

# Online Complaint Form

South Dakota Division of Insurance

124 S. Euclid Ave., 2nd Floor | Pierre, SD 57501 | 605.773.3563 | Fax 605.773.5369

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) \_\_\_\_\_

### Purchased Insurance on the Health Care Exchange?

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