

PRELIMINARY NOTICE OF ADVERSE ACTION (Sample)

<Company Letterhead>

<Date>

<Applicant Name>

<Address>

<City, State, ZIP>

Dear <Applicant>

Enclosed is a *Consumer Report or Investigation Consumer Report* that was requested by <Company Name> in connection with your <application for employment> <current employment.> Also enclosed is “*A Summary of Your Rights Under the Fair Credit Reporting Act*”.

A preliminary decision has been made to<not employ you> <not continue your employment>. This preliminary decision was based, either in whole or in part, on the information contained in your Consumer Report.

The Consumer Report was used only for employment purposes and prepared for us by a consumer-reporting agency. If you wish to dispute any information in the report, please contact the consumer-reporting agency as listed below. The consumer-reporting agency, however, did not make the employment decision.

<Name of Consumer Reporting Agency>

<Attention:>

<Address>

<City, State, ZIP>

<Phone number>

If we do not hear from you within <number of days, usually 3-5>, our preliminary decision will become final and <you will not be hired> <your employment will be terminated>.

Sincerely,

<Company Representative Name>

<Title>



REINVESTIGATION REQUEST

Section A: Consumer Information

Please complete all fields except as noted.

Full Name: First Middle: Last:

(Check one if applicable): Jr Sr.

Date of Birth:

Social Security or Individual Tax Identification Number:
(Include a copy of your SSN or ITIN card)

Full Current Address: (Information will be mailed to this address)

Street Address: Apt. #:

City: State: Zip:

Phone Numbers (Optional):

Home: (Area Code) (Number) Work: (Area Code) (Number) Mobile: (Area Code) (Number)

Current Email Address (Optional):

Section B: Consumer Information

You may include supporting documentation – i.e. expungement papers or other court documents to support your dispute. Per the Fair Credit Reporting Act (FCRA), reinvestigations of disputes may take up to 30 days.

Provide a description of the item(s) that you are disputing.

Section C: Authorization Release

Please complete the following release to authorize the reinvestigation.

I , authorize the release of any information to IntelliCorp Records, Inc. and its agents pertaining to my background check for volunteering / employment / residency in the course of the reinvestigation that I have requested.

Signature: _____ Date: _____

Please mail, fax or e-mail this completed form to:

IntelliCorp Records, Inc.
Attn: Compliance Department
3000 Auburn Drive, Suite 410
Beachwood, Ohio 44122
Phone: 866-202-1436
Fax: 216-450-5279
E-Mail: reinvestigation@intellicorp.net