

## DIVISION OF BANKING

1601 N. Harrison Ave., Suite 1, Pierre, SD  
Tel: 605.5773.3421 Fax: 866.326.7504 banking.sd.gov

### CONSUMER COMPLAINT FORM

The Division of Banking regulates state-chartered banks, state-chartered trust companies and licensed financial institutions such as payday lenders, title lenders, mortgage lenders and mortgage brokers. This office also handles complaints against the businesses that we regulate. If you have been unable to resolve your complaint yourself, complete and submit the form below. All complaints must be submitted as a written complaint.

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Mail or fax this completed complaint form with any attachments to:

**SD Division of Banking**  
**1601 N. Harrison Ave., Suite 1**  
**Pierre, SD 57501**

OR Fax to **866-326-7504**

OR You may also **submit this form electronically** by using the "Send Electronically" button at the end of this form.

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**PLEASE NOTE:**

- We cannot act as a court of law or as a lawyer on your behalf
- We cannot give you legal advice
- We cannot become involved in complaints that are in litigation or have been litigated

### YOUR INFORMATION

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Salutation: Mr. Ms. Mrs.	Other:		
First Name:	Middle Initial:	Last Name:	
Address:			
City:		State:	Zip:
Home Phone:		Alternate Phone:	
Email:			

## ADDITIONAL CONTACT INFORMATION

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If you want us to communicate with someone else, such as a family member, attorney, or other person representing you about this complaint, then please provide your representative's information below. If you list someone else and sign this form, you allow us to communicate with and provide relevant information that is about you to that person.

Name of Representative:		
Relationship:		
Address:		
City:	State:	Zip:
Phone:		

## FINANCIAL INSTITUTION OR COMPANY INFORMATION THAT IS SUBJECT OF THE COMPLAINT

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Name of Financial Institution or Company:			
Address:			
City:	State:	Zip:	
Phone:			
Type of Account(s): Credit Card:		Checking	Mortgage
		Other:	
Have you tried to resolve your complaint with your financial institution or company? Yes      No			
If Yes, When?	How? Phone	Mail	In Person      Other
Contact Name:		Title:	
Have you filed a complaint or contacted another government agency? Yes      No			
If Yes, Agency Name?			

## COMPLAINT INFORMATION

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Describe events in the order in which they occurred, including any names, phone numbers, and a full description of the problem with the amount(s) and date(s) of any transaction(s). You should also include any response from the financial institution or company.

Be as brief and complete as possible to make the explanation clear. Use separate sheet(s) of paper if you need more space.

Please include *COPIES* of documents related to your complaint such as contracts, monthly statements, receipts and correspondence with the bank. *DO NOT SEND ORIGINAL DOCUMENTS.*

Please be advised that the issues described in this complaint will be shared with the financial institution or company in question for their response.

## DESIRED RESOLUTION

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What action by the financial institution or company would resolve this matter to your satisfaction?

By submitting, I verify that the information is true to the best of my knowledge and belief.