

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
DIVISION OF INSURANCE-SECURITIES REGULATION

124 S. Euclid Ave., 2nd Floor, Pierre, SD 57501
Phone: 605.773.3563 Fax: 605.773.5369 dlr.sd.gov/securities

INVESTOR COMPLAINT

The Director of the Division of Insurance has the authority to investigate alleged violations of South Dakota's Securities Act and take legal action on behalf of the State of South Dakota. This office is prohibited by law from providing legal advice to private parties. To preserve any private legal rights, you may wish to contact a private attorney in addition to contacting our office.

The completed form may be submitted to the Division of Insurance-Securities Division by regular mail to the address shown above or by email to insurance@state.sd.us.

1. Investor Information:

Name: Mr./Mrs./Ms. _____

Business Name (if applicable): _____

Address: _____ County: _____

City _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Age Range: 18-30 31-50 50-Over

If you have talked with someone in our office, please list their name here: _____

2. Complaint Against:

Company: _____

Representative: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Additional #: _____

3. How did you learn about the investment opportunity? (Check one):

- | | |
|---|---|
| <input type="checkbox"/> I responded to a written ad.
Which publication? _____ | <input type="checkbox"/> I received a phone call. |
| <input type="checkbox"/> I responded to a Radio/TV ad.
Which station? _____ | <input type="checkbox"/> Firm first contacted me in person in my home. |
| <input type="checkbox"/> I received information in the mail. | <input type="checkbox"/> Firm first contacted me in person away from my home. |
| <input type="checkbox"/> I contacted or went to firm's business. | <input type="checkbox"/> Other: _____ |

4. Where transaction took place:

- | | |
|---|---|
| <input type="checkbox"/> My home | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> There was no transaction completed |
| <input type="checkbox"/> Firm's place of business | <input type="checkbox"/> Other: _____ |

5. Date of Transaction: _____

6. Did you sign a contract? Yes No

7. Type of Investment: _____

8. Amount paid: _____ Dates of payments: _____

9. How were the payments made? _____

10. Actions taken to date (Check all responses that apply):

I have contacted the firm about my complaint.

Person contacted: _____

Date: _____ Response received: _____

I have attempted to cancel. (Result): _____

I have retained a private attorney. (Provide attorney's name and address): _____

I filed a complaint with another agency. (Please specify): _____

11. Summary of complaint:

Please provide a brief summary of the complaint. Give specific facts in the order they happened with all dates, etc. Please attach copies of any papers involved – such as account statements, prospectuses, advertisements, and other documents related to the complaint. The documents will be returned to you upon request. (Attach additional pages if necessary.)

12. Who referred you to this office? _____

I have read the complaint and hereby certify that the information provided is true and correct to the best of my knowledge, information and belief.

Investor's Signature

Date

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