



Department of Commerce

Division of Real Estate & Professional Licensing

John R. Kasich, Governor
Andre T. Porter, Director

77 South High Street, 20th Floor
Columbus, Ohio 43215-6133

Please visit our website at
www.com.ohio.gov/real

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Ohio Revised Code Chapter 4767 provides the Ohio Cemetery Dispute Resolution Commission with responsibility over registered cemeteries. The cemetery may be operated by a person, church, religious society, established fraternal organization, or political subdivision. The Commission is vested with the authority to assist in resolving complaints by the use of informal techniques of mediation, conciliation, and persuasion. The Division of Real Estate and Professional Licensing provides administrative services to the Commission.

If a violation of Ohio cemetery law is believed to have been committed, the Division and the Commission have the authority to make a referral to a prosecutor's office that has jurisdiction over the matter or the Ohio Attorney General's Office for alleged violations of the Ohio Consumer Sales Practices Act.

Neither the Division nor the Commission has authority to award monetary damages or make burial right determinations. Any such action must be initiated in a court of law. Additionally, the Division cannot provide legal advice or opinions. If legal advice is desired, please consult with an attorney.

FILING A COMPLAINT

The Division requires all complaints be filed in written form and signed by the complainant. Upon receipt of a complete complaint form, the cemetery section reviews the matter to determine if it falls within the Division's jurisdiction. For such jurisdiction to exist, the complaint must concern the conduct of a registered cemetery.

When a case is opened, the Division, within seven days after receiving the complaint, sends written notice to the owner or person responsible for the operation of the cemetery that is the subject of the complaint. A letter acknowledging receipt of the complaint is sent to the complainant within twenty days after receiving the complaint.

Before the Division takes further action, the owner or the person responsible for the operation of the cemetery has thirty days to respond to the complaint. Any response or offer to resolve the complaint submitted by the cemetery owner or operator is forwarded to the complainant for response.

The Cemetery Dispute Resolution Commission hears each complaint within one hundred eighty days after filing unless the parties have resolved the complaint prior to the Commission meeting. The Commission, at any time, may dismiss a complaint if it determines there is not good cause shown for the complaint. If the Commission dismisses a complaint, it shall notify the person who filed the complaint within twenty days of reaching its decision and identify the reason why the complaint was dismissed.

Record your complaint on the following form. If accessed online the form is interactive and you may record your responses directly onto the form. Complete and sign the form, attach copies (not originals) of pertinent documents, and mail the package to the Division's office. The Division does not accept electronic filings.

CEMETERY

COMPLAINT FORM

- The online form is interactive. You may type your responses directly onto the form. Otherwise please print neatly with blue or black ink.
- This form should be used when filing a complaint for dispute resolution regarding the activity, practice, policy, procedure, or law violation of a cemetery.
- Please fill in each field to the best of your knowledge. This will help expedite the process.
- State the facts clearly and briefly. An investigator will follow-up with you if any clarification is needed.
- Furnish the full names, addresses and phone numbers of all parties to the complaint, including witnesses.
- Print the form. Sign and date the form at the bottom. **Attach copies (not originals) of all pertinent documents** listed above.
- **Mail To:** Division of Real Estate & Professional Licensing, 77 S. High Street, 20th Floor, Columbus, OH 43215.

FOR DIVISION USE ONLY		
COMPLAINT NUMBER	CEMETERY REG. NUMBER	
OWNER NUMBER	TOWNSHIP OF CEMETERY	
PROPER NAME OF OPERATOR		
ADDRESS OF OPERATOR		
CITY	STATE	ZIP CODE + 4
<p>NOTE: This complaint will become public record. A copy will be given to the party against whom the complaint is filed. Persons who file complaints will be notified to appear before the Ohio Cemetery Dispute Resolution Commission if the complaint is not resolved. The Commission has no authority to award monetary damages or determine burial rights.</p>		

COMPLAINANT INFORMATION

YOUR FULL NAME (identifies you as Complainant)		EMAIL ADDRESS	HOME PHONE ()	CELL PHONE ()
HOME ADDRESS				
CITY	COUNTY	STATE	ZIP CODE + 4	
BUSINESS NAME			BUSINESS PHONE ()	FAX NUMBER ()
BUSINESS ADDRESS				
CITY	COUNTY	STATE	ZIP CODE + 4	

RESPONDENT INFORMATION (against whom this complaint is being filed)

CEMETERY OWNER/OPERATOR FULL NAME (identifies respondent)		EMAIL ADDRESS	BUSINESS PHONE ()	CELL PHONE ()
CEMETERY NAME				FAX NUMBER ()
CEMETERY ADDRESS			TOWNSHIP OF CEMETERY	
CITY	COUNTY	STATE	ZIP CODE + 4	
CEMETERY MAILING ADDRESS (line 1) if different from above address				BUSINESS PHONE ()
CEMETERY MAILING ADDRESS (line 2)				BUSINESS FAX ()
CITY	COUNTY	STATE	ZIP CODE + 4	

NAME(S) OF ANY CEMETERY EMPLOYEE(S) WITH WHOM YOU HAVE DEALT

EMPLOYEE 1	EMPLOYEE 2	EMPLOYEE 3
EMPLOYEE 4	EMPLOYEE 5	EMPLOYEE 6

NOTICE: Section 2921.13 of the Revised Code makes the providing of a false statement to a government official or public agency subject to criminal sanctions.

COMPLAINT

HAVE YOU INCLUDED ANY DOCUMENTS PERTAINING TO THE COMPLAINT?

YES NO

ARE YOU AN OWNER OF GRAVE SPACES, MAUSOLEUMS, CRYPTS OR NITCHES IN THE CEMETERY? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, complete the adjacent fields)	DESCRIPTION OF SPACE		DATE OF ACQUISITION	
HAVE YOU CONSULTED AN ATTORNEY REGARDING YOUR COMPLAINT? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, complete the adjacent fields)	ATTORNEY NAME		PHONE NUMBER ()	
	ATTORNEY ADDRESS		FAX NUMBER ()	
	CITY	STATE	ZIP CODE + 4	
HAVE ANY CLAIMS BEEN FILED IN A COURT OF LAW? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, complete the adjacent fields)	NAME OF COURT (e.g. Franklin County Court of Common Pleas)	NAME OF CASE	DOCKET NUMBER	

PRIOR NOTIFICATION

HAVE YOU PREVIOUSLY NOTIFIED THE RESPONDENT OF YOUR COMPLAINT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, IN WHAT FORM WAS YOUR NOTIFICATION? <input type="checkbox"/> ORAL <input type="checkbox"/> WRITTEN (if written, include a copy)
DID YOU RECEIVE A RESPONSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, IN WHAT FORM WAS THE RESPONSE? <input type="checkbox"/> ORAL <input type="checkbox"/> WRITTEN (if written, include a copy)
IF RESPONSE WAS ORAL, WHAT WAS THE RESPONSE?	

DESCRIPTION OF COMPLAINT

IN THE FORM OF A BRIEF STATEMENT, GIVE THE DETAILS OF YOUR COMPLAINT. BE FACTUAL AND COMPLETE. ATTACH ADDITIONAL SHEETS IF NECESSARY.

What would you consider a reasonable resolution to your complaint?

AFFIRMATION

I AFFIRM THAT THE INFORMATION PROVIDED WITHIN, AND ATTACHED HERETO, THIS COMPLAINT IS COMPLETE AND ACCURATE.	SIGNATURE OF COMPLAINANT	DATE
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