

DISPUTE NOTICE INSTRUCTIONS

TO DISPUTE INFORMATION CONTAINED IN YOUR REPORT

After you receive the report and have reviewed it, if you wish to dispute any information contained in the report, you will need to complete and sign the following *Consumer Notice of Dispute* form and return that along with a clear copy of your photo ID/driver's license (it is important that the picture be clearly visible) and copies of any supporting documentation you may have regarding the dispute (i.e. Court papers, etc) via one of the method listed below and upon receipt we will begin the re-investigation process for you. Please be as specific and as detailed as possible when completing the *Consumer Notice of Dispute* form.

Your dispute request will be addressed and processed as quickly as possible but please allow 30 days (the time allowed by law) from the time the completed *Consumer Notice of Dispute* is received here for the re-investigation to be completed. Once the re-investigation is completed, we will provide a result of the findings to you via the method you indicate on the form and to the company for whom the report was originally prepared.

TO RETURN THE COMPLETE FORM AND ADDITIONAL INFORMATION TO APPLICANT 360

Option 1 - Fax all to toll-free fax (877) 382-2583 ATTN: Compliance Dept.

Option 2 - Mail all to the address listed on the form.

If you have any questions, please feel free to contact us:

Applicant360

5635 Hoover Blvd.

Tampa, FL 33634

Phone: (877) 963-2583

Fax: (877) 382-2583

DISPUTE NOTICE

Complete and return this form by mail to:

**Applicant 360
Compliance Department
5635 Hoover Blvd.
Tampa, FL 33634**

I am hereby notifying Applicant 360 that I am disputing information contained in my consumer file (employment screening) which was requested by my employer/potential employer.

- The specific information that I am disputing is: _____

- The basis for my dispute is: Explain: _____

- Supporting documentation that I have that substantiates the basis of my dispute: List:

- Attach copies of supporting documentation.

I understand that if the Agency named above is unable to establish proper identification it will decline my request. The following information is required to establish a firm identity:

Name: _____

Date of Birth: _____ **Social Security Number:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

County: _____ **Daytime Telephone Number:** _____

Driver's License* Number: _____ **State of Issuance:** _____

*(A clear, legible copy of your driver's license must be submitted with this form).

I authorize the result of my dispute to be returned to me via the following method (select one):

_____ **Mail** (Will be sent to the address listed on photo ID submitted)

_____ **Email Address** (sent via secure download): _____

_____ **Secure Fax Number:** _____

I certify that I am the person named above and I understand that federal law provides that a person who obtains information from a consumer reporting agency under false pretenses shall be liable to the consumer reporting agency for actual damages or \$1000, whichever is greater.

Signature: _____

Date: _____