



## Notary Public Complaint Form

*Upon review, the complainant will be contacted for additional information and findings. Please return the completed form to [sosnotary@mt.gov](mailto:sosnotary@mt.gov).*

Notary:

Phone:

County:

Employer:

Document Type:

Individuals Present:

Date of Notarization:

Details of Occurrence:

I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this document are true.

Signature

Date

Email:

Phone: