



## CODE OF PROFESSIONAL CONDUCT COMPLAINT FORM

Any individual aggrieved by an action or omission of an Indiana Funeral Directors Association (IFDA) member that violates the IFDA Constitution, Bylaws or Code of Professional Conduct may file a complaint with IFDA. Complaints must be brought within one year after the date the alleged violation occurs, or the date on which, through reasonable diligence, the complainant should have become aware of the alleged violation, whichever is later.

**To initiate a formal investigation, this form must be filled out completely, typed or printed clearly, signed and mailed with copies of any supporting documentation to:**

Chairperson, Ethics Committee  
Indiana Funeral Directors Association  
1305 West 96<sup>th</sup> Street, Suite A  
Indianapolis, IN 46260

### STATEMENT OF COMPLAINT

#### **A. Professional Information – (The firm and/or person this complaint is about)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### **B. Complainant Information – (The individual filing the complaint)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Complainant's Relationship to Deceased: \_\_\_\_\_

**C. Witnesses with factual knowledge of this complaint, if any:**

**First Witness**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Second Witness**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Attach additional sheets of paper, if necessary, to provide information on all witnesses with factual knowledge pertaining to the complaint.**

**D. Describe your complaint in detail below. Include dates and the names of all parties present during conversations and/or events pertaining to your complaint. Attach additional sheets of paper, if necessary.**

**Date of Event:** \_\_\_\_\_

**Date I became aware of event (if different than date above):** \_\_\_\_\_

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**RELIEF SOUGHT**

**A. How would you like your complaint resolved?**

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**B. Have you attempted to resolve your complaint with the service provider? If so, explain what happened. If not, why not?**

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**C. Have you filed this complaint with any other organization or agencies? If so, list the name of the organization or agency, date filed and the status of your complaint.**

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## **WHAT HAPPENS AFTER THE COMPLAINT IS FILED**

The Chairperson of the IFDA Ethics Committee will determine whether complaint fact finding is within the jurisdiction of the Committee. You will receive a written acknowledgement from the Chairperson, stating whether or not the complaint has been accepted. In the event a complaint is not accepted, you will be informed of the reasons the Committee will not accept jurisdiction (such as, the complaint is directed at a firm or an individual who is not a member of IFDA), and information on other avenues you can pursue to resolve the issues at hand. You will also receive a copy of the IFDA Code of Ethics Enforcement Procedures, detailing what will happen after you file the complaint, and a notice of your right to appeal the Chairperson's decision regarding jurisdiction.

If the Ethics Committee has jurisdiction over the complaint, the IFDA member against whom the complaint is filed will be contacted and furnished with a copy of the complaint and any relevant documentary evidence provided with the complaint. The complaint will be investigated, attempts will be made to resolve the complaint, a formal hearing will be conducted if necessary, and disciplinary measures will be taken if warranted, all in accordance with IFDA's Code of Ethics Enforcement Procedures.

IFDA will not disclose your complaint to the public unless the complaint results in a finding of a violation and the imposition of disciplinary measures, which are to be publicly disclosed under specific provisions outlined in Sections 9 and 11 of IFDA's Code of Ethics Enforcement Procedures.

Contact IFDA at 1-800-458-0746 if you have questions or require assistance with any funeral service issues involving any funeral service provider. Chances are, we can help. Questions about specific provisions of IFDA's Constitution, Bylaws or Code of Ethics may be referred to IFDA's Executive Director. Questions about the status of a complaint on file with IFDA may be referred to the Ethics Committee Chairperson.

## **COMPLAINANT STATEMENT**

I understand that a copy of this complaint, and any supporting documentation attached to this complaint, will be sent to the individual and/or firm named in the complaint.

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**Signature of Individual Filing Complaint**

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**Date**