

## STATE OF NORTH CAROLINA DEPARTMENT OF THE SECRETARY OF STATE

Office of Notary Investigations and Enforcement PHONE: 919-814-5400 E-MAIL: Notary@sosnc.gov WEBSITE ADDRESS: WWW.SOSNC.GOV

## **DEED FRAUD / NOTARIZATION COMPLAINT FORM**

The Department has authority to investigate complaints of violations of the NC Notary Public Act by notaries or others.

**Instructions:** Your answers should be detailed and complete. If you do not know the answer to a question or it does not apply – say so. If you need more space, add pages and title them with the question they answer. You must attach documents to your complaint if they are related and may be useful when we review the complaint. Examples of documents to attach are: the document(s) your complaint is about; letters or correspondence between you and the person or business your complaint is about; related documents regarding lawsuits or foreclosures. If you are unsure, include the document. **Please type or print clearly.** 

## **INFORMATION ABOUT YOU**

FULL NAME:				AGE:	
	First	Middle	Last		
ADDRESS:					
CITY:				STATE:	zip:
PREFERRED PHONE:				BUSINESS PHONE:	
OTHER PHONE:				E-MAIL:	
		INFORMA	TION ABOUT	THE PROPERTY	
ADDRESS OF PROPERTY:					
CITY:			S	TATE:	ZIP:
COUNTY:					
Describe the pr					

Does this complaint involve a	a person acting as a notary	?	If no, go to question # 7
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## PEOPLE WHO MAY HAVE INFORMATION RELATED TO THIS COMPLAINT

Carries Bresidens			Contact Box	Bhara Namban
Service Providers		ompany's Address	Contact Per	son Phone Number
Your Attorney			. <u>-</u>	
Closing Attorney				
Real Estate Agent/Broker				
Title Company	<u> </u>			
Loan Officer				
Other				
	WHO IS	THIS COMPLAINT ABO	OUT?	
Name	Title/Position	Addre	ess	Phone No.
Are you related to any of the	e people you are con	nplaining about?		
			_	
NAME OF NOTARY'S EMPLOYER:		OTHER NAME THE EMPLOY		
		USES:		
ADDRESS OF Employer				
CITY:		STATE:		ZIP:
PHONE:		CELL PHONE	:	
E-MAIL:				
1. What is your complaint?	? Be specific.			

2. List documents in your pos	ssession that relate to you	ur complaint. Attach copies to th	is complaint.
3. Have you contacted any ot	her governmental agency	regarding your complaint? If so	o, provide this information:
Agency	Address	Telephone	Contact Person
		nst which you have a complaint? copies of documents exchanged	If so, provide the name of the persor .)
5. Have you been contacted b	y an attorney regarding t	his matter on behalf of another?	If yes, provide this information:
Attorney Name		Address	Telephone
		so, provide the name and location	on of the court as well as the name, ents.)

Name	A	ddress	Telephone
8. Are you aware of any other p might be able to provide additi			ith the subject of your complaint th
Name of Person or Organization	Address	Telephone	Contact Person for Organization
		_	_
signing this complaint you ack	nowledge that you are willing	to appear in court and test	ify in this matter if necessary.
ail the completed form and ection, P.O. Box 29626, Ral		partment of the Secreta	ry of State, Notary Enforcemer
onon, 1101 201 20020, 11a.	o.g.,, 110 27 020 0022		
Signatu	е	F	rinted Name

**NOTICE**: The NC Department's Notary Enforcement Section investigates possible official misconduct by notaries and others who allegedly commit Notary Act violations. The Department **does not** act as your attorney or help you with other real estate-related issues. The Department is not responsible for recovering your property or money. If you have questions about your legal rights and responsibilities, consult your own attorney. There is information about other possible resources on our <u>website</u>.