



# NOTARY COMPLAINT

State Form 54675 (R3 / 3-21)

**INDIANA SECRETARY OF STATE  
NOTARY COMPLAINT DIVISION**  
200 West Washington Street, Room 201  
Indianapolis, Indiana 46204  
E-mail: [notary@sos.in.gov](mailto: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? <input type="checkbox"/> Notary had a financial interest in the transaction. <input type="checkbox"/> Notary did not witness the signing of the notarized document. <input type="checkbox"/> Notary did not have a valid commission. <input type="checkbox"/> 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	