

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA PLUMBING COMMISSION

217 W. Missouri Ave., Pierre, SD 57501
Tel. 605.773.3429 Fax: 605.773.5405 dlr.sd.gov/plumbing

CONSUMER COMPLAINT

1. Consumer Data

Your Name:

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Date:

2. Person or Company Complained About

Company:

Representative:

Address:

City:

State:

Zip:

Phone:

3. How Transaction Was Initiated: (Check One)

- I responded to a written ad.
If so, publication
- I responded to a Radio/TV ad.
If so, station
- I received information in the mail.
- I received a telephone call.
- I contacted or went to firm's business.
- Firm first contacted me in person in my home.
- Firm first contacted me in person away from my home.
- Other

4. Where Transaction Took Place (Check One)

- My home
- Telephone
- Firm's place of business
- Mail
- There was no transaction
- Other

5. Date Of Transaction

6. Did You Sign A Contract

7. Product Or Service Received

8. Price **Amount paid to date**

9. How Was The Transaction Financed?

10. Actions Taken To Date (Check Appropriate Responses)

- I have contacted the firm about my complaint.
Person contacted:
Date contacted: Their reaction:

- I have attempted to cancel.
- I have contacted my private attorney. (If so, list attorney's name and address)

- I filed a complaint with another agency. (If so, specify)

11. Summary Of Complaint:

Please describe briefly what you wish to report. Give specific facts in the order they happened with all dates, etc. you can recall. Please attach copies of any papers involved such as advertisements, receipts, contracts, canceled checks, bills, financing papers and other documents related to your complaint. These documents should be photo copies as they will not be returned to you. (Attach an extra sheet if necessary).

12. Who Referred You To This Office?

13. Would You Be Willing To Testify In Court, If Necessary?

The State Plumbing Commission has my permission to send a copy of this complaint to the person or company complained about. I have read the complaint and hereby certify that the information reported is true and correct to the best of my knowledge, information and belief.

Applicant's Signature _____ Date _____