

NOTARY PUBLIC COMPLAINT
(Must be typed or legibly printed)

STATE OF _____)

COUNTY OF _____)

As the below named complainant, I have personal knowledge of all the facts hereinafter set forth.

COMPLAINANT'S NAME

TELEPHONE #

STREET ADDRESS

CITY

STATE

ZIP

NOTARY PUBLIC'S NAME

NOTARY'S TELEPHONE # (If known)

NOTARY'S HOME ADDRESS (If known)

CITY

STATE

ZIP

NOTARY'S BUSINESS ADDRESS (If known)

EMPLOYER

CITY

STATE

ZIP

NOTARY'S COMMISSION EXPIRATION DATE
AS SHOWN ON DOCUMENT(S)

DATE(S) ALLEGED IMPROPER ACTS TOOK PLACE

NAMES AND ADDRESS OF WITNESSES (If any):

