Michael Watson
SECRETARY OF STATE

NOTARY COMPLAINT FORM

This form is to be completed by individuals wishing to file a formal complaint against a notary public pursuant to the Revised Mississippi Law on Notarial Acts, Miss. Code Ann. § 25-34-1, et seq. The information you provide on this form is valuable to the Division's investigation of your complaint. Please furnish specific and detailed information, answer all questions that are applicable, and be clear and concise in your answers. Failure to provide complete information may delay the processing of your complaint.

The Secretary of State's Office may decline to investigate complaints against notary publics as proscribed in Rule 11.7 of the Notary Rules. Complaints alleging violations of criminal statutes shall be made to the district attorney for the county in which the violation occurred. The Secretary of State's Office does not determine the validity of the notarized document but instead investigates whether the notary public properly acted properly within his or her capacity as a notary public.

SECTION 1: COMPLAINANT INFORMATION

Complainant Name: _____

Mailing Address: _____

City/State: _____ **Zip:** _____

Phone Number: _____ **Email Address:** _____

SECTION 2: NOTARY INFORMATION

Notary Name: _____ **Notary ID (if known):** _____

Business Name (if applicable): _____

Mailing Address: _____

City/State: _____ **Zip:** _____

Phone Number: _____ **Email Address:** _____

SECTION 3: BASIS OF COMPLAINT

Please check all that apply:

☐ Notary public notarized his or her own signature.

☐ Notary public notarized his or her spouse's signature.

☐ Notary public notarized an incomplete or blank document.

☐ Notary public postdated, or predated, a notarial act.

☐ Notary public altered a document after it was notarized.

☐ Notary public made a fraudulent, dishonest, or deceitful misstatement or omission in the application for a notary public commission submitted to the Secretary of State.

☐ Notary public does not maintain a journal as required by Miss. Code Ann. § 25-34-37.

☐ Notary public performed a notarial act within Mississippi when the person was not commissioned as a notary public or was not authorized to perform a notarial act.

☐ Notary public performed a notarial act in another state under the authority of the notary public's Mississippi commission.

☐ Notary public engaged in the unauthorized practice of any regulated profession, including law.

☐ Notary public failed to require an individual making a statement in or executing a signature on a document appear personally.

☐ Notary public failed to personal knowledge or satisfactory evidence of the identity of an individual appearing before the notary public.

☐ Notary public executed a notarial certificate that contained a statement known to the notary public to be false.

☐ Notary public used his or her official stamp for a purpose other than to person a notarial act.

☐ Notary public used another notary public's stamping device to perform a notarial act.

☐ Other (please specify): _____

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SECTION 4: ADDITIONAL INFORMATION

Please provide a detailed description of the events or conduct leading to this complaint. Include names, dates, communications, and any relevant documentation. (Attach additional pages if necessary.)

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SECTION 5: SUPPORTING DOCUMENTS

Please list and attach any supporting documents (a copy of the notarized document, emails, text messages, witness statements, etc.):

1. _____
2. _____
3. _____
4. _____
5. _____

SECTION 6: SIGNATURE AND AFFIRMATION

State of Mississippi

County of _____

Under the penalty of perjury, I hereby certify that I have read the above form and know its contents and the facts stated therein are true and correct to the best of my knowledge and that I believe this complaint complies with the Revised Mississippi Law on Notarial Acts, Miss. Code Ann. § 25-34-1, *et seq.*

Signature: _____ **Printed Name:** _____

SWORN AND SUBSCRIBED BEFORE ME, this the _____ day of _____, 20____.

Notary Public: _____

My Commission Expires: _____

SUBMIT COMPLETED FORM TO:

Mississippi Secretary of State

Regulation and Enforcement Division

P.O. Box 136, Jackson, MS 39205

Phone: (601) 359-9055