

Online Complaint Form

South Dakota Division of Insurance
445 E. Capitol Avenue | Pierre, SD 57501 | 1-605-773-3563

Your Name _____ Date: _____

Address _____

City _____ State _____ Zip _____

Email _____

Daytime Phone _____ Evening Phone _____

Insurance Company _____

Person Insured _____

Type of Insurance

Property/Casualty

Private Auto

Commercial Auto

Fire

Homeowners

Renters

Farm/Ranch Owner

Mobile Homeowner

Workers Compensation

Crop/Hail

Other (please specify) _____

Life and Health

Individual Life

Group Life

Long Term Care

Individual Health

Group Health

Dental

Medicare Supplement

Medicare Part D

Disability

Other (please specify) _____

Policy Number _____

Claim Number _____

Complaint Against: Name _____

Address _____

Telephone _____

If complaint is against agent or adjuster, please include an address and telephone number.

Complaint (continued on next page)

Complaint continued