



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1257545.06 jchristensen
LAOO
Michael G. Adams
Kentucky Secretary of State
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Notary Commissions

P.O. Box 821
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Complaint Against a Notary Public

KRS 423.395 authorizes the Secretary of State to take disciplinary action against a notary public for acts occurring on or after January 1, 2020. If the act described in the complaint occurred prior to that date, no action will be taken, pursuant to KRS 423.305.

Notary Public Information:

Name: _____

Commission Number: _____ Expiration Date: _____

Complainant Name: _____

Complainant Contact Information (Optional – refer to instructions on page 2):

Complete this section if you wish to be notified of the results of the Secretary of State’s review.

Mailing Address: _____

Email Address: _____ Phone: _____

Report: Include all available information.

Date of notarial act: _____ **Location of notarial act:** _____

Provide your sworn statement below, or attach a sworn statement describing the circumstances of the notarial act.

The undersigned hereby swears or affirms under penalty of perjury that:

Provide all additional supporting documentation such as police reports or other communication by attaching separately.

Signature of Complainant: _____ **Date** _____

Certificate of Notarial Act: To be completed by a duly appointed notary public in compliance with KRS 423.360.

State of: _____

County of: _____

Subscribed and sworn to or affirmed before me this _____ *day of* _____, 20____.

Notary Public Signature

Printed Name of Notary Public

Commission Number: _____ Expiration Date: _____

COMPLAINT FORM INSTRUCTIONS

Notary Information: Provide the full name, commission number, and expiration date of the notary public against whom the complaint is being made.

Complainant Name: The full name of the complainant is required.

Complainant Contact Information: This information is required only if you wish to be notified of the results of the review.

Note: All information provided on this form is a matter of public record. This complaint will be provided to the notary public who is named in the complaint.

Report: Please provide a clear and concise description of the circumstances of the notarial act that is the subject of your complaint. Provide as much information as is available.

Supporting Documentation: Provide clear copies of all documents related to the notarial act that is described in the complaint.

Signature of Complainant: You must sign the sworn statement in front of a notary public. The notary public must complete and sign the notarial certificate.

Delivery: Mail the completed, signed, and notarized complaint form with all supporting documentation to:

**Notary Commissions
P.O. Box 821
Frankfort, KY 40602-0821**