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):
□ I responded to a written ad. Which publication? ___________________________
□ I responded to a Radio/TV ad. Which station? ___________________________
□ I received information in the mail.
□ I contacted or went to firm’s business.
□ I received a phone call.
□ 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:
□ My home
□ Telephone
□ Firm’s place of business
□ Mail
□ There was no transaction completed
□ 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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