Registration of Embalmers and Funeral Directors
2165 Highway 206, PO Box 373,
Arichat, NS B0E 1A0

Tel: (902) 226-0770 Fax: (902) 226-3016
Email: ns.board@ns.aliantzinc.ca web: www.nsbrefd.com

**COMPLAINT
FORM**

Section A. Licensee Information:

Name:

Name of Employer:

Address:

City:

Province:

Postal Code:

Tel number:

Cell number:

Fax number:

Email address:

Section B. Complainant Information:

Name:

Mailing address:

City:

Province:

Postal Code:

Home Address:

City:

Province:

Postal Code:

Telephone number:

Cell number:

Fax number:

Email address:

Section C. Nature of Complaint:

(Please describe the nature of the complaint and attach a copy to this form.)

Section D. Instructions:

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