

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) Other:					for employment purposes
You may fax (530.586-3627) or Resolution process to begin:	mail (PO Box 906, Orland	, Ca 95963)	the followin	g information in order	r for the Dispute
Dispute Notification ForCopy of a state issued pCourt documents suppo		ested, if avai	able		
You will be contacted by E.I.S. fo E.I.S. compliance department by			n. If you ha	eve any further question	ons, you may contact the
Preferred Method of Communicat	ion (Circle One): Email	Mail	Fax		
LAST NAME	FIRST NAME	MIDDLE NAME			
ADDRESS	CITY	S	ГАТЕ	ZIP CODE	
DAYTIME PHONE #		EVENING PHONE #			Fax #
SOCIAL SECURITY NUMBER		BIRTH DATE			
DRIVER'S LICENSE NUMBER	STATE	EMAIL ADDRESS			
My signature below authorizes investigative consumer report,	E.I.S. to begin the discle which was prepared on	osure proce me by E.I.S	ss in conne i.	ection with a consum	er report or
SIGNATURE		DATE			
Please identify all information t	hat you believe is incorr	ect on your	BGC repor	t: Attach additional រ	pages if needed: