NOTARY PUBLIC COMPLAINT

(Must be typed or legibly printed)

STATE OF)		
COUNTY OF)		
As the below named complainant, I have personal knowledge of all the fa hereinafter set forth.		
COMPLAINANT'S NAME	TELEPHONE #	
STREET ADDRESS		
CITY	STATE	ZIP
NOTARY PUBLIC'S NAME	NOTARY'S TELEPHONE # (If known)	
NOTARY'S HOME ADDRESS (If known)		
CITY	STATE	ZIP
NOTARY'S BUSINESS ADDRESS (If known)	EMPLOYER	
CITY	STATE	ZIP
NOTARY'S COMMISSION EXPIRATION DATE AS SHOWN ON DOCUMENT(S) DATE	TE(S) ALLEGED IMPROP	PER ACTS TOOK PLACE
NAMES AND ADDRESS OF WITNESSES (If an	y):	

ALLEGATIONS:	(FACTS WITHIN PERSONAL KNOWLEDGE ONLY)		
UNDER PENALTIES AND THAT THE FAC	OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING COMPLAINT CTS STATED THEREIN ARE TRUE.		
	SIGNATURE OF COMPLAINANT		

NOTE: Attach copies of document(s) that are relevant to this complaint.

RETURN TO: SECRETARY OF STATE; STATUTORY DOCUMENTS; P.O. BOX 12887; AUSTIN, TX 78711-2887.

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