



DEPARTMENT OF FINANCIAL INSTITUTIONS
STATE OF WISCONSIN

Notary Public Complaint Form

Please submit the completed and signed form to:

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

Fax: 608 264-7965
DFINotary@wisconsin.gov

- 1. Who is the Wisconsin Notary Public that you wish to report?** Please provide name, notary commission expiration date, place of employment and any other information that will help us to investigate your complaint.
- 2. Describe your complaint in detail.** Provide specific information about the circumstances that concern you, as well as the month, date and year of the occurrence, and any other information you believe would be helpful/informative (you may use the back of this page and/or additional sheets of paper as necessary). The information you provide will be used in the review of your complaint, and will typically be shared with the notary complained against.
- 3. Describe and attach any documents that support your complaint.**
- 4. How do we contact you?** Please provide your name, address, phone (home, work, and mobile) and best time to reach you. (Note – Anonymous complaints cannot be considered.)

The above information is true and accurate to the best of my knowledge:

Your signature: _____ Date: _____