



MICHELE REAGAN
Secretary of State

State of Arizona - Office of the Secretary of State
Statement of Complaint Against a Notary

SEND BY MAIL TO:

Secretary of State Michele Reagan, Atten: Notary Division
1700 W. Washington Street, FL. 7, Phoenix, AZ 85007-2808

OR return this report in person:

PHOENIX - State Capitol Executive Tower, TUCSON - Arizona State Complex,
1700 W. Washington Street, 2nd Fl., Room 220 400 W. Congress, 1st Fl., Suite 141
Office Hours: Monday through Friday, 8 a.m. to 5 p.m., except state holidays.

DO NOT WRITE IN THIS SPACE

PLEASE NOTE: In order for the Arizona Secretary of State's Office to initiate an investigation into possible misconduct of an Arizona Notary Public, the complainant must put the grievance in writing.

FOR OFFICE USE ONLY
SOSBSCOMPLAINT REV. 8/201*

INSTRUCTIONS

When to use this form: Use this form to file a statement of complaint against an Arizona Notary Public. This form must be filled out by the complainant. Anonymous complaints are not accepted.

Be Accurate: Complete all applicable fields on this form. Write legibly; or fill out this application online.

Questions? Call (602) 542-6187; in-state/toll-free (800) 458-5842.

Submission: Submit this report to the address above. Any other matters, please attach additional sheets with report.

Investigation Time-frame: Investigations may take up to 180 days to conclude once received.

Website: All forms are available on the Secretary of State's Website, www.azsos.gov.

Limitations of Authority: The Arizona Secretary of State only has authority to take action against an Arizona Notary Public's commission on file with our office. The actions of this office do not preclude the complainant from taking any further legal action against the notary.

1. Complainant Information:					
If a government agency is filing the grievance an individual must be identified who will serve as the point-of-contact while the investigation is conducted.					
Complainant's First Name		Complainant's Last Name		Email Address	
Address (include street, box or suite number)			City	State Zip Code	
Phone Number (include area code) ()		The complainant is the point-of-contact for the following government agency (optional)			
2. Name of the Arizona Notary Public who has allegedly committed the notary violation(s)					
First Name		Middle Name or Initial (if used on notarization)		Last Name	
3. Transaction Information					
Date the notarial act occurred		Business Name (if applicable)			
Address where the notarial act occurred			City	State Zip Code	
List name(s) of any person(s) witnessing the notarial act	First Name		Last Name		Phone Number ()
	First Name		Last Name		Phone Number ()
	First Name		Last Name		Phone Number ()
4. Type of Notarial Service(s) to Investigate					
Check service(s) requested <input type="checkbox"/> acknowledgment <input type="checkbox"/> jurat				List fee(s) charged for service(s) requested	
<input type="checkbox"/> oath and/or affirmation <input type="checkbox"/> copy certification <input type="checkbox"/> other					

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