



OFFICE OF THE LIEUTENANT GOVERNOR NOTARY DIVISION

5049 Kongens Gade, Charlotte Amalie, Virgin Islands 00802 • 340.774-2991

NOTARY PUBLIC COMPLAINT FORM

Your Name: _____

Telephone: _____

Mailing Address: _____

Email: _____

NOTARY PUBLIC INFORMATION (please print)

Name of Notary:	Notary Commission Number:
	Expiration Date of Commission:
Notary Telephone: ____ - ____ - ____	Notary Address: _____

Date(s) Alleged Improper Acts Took Place: _____

PRELIMINARY QUESTIONS (must complete)

1. Is your signature on the subject document(s) a forgery? YES NO
2. Did you personally appear before the Notary to sign or acknowledge your signature on the subject document(s)? YES NO
3. Did you personally appear before the Notary on the specific date recorded in the jurat/notarial certificate? YES NO
4. Did the Notary notarize the document(s) in your presence? YES NO
5. Do you personally know the Notary? YES NO

Important Notice Regarding the Complaint Process

The Office of the Lieutenant Governor may take disciplinary action against a notary public in cases where good cause exists. This Office cannot obtain restitution for losses that may have been caused by a notary's action. This Office cannot assist in filing a claim against the notary's bond and does not have the power to prosecute a notary for criminal violations associated with the notary's official duties.

The Office of the Lieutenant Governor does not represent you as the complainant or the notary in the complaint process. Complainants need to present factual evidence, within the complainant's personal knowledge, that the notary engaged in conduct that violates the laws and rules governing the conduct of the US Virgin Islands notaries public. This Office does not have jurisdiction and cannot take action against a person who is not a commissioned notary public.

Thank you for your time, and we appreciate you bringing this situation to our attention.

NATURE OF COMPLAINT

Please do not write on the back of the complaint form. You may attach additional pages if necessary.

Specifically describe the alleged misconduct and attach a copy of the improperly notarized document(s).

I understand and agree to the imposition of legal penalties for making false statements as set forth in 14 V.I.C. § 843. As the below named complainant, I have personal knowledge of all the facts set forth herein and declare that they are true.

Signature: _____

Date: _____

Must be signed before a notary public.

VERIFICATION OF COMPLAINT

State of _____)

County of _____)

_____, the Complainant named in the foregoing Complaint being duly sworn, says that the facts and allegations contained therein are true, except so far as they are therein stated to be on information, and that, so far as they are therein stated to be on information, she/he believes them to be true.

Complainant signature

Taken, sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public Name

Notary Public Signature