

ADVERSE ACTION NOTIFICATION

(Date)

Applicant/Employee Name
Address
City, State, Zip

Dear (Name):

Thank you for your application for (name of position (if applicant)). After serious consideration, we regret to inform you that we have decided to take the following adverse action:

Our decision was based in whole or part on information received from the Consumer Reporting Agency listed below:

Consumer Reporting Agency	To obtain a copy of the report or to dispute information on the report contact:
(Name of company)	(Company Name, Address, and phone number)

The above-referenced agency did not make the adverse action decision and is not able to explain why the decision was made. You are, however, entitled to request a copy of the Consumer Report from the agency listed. You must be able to provide positive identification (driver's license, birth certificate, or passport) when requesting the Consumer Report.

You have the right to obtain within 60 days a free copy of your consumer report from the Consumer Reporting Agency identified above and from any other consumer agency which complies and maintains files on consumers on a nationwide basis.

You have the right to contact the Consumer Reporting Agency listed above to dispute any information contained in the report that you believe may be inaccurate or incomplete. A copy of your rights under the "Fair Credit Reporting Act" is enclosed, entitled "A Summary of Your Rights under the Fair Credit Reporting Act."

Sincerely,

(HR Manager/Loss Control Specialist/Supervisor)

enc: Summary of Rights