

STATE OF NEBRASKA

DEPARTMENT OF INSURANCE
Bruce R. Ramage
Director

PRE-NEED DIVISION

COMPLAINT QUESTIONNAIRE



Pete Ricketts
Governor

Complaint was made by: _____
(Please print your name)

Complainant's Address: _____
(Street Address) (City) (State) (Zip Code)

Home Telephone Number: _____ Work Telephone: _____

Complaint is directed against: _____
(Pre-Need Establishment's Name)

Trustee for the Pre-Need Trust: _____
(Financial Establishment holding the Pre-Need trust)

Pre-Need Agreement Date: _____ Pre-Need Trust Type: _____
(Irrevocable/Revocable)

Total Agreement Amount: _____ Total amount paid to Seller: _____

Summary of Complaint: _____

(An additional page may be used if necessary)

Date: _____ Signature: _____