

**Mailing Address:**

Department of Financial Institutions  
PO Box 7847  
Madison, WI 53707-7847



Telephone: (608) 266-8915

Email: [DFINotary@dfi.wisconsin.gov](mailto:DFINotary@dfi.wisconsin.gov)

Website: [www.wdfi.org](http://www.wdfi.org)

**NOTARY - REPORT OF  
VIOLATION FORM**

The Department of Financial Institutions commissions and regulates notaries public of this state under [Wis.Stat.ch.140](#).

The Department may conduct investigations to determine whether any person has violated this chapter or any rule promulgated under this chapter.

The Department may, as a result of an investigation and finding any violation of this chapter or any rule promulgated under this chapter:

- Deny, refuse to renew, revoke, suspend or impose a condition on a commission;
- Refer a case for possible legal action to the appropriate agency.

Notaries public of this state may be subject to discipline for:

- (a) Failing to comply with any provision of Wisc.Stat.ch140 or administrative rules governing notaries;
- (b) Committing an act of fraud, deceit, or of any other misconduct substantially relating to the character or public trust necessary to be a notary public;
- (c) Being convicted of any felony or other offense that would be admissible for purposes of impeaching the person's character for truthfulness in a judicial proceeding governed by the federal rules of evidence or the rules of evidence of this state;
- (d) Using false or misleading advertising or otherwise engaging in any method, act or practice that is unfair or deceptive, including any untrue or misleading statement or omission of a material fact relating to a duty or responsibility of a notary public;
- (e) Making an untrue or misleading statement or omission of a material fact in any application or filing required by Wis.Stat.ch.140.
- (f) Failing to promptly and fully comply with any information or investigative request by the department.

**1. THE NOTARY PUBLIC YOU ARE REPORTING:**

Name:		
Street Address:		
City:	State:	Zip:
Phone Number:		
Email Address:		

**2. THE NATURE OF MISCONDUCT:**

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**3. OTHER INDIVIDUALS WITH RELEVANT INFORMATION REGARDING THE MISCONDUCT:**

Identify the names of each individual involved:
Organizational Title(s):
Phone number:
Email Address:
Nature of involvement:

**4. SUBMITTER INFORMATION:**

Name:		
Street Address:		
City:	State:	Zip:
Phone Number:		
Email Address:		

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

**Consent to Release Information**

The information provided may be used in efforts to resolve a violation and may be shared with the party reported on. The Department may seek additional information from relevant parties, and I authorize the disclosure of applicable documents to the Department, including those protected by laws such as HIPAA. I understand any information may be subject to open records laws.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

**SUBMISSION AND DOCUMENTATION:** This completed form, along with any supporting documentation, may be submitted via:

**Mailing Address:**

Department of Financial Institutions  
PO Box 7847  
Madison, WI 53707-7847

**E-Mail:**

DFINotary@dfi.wisconsin.gov

The Department will contact you regarding this matter. Thank you for reporting your concerns.