**Notice of Notary investigation FORM**

***FOR LAW ENFORCEMENT AGENCY USE ONLY***

**The Department of the Secretary of State has the authority to investigate complaints of allegations or appearances of violations of Chapter 10B of the North Carolina General Statutes, any rule adopted or any order issued pursuant to this Chapter.**

**Instructions**

Any Law Enforcement Agency conducting an investigation involving alleged violations of the Notary Act is requested to complete and submit the following complaint form to the Notary Enforcement Section of the Department of the Secretary of State.

**Special Note:** *In addition to filing this complaint form,* *Law Enforcement Agents and Officers of departments with general subject matter jurisdiction or with jurisdiction resulting from related violations of other General Statutes are encouraged to complete the investigation and pursue charges of Chapter 10B. Special Agents and/or other personnel from the Notary Enforcement Section are available to provide information (i.e., notary address, phone, work place, commission dates, etc.) and/or technical assistance as needed and will administer administrative sanctions against the notary as needed as a result of another agency’s investigation.*

Please submit copies of the Incident Report and any documents or other related materials along with this form.

Upon conclusion of the investigation please forward to the Notary Enforcement Section copies of statements obtained from notaries, copies of warrants, court dispositions and depositions or other court records, and any other information resulting from your agency’s investigation.

**AGENCY & INVESTIGATOR/OFFICER INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AGENCY NAME:** | | | |  | | | | | | | | | | | |
| **ADDRESS:** | | |  | | | | | | | | | | | | |
| **CITY:** |  | | | | | **STATE:** | |  | | | **ZIP:** | |  | | |
| **BUSINESS PHONE:** | | | | | (   ) | | | | | **FAX NUMBER:** | | | | (   ) | |
|  | | | | | | | | | | | | | | | |
| **LEO/INVESTIGATOR:** | | | | |  | | | | | | | | | | |
| **OFFICE PHONE:** | | | | (   ) | | | **EXT:** | |  | | | **CELL PHONE:** | | | (   ) |
| **E-MAIL:** | |  | | | | | | | | | | | | | |

**NOTARY INFORMATION**

***Please complete as much information about the notary as possible***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME OF NOTARY:** | | | | | | |  | | | | | | | **DOB:** | /  / | |
| **ADDRESS:** | | |  | | | | | | | | | | | **SSN:** | -  - | |
| **CITY:** |  | | | | | | | **STATE:** | |  | **ZIP:** |  | | **COUNTY:** | |  |
|  | | | | | | | | | | | | | | | | |
| **EMPLOYER:** | | | | |  | | | | | | | | | | | |
| **ADDRESS:** | | | |  | | | | | | | | | | | | |
| **CITY:** |  | | | | | | | **STATE:** |  | | **ZIP:** |  | | | | |
| **PHONE:** | | (   ) | | | | | | **FAX NUMBER:** | | | (   ) | | | | | |
| **CELL PHONE:** | | | | | | (   ) | | | | | **E-MAIL:** | |  | | | |

**HAS AN INCIDENT REPORT BEEN COMPLETED?**  **YES**  **NO**

**If YES, please attach a copy. If NO, please see remarks below.**

**ARE YOU CURRENTLY INVESTIGATING THIS CASE?**  **YES**  **NO**

**IF YOU ARE NOT CURRENTLY INVESTIGATING, DOES YOUR AGENCY PLAN TO INVESTIGATE THE CASE?**  **YES**  **NO**  **N/A**

**DO YOU NEED ASSISTANCE FROM A SPECIAL AGENT FROM OUR DEPARTMENT?**

**YES  NO**

***If no Incident Report will be sent please provide information concerning the victim in one of the spaces below.***

**BRIEFLY DESCRIBE THE COMPLAINT AND/OR VIOLATION:**

**OTHER COMMENTS OR INFORMATION:**

**SIGNATURE DATE**

***PLEASE FORWARD COMPLETED FORM AND ALL DOCUMENTATION TO:***

**N. C. DEPARTMENT OF THE SECRETARY OF STATE**

**NOTARY ENFORCEMENT SECTION**

**PO BOX 29626**

**RALEIGH, NC 27626-0626**

**FAX: 919-807-2210**