#### Office of the Secretary of State

LAVONNE GRIFFIN-VALADE Secretary of State

CHERYL MYERS Deputy Secretary of State



#### **Corporation Division**

ELOISA MILLER Director

255 Capitol Street NE, Suite 151 Salem OR 97310

(503) 986-2200 (503) 986-2300 Fax

# Complaint against an Oregon Notary

Before registering a complaint about a Notary, please read the following:

- Our office is limited in its oversight of notaries and we can only operate on violations of Oregon Revised Statute Chapter 194 and Oregon Administrative Rule 160-100. The Secretary of State strives to improve the notarization process through education.
- We do not have the authority to sue, throw people in jail, or "stop them from doing it again."
- We can't help recover any money you may be out, we can't invalidate the notarized document, we have to give the notary due process and have limited authority to punish a notary and in the most extreme cases may revoke a notary's commission but that does not mean we endorse or approve the complainant's underlying issue.
- Allegations of forgery or fraud should always be directed to your local law enforcement agency first.
- You should contact an attorney to find out what is your best legal course of action.

# The Complaint Process (OAR 160-100-430)

It's important to know that complaints are not anonymous. They are public record and are subject to disclosure under the Oregon Public Records Law. In fact, copies of the complaint are forwarded to the accused.

The investigation of a complaint usually includes the following steps:

- 1. An initial request for information is sent to the accused notary, along with
  - a. A copy of the complaint, and
  - b. A request for supporting documentation and other sources of information.
- 2. The notary must disclose the contents of the notary's journal or journals, or any parts thereof, as part of the investigative process. The notary shall provide accurate, true, and complete copies of the requested information, and/or shall provide the journal in question for examination by the Secretary of State.
- 3. Upon a finding by the Secretary of State, copies of the finding are mailed to the complainant and the accused.
- 4. The finding becomes a permanent record in the Notary's file.

## File a Complaint:

Complete the notary complaint form and submit it including any documentation to notary-team.sos@oregon.gov.

Submit this form **No fee** 

### STATE OF OREGON

Corporation Division – Notary 255 Capitol Street NE, Suite 151 Salem, OR 97310-1327 503-986-2200 FAX 503-986-2300

https://sos.oregon.gov/notary notary-team.sos@oregon.gov

This Space For Office Use Only

### **NOTARY PUBLIC COMPLAINT**

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. READ INSTRUCTIONS BEFORE FILLING OUT FORM.

All complaints filed in the office of the Secretary of State relating to notaries public are public record. This office may provide copies of your complaint and any other documentation provided us to the person against whom the complaint has been made or to any other person requesting copies. If you have any questions or concerns about this process, please contact our office.

- contact oa	omoc.							
1. Complair	ant:							
Address	S:							
	PO Box or Street Address							
	City, State, Zip							
Phone:	Business Number & Extension (include area code)  Home Number (include area code)							
	<u>`</u>							
2. Complair	against:							
Address and/o	r location at which notarization took place. Be as specific as possible: i.e., Bank, North Central, Branch, 1212 Bank Pl., Portland, Oregon.							
3. Documer	nt(s) notarized: Document(s) upon which complaint is based must be attached. Original is preferable.							
4 Name ac	ddress & telephone number of witness(es) present:							
n riamo, ai	and a comprising frame of managed (e.g.) processing							
5. Note: Co	mplaints of alleged forgery should always be directed to local law enforcement agencies first.							
	e ☐ I have not filed this complaint with a law enforcement or consumer protection agency.							
Name and								
Name and a	address of agency							
Agency Name								
PO Box or Stre	eet Address							
City, State, Zip								

lame and address of court in which filed:							
me							
D Box or Street Address, City, State, Zip							
ype of action:		Case No.:					
Briefly state facts involved:							
B. I certify under penalty of perjury that the foregoing is true and correct. Signed this							
in the city	√f.			(day) , State of			
(month) , , in the city (	л	(City)		, Glale 01	(State)		
<b>(</b>							

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