



**MONTANA NOTARY PUBLIC
COMPLAINT FORM**

Individual filing complaint:

Name _____ Phone Number _____
Address _____ City _____ State ____ Zip ____
Email _____

Notary about whom complaint is being made *(Please provide as much information as possible):*

Name _____ Phone Number _____
Address _____ City _____ State ____ Zip ____
Employer _____ Commission Expiration Date: _____

Complete the below information and provide an explanation of the situation resulting in this complaint *(Use additional paper if needed; provide any supporting documents and/or evidence as well):*

Date: _____

Document(s) notarized:

Individuals present, including contact information if known: _____

Situation: _____

SIGNATURE

DATE

Mail completed form and related documents to: SECRETARY OF STATE'S OFFICE, CERTIFICATIONS AND NOTARY SERVICES, PO BOX 202801, 1301 6TH AVENUE, HELENA MT 59620

Certifications and Notary Services will review all complaints filed in writing and contact complainants for additional information and findings.

If you have any questions please visit our website www.sos.mt.gov/notary
Contact us at (406)444-5379 or sosnotary@mt.gov