

DIVISION OF INSURANCE

124 E. Euclid Avenue, 2nd Floor, Pierre, SD 57501
Tel: 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. *[To file a complaint for insurance regulation, use the form [here](#). To file a complaint for prescription drug health plan benefits, use the form [here](#).]*

INSTRUCTIONS:

This form is an Adobe Sign form and is designed to be completed online. Supporting documentation and/or attachments can be provided in the designated area of this form.

INVESTOR INFORMATION:

TITLE: Mr. Mrs. Ms. NAME: _____

BUSINESS NAME (if applicable): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE NO.: _____ Home Cell Work/Business

SECONDARY PHONE NO.: _____ Home Cell Work/Business

EMAIL: _____

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

COMPLAINT AGAINST:

COMPANY: _____ REPRESENTATIVE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NO.: _____ ADDITIONAL PHONE NO.: _____

EMAIL: _____

COMPLAINT INFORMATION:

TYPE OF INVESTMENT: _____

How did you learn about the investment opportunity?

- I responded to a written ad. *If selected, which publication?* _____
- I responded to a radio/TV ad. *If selected, which station?* _____
- I received information by mail. *(If available, attach a copy in the Complaint Attachments + Supporting Documents section)*
- I contacted or went to a firm's business.
- I received a phone call.
- Firm initially contacted me in person at my home.
- Firm initially contacted me in person away from my home.
- Other *(Provide more details in the Complaint Summary section)*

Was a transaction completed? Yes No

If yes:

Where did the transaction take place: _____

Date of Transaction *(if applicable)*: _____

Did you sign a contract? Yes No

Amount Paid: _____ Date(s) of Payment: _____

How was the payment made? _____

Provide more details about the transaction in the Complaint Summary and/or Complaint Attachments + Supporting Documents sections.

Action you have taken to date *(check all that apply)*:

- I have contacted the firm about my complaint.

Contact Date: _____ Person Contacted: _____

Response Received: _____

- I have attempted to cancel.

Result: _____

I have retained a private attorney.

Provide attorney's contact information: _____

I have filed a complaint with another agency.

Please specify: _____

Who referred you to the SD Division of Insurance (SDDOI)? _____

COMPLAINT SUMMARY:

Provide a summary of your complaint. Include specific facts in the order they occurred, along with relevant dates. If more space is needed, you may upload additional pages in the Complaint Attachments + Supporting Documents section below.

Please also include copies of any relevant documents—such as account statements, prospectuses, advertisements, or other materials related to the complaint—in the Complaint Attachments + Supporting Documents section.

COMPLAINT ATTACHMENTS + SUPPORTING DOCUMENTS

STATEMENT(S): _____

ATTACHMENT 5: _____

AGREEMENT/CONTRACT: _____

ATTACHMENT 6: _____

RECEIPT(S)/INVOICE(S): _____

ATTACHMENT 7: _____

COMMUNICATION(S): _____

ATTACHMENT 8: _____

ACKNOWLEDGEMENT

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

SIGNATURE: _____

DATE: _____