STATE OF CALIFORNIA
Secretary of State
Notary Public Section
PO Box 942877
Sacramento, California 94277-0001
(916) 653-3595

For Official Use Only:
Comm Number_____
Comm Expiration_____
County_____

COMPLAINT FORM

COMPLAINANT INFORMATION (please print)

Your Name: _____ Drivers License No.: _____
Residence Address: _____ Residence Telephone: ( )_____
_____
Business Address: _____ Business Telephone: ( )_____
_____

NOTARY PUBLIC INFORMATION (please print)

Name of Notary: _____ Commission No. (if known): _____
Business Address: _____ Business Telephone: ( )_____
_____

NATURE OF COMPLAINT (Please print or attach printed or typed statement-use reverse side if needed)

OTHER QUESTIONS (Please Respond)

1. **Is your signature on the subject document/s a forgery? YES NO**
2. **Did you personally appear before the Notary on the date shown on the notarial acknowledgment? YES NO**
3. **If you appeared before the Notary, did you acknowledge signing the subject document/s? YES NO**
4. **Did you sign the Notary's official notary journal record book? YES NO**
5. **Do you personally know the Notary? YES NO**

IMPORTANT:

1. **Please attach CERTIFIED copies of all questioned documents to this complaint (these may be obtained from the County Recorder's Office).**
2. **Please attach OTHER records which pertain to your complaint (examples-depositions, certified copies of documents, court records).**
3. **Please return this complaint form, the certified copies of questioned documents and the other documents to the address shown at the top of the page.**

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

Signature_____ Date_____

NATURE OF COMPLAINT (continued)