

Office of the Governor - Notary Section
The Capitol, Suite 209
Tallahassee, Florida 32399-0001
Telephone: (850) 717-9529 - Fax: (850) 488-9810

For Official Use Only: Date Received _____

COMPLAINT FORM

COMPLAINANT INFORMATION (please print)

Your Name: _____ Telephone: _____
Mailing Address: _____ E-mail: _____

NOTARY PUBLIC INFORMATION (please print)

Notary Name: _____ Commission #: _____
Notary Address: _____ Expiration Date: _____

PRELIMINARY QUESTIONS (please respond)

- | | | |
|--|-----|----|
| 1. Is your signature on the subject document(s) a forgery? | YES | NO |
| 2. Did you personally appear before the Notary to sign or acknowledge your signature on the subject document(s)? | YES | NO |
| 3. Did you personally appear before the Notary on the specific date recorded in the jurat/notarial certificate? | YES | NO |
| 4. Did the Notary notarize the document(s) in your presence? | YES | NO |
| 5. Do you personally know the Notary? | YES | NO |
| 6. Is this Notary's commission currently active? | YES | NO |

[NOTE: To check to see if a Notary's commission is active, you can call the Florida Department of State at 850-245-6945, OR visit their Notary Directory Search at <http://notaries.dos.state.fl.us/not001.html> . **IF A NOTARY'S COMMISSION IS NO LONGER ACTIVE, OUR OFFICE DOES NOT HAVE JURISDICTION.**]

NATURE OF COMPLAINT

Must be typewritten or clearly printed. Specifically describe and provide facts of alleged misconduct, and attach a copy of the improperly notarized document(s). Additional space provided on second page, if needed.

I certify that the information in this complaint is true and correct to the best of my knowledge.

Signature _____ Date _____

