Serving the investigative needs of employers, nationwide!

DISPUTE NOTIFICATION FORM

If you wish to dispute the accuracy of any information contained within the Employer's Investigative Services consumer or investigative report completed on you, please forward us the documents listed below and check one of the following reasons this report was conducted:

- ❑ Consumer Report: search conducted on yourself
- ❑ Investigative Consumer Report: search requested by (company name)_____ for employment purposes
- ❑ Other: _____

You may fax (530.313.7979) or mail (PO Box 906, Orland, Ca 95963) the following information in order for the Dispute Resolution process to begin:

- Dispute Notification Form signed
- Copy of a state issued picture identification
- Court documents supporting changes being requested, if available

You will be contacted by E.I.S. following the receipt of your signed form. If you have any further questions, you may contact the E.I.S. compliance department by calling us toll free at 866.350.5638.

Preferred Method of Communication (Circle One): Email Mail Fax

LAST NAME FIRST NAME MIDDLE NAME

ADDRESS CITY STATE ZIP CODE

DAYTIME PHONE # EVENING PHONE # Fax #

SOCIAL SECURITY NUMBER BIRTH DATE

DRIVER'S LICENSE NUMBER STATE EMAIL ADDRESS

My signature below authorizes E.I.S. to begin the disclosure process in connection with a consumer report or investigative consumer report, which was prepared on me by E.I.S.

SIGNATURE DATE

Please identify all information that you believe is incorrect on your BGC report: Attach additional pages if needed: