NOTARY COMPLAINT

State Form 54675 (R2 / 12-19)
BUSINESS SERVICES DIVISION

INDIANA SECRETARY OF STATE
CONNIE LAWSON
ATTENTION: DEPUTY GENERAL COUNSEL
200 West Washington Street, Room 201
Indianapolis, Indiana 46204
E-mail: notary@sos.in.gov

INSTRUCTIONS:
1. *Please send this form along with the following documents, as well as any other supporting evidentiary documentation, to the Deputy General Counsel at the above address. Do not send originals.*
2. *Please attach copies of the following:*
   a. *Documents Notarized by the notary in question*
   b. *Any correspondence relating to the above*

PLEASE NOTE: The Secretary of State's authority is limited to denying application, refusing renewal, suspending, or revoking a notary commission as a result of a complaint. The office cannot provide relief to complainants. Submission of a notary complaint does not foreclose other civil law remedies that may be available to aggrieved parties. Complainants are encouraged to seek the advice of legal counsel.

FOR STAFF USE ONLY		
Date *(month, day, year)*	Commission number	Staff initials

PERSONAL INFORMATION OF COMPLAINANT		
Name		
Home address *(number and street, city, state, and ZIP code)*		
Business address *(number and street, city, state, and ZIP code)*		
Home telephone number ( )	Business telephone number ( )	E-mail address
Basis of complaint: What notary actions or inactions are at issue? ☐ Notary had a financial interest in the transaction. ☐ Notary did not witness the signing of the notarized document. ☐ Notary did not have a valid commission. ☐ Other:_____		
What conduct serves as the basis for this complaint?		

NOTARY PUBLIC INFORMATION	
Name	
Address *(number and street, city, state, and ZIP code)*	
Telephone number ( )	E-mail address
Date of expiration of notary commission *(month, day, year)*	Commission number

ACKNOWLEDGMENT	
I hereby verify, subject to the penalties of perjury, that I have read the information contained in and attached to this Complaint and that all of the information I have given is accurate and complete to the best of my knowledge and belief.	
Signature	Date *(month, day, year)*
Printed name	