

Return form by **U.S. Mail, Return Receipt Requested** to:  
**State of Rhode Island**  
**Department of Administration**  
**Legal Services 4th floor**  
**One Capitol Hill**  
**Providence, RI 02908**  
**(401) 222-8880**

Appendix C

### COMPLAINT FORM

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#### COMPLAINANT INFORMATION (please print)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Business/Cell Phone: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
\_\_\_\_\_

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#### RESPONDENT/NOTARY PUBLIC INFORMATION (please print)

Name of Notary: \_\_\_\_\_ Commission No. (if known): \_\_\_\_\_  
Address: \_\_\_\_\_ Business/Cell Phone: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
\_\_\_\_\_

**NATURE OF COMPLAINT (Please include date, witnesses, and any facts deemed relevant to the alleged act)**  
**(Please attach additional sheets as necessary)**

#### OTHER QUESTIONS (Please Respond)

1. Is your signature on the subject document/s a forgery? YES  NO
2. Did you personally appear before the Notary on the date shown on the notarial acknowledgment? YES  NO
3. If you appeared before the Notary, did you acknowledge signing the subject document/s? YES  NO
4. Do you personally know the Notary? YES  NO  (If Yes, please explain the nature of the relationship)

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5. Have you referred this matter to law enforcement? YES  NO

#### IMPORTANT:

1. Please attach copies of all questioned documents to this complaint.
2. Please attach OTHER records which pertain to your complaint (examples: depositions, police reports, certified copies of documents, court records).
3. Please return this complaint form, the certified copies of questioned documents and the other documents to the address shown at the top of the page.

I certify that the information in this complaint is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_