



**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.sosmt.gov/notary
Contact us at (406)444-5379 or sosnotary@mt.gov