

# Mortuary Science

## COMPLAINT FORM

### Tennessee Warning

MINNESOTA GOVERNMENT DATA PRACTICES ACT NOTICE: The Mortuary Science Section in the Minnesota department of Health (MDH) is asking for information (data) about your complaint. The data you provide is voluntary. MDH will use the data to investigate your complaint. According to the Government Data Practices Act, information gathered during the investigation is confidential. By completing and signing this document, you authorize MDH, its agents, or agents of the Attorney General's office representing MDH to disclose the data to whom they reasonably believe need to know. MDH may use the data in legal proceedings. After the investigation is closed, MDH classifies the investigative data as private data pursuant to [Minnesota Statute 13.41](#). Orders for hearing and specification of a final disciplinary action are public data pursuant to Minnesota Statute 13.41.

To file a complaint with the Mortuary Science Section, please fill out the information on this form and return to the address below.

Minnesota Department of Health  
Mortuary Science Section  
P.O. Box 64882  
St. Paul, Minnesota 55164-0882

On the attached pages, describe in detail the reason for your complaint. You may use additional pages if necessary.

### Your Information

Last Name		First Name	Middle	
Mailing Address		City	State	Zip
Phone Number		Email		

### Name of Name/Establishment You are Reporting

Type of Complaint

- |                                       |                                       |                                |
|---------------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Funeral Home | <input type="checkbox"/> Licensee     | <input type="checkbox"/> Other |
| <input type="checkbox"/> Crematory    | <input type="checkbox"/> Intern       |                                |
| <input type="checkbox"/> Cemetery     | <input type="checkbox"/> Staff Member |                                |

Name				
Mailing Address		City	State	Zip
Phone Number				





