**Office of the Governor – Notary Section**

For Official Use Only:

Date Received

**The Capitol, Suite 209**

**Tallahassee, Florida 32399-0001**

**Telephone: (850) 717-9529 – Fax: (850) 488-9810**

***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 YES NO
signature on the subject document(s)?
3. Did you personally appear before the Notary on the specific date recorded YES NO
in the jurat/notarial certificate?
4. Did the Notary notarize the document(s) in your presence? YES NO
5. Do you personally know the Notary? YES NO

**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

**NATURE OF COMPLAINT (continued)**