The Governor's Office Notary Section Internet Complaint Form

Please carefully review this complaint form once you have included all information. You must include a copy of the improperly notarized document along with the complaint form.

Your Name: _____

Address: _____

City: _____State: _____

Telephone:_____Zip Code: _____

What is the name, commission number, and expiration date of the notary public that is the subject of this complaint?

Notary's Name: _____
Commission #: _____
Expiration Date: _____

DESCRIBE YOUR COMPLAINT, PROVIDE FACTS OF ALLEGED MISCONDUCT AND A COPY OF THE IMPROPERLY NOTARIZED DOCUMENT. (Please do not write on the back of this form.You may use a separate sheet if necessary. **Must be typewritten or clearly printed**)

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Signature _____ Date _____

RETURN TO: OFFICE OF THE GOVERNOR
NOTARY SECTION, LL06 CAPITOL
TALLAHASSEE, FL 32399-0001