



PAUL D. PATE
Secretary of State
State of Iowa

**Statement of Complaint
Regarding a Notary Public,
Notarial Officer, or Remote
Notarization Transaction**

In order for the Secretary of State to initiate an investigation this form shall be completed and signed. Complaints shall be typed or printed legibly in black or blue ink.

Complainant Information:

Name: _____ Phone Number: _____

Address: _____

Email (optional): _____

Complaint Information:

Name of Notary: _____ Date of incident: _____ Location of incident: _____

Notary's Address (if known): _____

Notary's Phone Number (if known): _____ Notary's Employer (if known): _____

Identity Proofing Technology Used (if known): _____

Communication Technology Used (if known): _____

Please clearly state the facts and provide information concerning the nature of your complaint including services provided, fees paid, names and contact information of witnesses, and any losses or damages. Also submit any documentation in support of your complaint. If more space is needed, attach additional pages.

Number of additional pages attached: _____

Complainant's Signature: _____

Date Submitted: _____

SECRETARY OF STATE

Attn: Notary Division
Lucas Building, 1st Floor
Des Moines, IA 50319

Phone: (515) 281-5204
Fax: (515) 242-5953
Website: sos.iowa.gov