

Item L.

SOUTH DAKOTA ONE CALL COMPLAINT FORM

- **1. ACTION REQUESTED BY**

- Complaint filed on behalf of or by*: *

- Contact Person: *

- Phone **Phone** * - ### - ### ####

- Ext:

- Address or PO Box **Address or PO Box** *

Street Address City State / Province /
Region Postal / Zip Code Country

- Fax

- Email *

- Date **Date** * / MM / DD YYYY 
-

***Note if you are filing on behalf of a company, please make sure you have the proper authority to file the complaint**

- **2. ACTION REQUESTED AGAINST**

- Name of excavator / facility operator: *

- Phone **Phone** * - ### - ### ####

- Ext:

- Address **Address** *

Street Address Address Line 2 City
 State / Province / Region Postal / Zip Code
 Country

- Fax

- Email

- Is this party aware of your allegations? *

- Provide detail including whom you spoke with:

- **3. BASIC FACTS**

- Street Address / location of alleged violation: *

- City *

- State

Minimum of 2 characters required. *Currently Entered: 0 characters.*

- Date of alleged violation: **Date of alleged violation: *** / MM / DD

YYYY 

- Time of alleged violation: **Time of alleged violation: *** : HH MM

AM/PM

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- **IMPORTANT: IF A LOCATE TICKET IS TO BE CONSIDERED AS EVIDENCE, A COPY OF THE LOCATE TICKET MUST BE ATTACHED WHEN SUBMITTING THIS FORM.**

- Describe your allegation: *

- Do you believe the alleged violation to be intentional?

- Why or why not?

- **4. EXCAVATION / LOCATE INFORMATION: if applicable**


- **If a locate was requested:**

- **Was a locate requested from SD One Call? ***

Was a locate requested from SD One Call? Yes No NA

- Locate ticket #:


If you selected yes to the previous question you must provide your Locate Ticket Number

- Start date on ticket: **Start date on ticket:** / MM / DD YYYY 
- Start time on ticket: **Start time on ticket:** : HH MM AM AM/PM

- **IMPORTANT: IF A LOCATE TICKET IS TO BE CONSIDERED AS EVIDENCE, A COPY OF THE LOCATE TICKET MUST BE ATTACHED WHEN SUBMITTING THIS FORM.**

- Did the excavator wait until the start date / time on the ticket before commencing excavation? *

- If no or not sure, when did excavation begin (date)? **If no or not sure, when did**

excavation begin (date)? / MM / DD YYYY 

- If no or not sure, when did excavation begin (time)? **If no or not sure, when did**

excavation begin (time)? : HH MM AM AM/PM

- Did the excavator maintain a minimum horizontal clearance of 18 inches between a marked facility and mechanical equipment? *

- Explain

- Were buried facilities exposed by hand or non-invasive equipment prior to excavation? *
- Were facilities marked? *
- Was the marking complete prior to the start time on the ticket? *
- Did the excavator pre-mark with white paint? *
- Was the facility marked accurately (within 18 inches)? *
- Did the excavator use reasonable care to maintain locate marks for the life of project? *
- Type of facility involved:
- Operator of facility (if known):
- Operator address (Street or PO Box): **Operator address (Street or PO Box):**
 Street Address City State / Province / Region Postal / Zip Code Country
- Operator Phone **Operator Phone** - ### - ### ####
- Depth of Cover **←MAKE THIS ENTRY MANDATORY**
- Pressure:
 ←MAKE THIS ENTRY MANDATORY
- Voltage:
 ←MAKE THIS ENTRY MANDATORY
- # of cable pairs:
 ←MAKE THIS ENTRY MANDATORY

- **5. DAMAGES: (Please provide pictures)**

- Was the facility damaged? *

- If yes, provide detail and an estimate of damage:

- Were damages on public right of way or private property?

- Was anyone injured as a result of facility damage? *

- If yes, provide detail:

- Length of hospitalization:

- Were there fatalities? *

- If yes, provide detail:

- Was operator service affected? *

- If yes, provide detail (how many customers for how long):

Was the one-call notification center immediately notified of the damage, dislocation, or disturbance? (MANDATORY ENTRY)

Yes (EITHER YES OR NO MUST BE MARKED)

No

If No, Why not? (MANDATORY ENTRY BOX)

Was the operator of the facility immediately notified of the damage, dislocation, or disturbance? (MANDATORY ENTRY)

Yes (EITHER YES OR NO MUST BE MARKED)

No

If No, Why not? (MANDATORY ENTRY BOX)

Was there an escape of any flammable, toxic, or corrosive gas or liquid?

YES (EITHER YES OR NO MUST BE MARKED)

NO

If YES, Were the authorities notified by calling 911?

Yes (EITHER YES OR NO MUST BE MARKED)

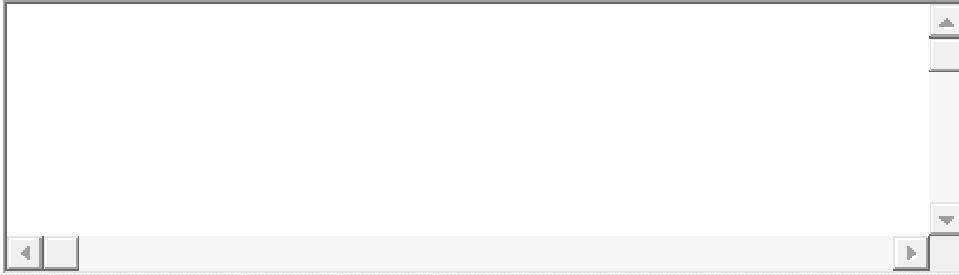
No

IF NO, WHY NOT? (MANDATORY ENTRY BOX)

• **6. STATUTORY VIOLATION (if known):**

- Specific statute(s) or rule(s) you believe were violated:

- Other information to support your position:



- **LOCATE TICKETS, PHOTOS, WITNESS STATEMENTS AND ANY OTHER DOCUMENTATION TO SUPPORT YOUR ARGUMENT MUST BE ATTACHED WHEN SUBMITTING THIS FORM.**

- **Attachment Information**

File names should not include symbols. Example:(\$, &, *, % .) etc.

- Attachment #1

SELECT FILES

- Attachment #2

SELECT FILES

- Attachment #3

SELECT FILES

- Attachment #4

SELECT FILE

- Attachment#5

SELECT FILES

- Attachment #6

SELECT FILES

- Attachment #7

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- Attachment #8

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- Attachment #9

SELECT FILES

- Attachment #10

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- **Form must be completed in its entirety for successful submission.**
 - **YOU MUST CLICK SUBMIT FOR THE COMPLAINT TO BE FILED.**
 - **UPON RECEIPT OF YOUR FILING, A CONFIRMATION NOTICE WILL BE SENT TO YOU VIA EMAIL.**
 - **IF YOU DO NOT RECEIVE THIS NOTICE WITHIN ONE HOUR, CONTACT THE SOUTH DAKOTA ONE CALL EXECUTIVE DIRECTOR BY EMAIL AT exedir@sdonecall.com OR BY CALLING 605-339-0529.**

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Item L.

SOUTH DAKOTA ONE CALL REPLY FORM

- **1. ACTION REQUESTED BY**

- COMPLAINT DOCKET NUMBER: *

- **2. RESPONDENT INFORMATION**

- Reply filed on behalf of (company name): *

- Contact Person: *

- Phone **Phone** * - ### - ### ####

- Ext:

- Address or PO Box **Address or PO Box** *

Street Address City State / Province /
Region Postal / Zip Code Country

- Fax

- Email *

- Date **Date** * / MM / DD YYYY 

- Were you previously aware of these allegations? *

- Provide detail including whom you spoke with:

3. BASIC FACTS

- Do you dispute the alleged violation of SD One Call statute or rule occurred? *

- If yes, what specifically do you dispute?

- Do you dispute the complainant's statements regarding the intentional or unintentional nature of the alleged violation?

- If yes, please explain:

4. EXCAVATION / LOCATE INFORMATION: if applicable

- Was a locate requested from SD One Call? *

- **If a locate was requested, TICKET NUMBER, DATE, AND TIME ARE MANDATORY.**

- Locate ticket #

- Start date on ticket: **Start date on ticket:** / MM / DD YYYY 

- Start time on ticket: **Start time on ticket:** : HH MM AM AM/PM

- **IMPORTANT: IF A LOCATE TICKET IS TO BE CONSIDERED AS EVIDENCE, A COPY OF THE LOCATE TICKET MUST BE ATTACHED WHEN SUBMITTING THIS FORM.**

- Did excavation begin before the start date / time on the ticket? *
- Was a minimum horizontal clearance of 18 inches maintained between a marked facility and mechanical equipment? *
- Were buried facilities exposed by hand or non-invasive equipment prior to excavation? *
- Were facilities marked? *
- Was the marking complete prior to the start time on the ticket? *
- Was the excavation site pre-marked with white paint? *
- Was the facility marked accurately (within 18 inches)? *
- Was there reasonable care to maintain locate marks for the life of project? *
- Did the complainant correctly describe the type of facility involved? *
- If not, provide detail:

- **5. DAMAGES: (Please provide pictures)**

Was the one-call notification center immediately notified of the damage, dislocation, or disturbance? (MANDATORY ENTRY)

Yes (EITHER YES OR NO MUST BE MARKED)

No

If No, Why not? (MANDATORY ENTRY BOX)

Was the operator of the facility immediately notified of the damage, dislocation, or disturbance? (MANDATORY ENTRY)

Yes (EITHER YES OR NO MUST BE MARKED)

No

If No, Why not? (MANDATORY ENTRY BOX)

Was there an escape of any flammable, toxic, or corrosive gas or liquid?

YES (EITHER YES OR NO MUST BE MARKED)

NO

If YES, Were the authorities notified by calling 911?

Yes (EITHER YES OR NO MUST BE MARKED)

No

IF NO, WHY NOT? (MANDATORY ENTRY BOX)

Did the complainant correctly describe the damages that resulted from the alleged violation? *

- If no, provide detail:

- Were damages on public right of way or private property?

- Did complainant correctly describe how operator service was affected? *

- If no, provide detail:

- Was anyone injured as a result of facility damage? *

- If yes, provide detail:

- Length of hospitalization:

- Were there fatalities? *

- If yes, provide detail:

- Other information regarding injuries or damages:

- **6. STATUTORY VIOLATION (if known):**

- Do you believe the statutes listed (if any) by the complainant were violated? *

- Why or why not?

- **7. FUTURE COMPLIANCE:**

- Describe your plans and procedures to ensure compliance with SD One Call statutes and rules:

- **8. PAST VIOLATIONS:**

- Has a complaint been filed against you in the past for SD One Call violations? *

- If yes, when was it filed? **If yes, when was it filed?** / MM / DD

YYYY

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- **9. OTHER INFORMATION:**

- Please provide any additional information to support your position:

- **LOCATE TICKETS, PHOTOS, WITNESS STATEMENTS AND ANY OTHER DOCUMENTATION TO SUPPORT YOUR ARGUMENT MUST BE ATTACHED WHEN SUBMITTING THIS FORM.**

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