



**Michael Watson**  
SECRETARY OF STATE

## **PRE-NEED COMPLAINT FORM**

*DIRECTIONS: The information you provide on this form is valuable to the Division's investigation of your complaint. Please furnish specific and detailed information, answer all questions that are applicable to your situation, and be clear and concise in your answers. Failure to provide complete information may delay the processing of your complaint.*

### **COMPLAINT INFORMATION**

Full Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ County \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Work Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Home Phone \_\_\_\_\_

### **FACTS AND CIRCUMSTANCES**

1. Against what establishment are you filing this complaint (name, address, and telephone number)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If applicable, against whom are you filing this complaint (full name of individual, address, and telephone number)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. When and where was the contract entered into?

\_\_\_\_\_  
\_\_\_\_\_

4. Was the above establishment and/or agent(s) registered with the Secretary of State's Office? If yes, was the certificate shown for verification?

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5. Was the contract funded by trust or insurance?

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6. Was any money invested? If so, how much?

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7. Did the establishment refund any money? If so, how much?

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8. Did the contract contain a revocation clause?

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9. What made you decide to use the above establishment and/or agent?

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10. Specifically, describe your complaint.

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11. Keeping in mind that the Division cannot recover money on your behalf, how would you like your complaint to be resolved? Please be specific.

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12. Describe any contacts you have had with the establishment and/or agent concerning your complaint. Please forward copies of any correspondence and other documents between you and the establishment and/or agent.

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13. Have you contacted any other agency regarding your complaint? If so, please furnish the name of the agency, when filed, and status if known.

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14. Have you contacted a private attorney about this matter? If so, please include the attorney's name, address, and telephone number.

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15. If you are aware of anyone else who has had a similar complaint, please provide names and addresses.

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**OTHER INFORMATION**

Documentary evidence is especially important. Please forward copies, not originals, of the front and back of your canceled checks, contract, insurance policy(ies), correspondence, and any other written materials pertaining to your complaint. If you need more space, please feel free to attach additional pages. Return your documents and completed complaint form to:

**Regulation & Enforcement Division**

Mississippi Secretary of State

Post Office Box 136

Jackson, Mississippi 39205-0136

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Signature

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Date