

California Secretary of State Notary Public Complaint Form

Notary Public Section PO Box 942877

For Official Use Only		
Date Received:		
Complaint No.:		
Commission No.:		
Commission Exp.:		
File Status:		

Sacramento, California 94277-0001 (916) 653-3595		File Status:		
1. Complainant Information				
A. Your Name:	B. Email Add	B. Email Address:		
C. Phone Number:	D. Mailing Add	D. Mailing Address:		
2. Notary Public Information				
A. Name of Notary Public (required):	B. Notary Pu	blic Address:		
C. Notary Public Commission Number: D. Notary Public Ph	one Number:	E. Notary Public Email Address:		
3. Additional Information				
A. Who is the complaint being submitted on behalf of? Self Other, relationship:				
B. Did the person referenced in Item 3A sign the document(s) that were notarized? No Yes				
C. Did the person referenced in Item 3A appear before the notary public on the date(s) shown on the notary certificate? No Yes				
D. Did the person referenced in Item 3A sign the notary public's official notary journal? No Yes				
E. Does the person referenced in Item 3A personally know the notary public? No Yes				
F. Was the notary public contacted for a journal line-item request for the document(s) in question? No Yes				
G. Has a claim been filed against the notary public's bond in relation to this complaint? No Yes				
H. Has a complaint been filed with any other state agency? No Yes, state agency:				
I. Has the alleged misconduct by the notary public been reported to a law enforcement agency within the county where the act occurred? No Yes, law enforcement agency:				

4. Documentation and Attachments

- Attach a clear copy of the notarized document(s) in question for this complaint, and any additional records which support your complaint (e.g., proof of line-item requests, court orders, receipts, depositions, correspondence, police reports, death certificates).
- Return this complaint form and all supporting documents to the address shown at the top of the page.

5. Signature

I certify that the information in this complaint is true and correct to the best of my knowledge. Additional information set forth in section 6 and/or attached, if any, is incorporated herein by reference and made part of this certification.			
Signature:	Date:		

6. Complaint Details – Who, What, When, Where, Why? (Type, print, or attach a legible statement.)		