

Mailing Address:

Department of Financial Institutions
PO Box 7847
Madison, WI 53707-7847



Telephone: (608) 266-8915

Email: DFINotary@dfi.wisconsin.gov

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**NOTARY - REPORT OF
VIOLATION FORM**

The Department of Financial Institutions commissions and regulates notaries public of this state under [Wis.Stat.ch.140](#).

The Department may conduct investigations to determine whether any person has violated this chapter or any rule promulgated under this chapter.

The Department may, as a result of an investigation and finding any violation of this chapter or any rule promulgated under this chapter:

- Deny, refuse to renew, revoke, suspend or impose a condition on a commission;
- Refer a case for possible legal action to the appropriate agency.

Notaries public of this state may be subject to discipline for:

- (a) Failing to comply with any provision of Wis.Stat.ch.140 or administrative rules governing notaries;
- (b) Committing an act of fraud, deceit, or of any other misconduct substantially relating to the character or public trust necessary to be a notary public;
- (c) Being convicted of any felony or other offense that would be admissible for purposes of impeaching the person's character for truthfulness in a judicial proceeding governed by the federal rules of evidence or the rules of evidence of this state;
- (d) Using false or misleading advertising or otherwise engaging in any method, act or practice that is unfair or deceptive, including any untrue or misleading statement or omission of a material fact relating to a duty or responsibility of a notary public;
- (e) Making an untrue or misleading statement or omission of a material fact in any application or filing required by Wis.Stat.ch.140.
- (f) Failing to promptly and fully comply with any information or investigative request by the department.

1. THE NOTARY PUBLIC YOU ARE REPORTING:

Name:		
Street Address:		
City:	State:	Zip:
Phone Number:		
Email Address:		

2. THE NATURE OF MISCONDUCT:

3. OTHER INDIVIDUALS WITH RELEVANT INFORMATION REGARDING THE MISCONDUCT:

Identify the names of each individual involved:
Organizational Title(s):
Phone number:
Email Address:
Nature of involvement:

4. SUBMITTER INFORMATION:

Name:		
Street Address:		
City:	State:	Zip:
Phone Number:		
Email Address:		

Upon filing, the data in the report becomes public and might be used for purposes other than that for which it was originally collected. This document can be made available in alternate formats, upon request, to qualifying individuals with disabilities.

Consent to Release Information

The information provided may be used in efforts to resolve a violation and may be shared with the party reported on. The Department may seek additional information from relevant parties, and I authorize the disclosure of applicable documents to the Department, including those protected by laws such as HIPAA. I understand any information may be subject to open records laws.

Your signature _____ Date _____

SUBMISSION AND DOCUMENTATION: This completed form, along with any supporting documentation, may be submitted via:

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E-Mail:

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The Department will contact you regarding this matter. Thank you for reporting your concerns.