Consumer Report Dispute Form



Information First Name		Middle:	Last Name	
Other Names Used				
Street Address*				
City	State	Zip		
Telephone	Email			
Social Security Number		Date of Birth		
* This address MUST match the address on your government issued identification card, copy of which you will provide.				

Employer or Organization that ran your background screening report

Organization Name File Number

City State Date of application or report

Information you are disputing

Please tell us what specific information contained in your final background screening report (Consumer Report) that you feel is inaccurate of incomplete. Please be specific, such as "Date of degree conferred is inaccurate, it should be 01/01/2013", If it involves a criminal case, please include the case number(s).

Please indicate the type of item(s) being disputed:

Criminal Record Employment Verification Driving Record

Civil Record Education Record Other

Consumer Report Dispute Form

Information you are disputing (Continued)

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Authorization

I am disputing information contained in a previously issued Consumer Report (Background Screening Report) prepared by Safe-Screen/Cage & Associates, Ltd. I request Safe-Screen to conduct a reinvestigation, at no cost to me, as authorized/required by the Fair Credit Reporting Act (FCRA). I hereby authorize the obtaining of a consumer report and/or investigative consumer report at any time after receipt of this authorization, for up to 60 days. To this end, I hereby authorize without reservation, any law enforcement agency, administrator, court, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish any and all background information requested by Safe-Screen, 2961 Industrial Road # 71, Las Vegas, NV 89109, Phone: 855-866-SAFE, Fax: 855-879-0909, Web: http://safe-screen.com, email: support@safe-Screen.com, another outside organization acting on behalf of Safe-Screen. Information of Safe-Screen's reinvestigation may be shared with the organization that requested the original report. I agree that a facsimile (Fax), electronic or photographic copy of this authorization shall be as valid as the original.

I request the results of this reinvestigation of my Consumer Report be reported to the employer/ organization that originally requested the disputed consumer report. Yes No

I have attached additional noted/information. Yes No

I have attached documents or copies of records. Yes No

I affirm that the information provided on this dispute form is true and correct to the best of my knowledge.

Signature	Date

Instructions for Submitting Form

- Fill out form on the computer using <u>Adobe Reader</u> or similar .pdf reader. (If you cannot fill out online, print and complete using black ink. Insure all information is legible.)
- Print the form
- Sign the form in black ink
- Make a copy of your government issued identification. (i.e. Driver's License, State Identification Card, Passport, etc.) Insure the copy is enlarged and that all information can be clearly read.
- Either FAX or Mail/Express Deliver (FedEx, UPS, DHL, etc.) this completed, signed form and any attached documents or continuations, and the copy of your Identification.

FAX: **855-879-0909**

Mail/Express Delivery: Safe-Screen

Attn: Disputes

2961 Industrial Road # 71 Las Vegas, NV 89109-1134

Once Safe-Screen receives a complete and signed Dispute Form, we will contact the original source data provider for the data that you report as inaccurate. By law we have up to 30 days to complete our reinvestigation, although we strive to complete it in less time. Upon verifying the information as correct (meaning that is in fact what the original source of the information has in their records) we will notify you via first class US mail. Please allow up to 3-5 business days for the mail delivery.

If the information contained in our background screening report is inaccurate, we will make corrections where needed and mail you a corrected background screening report/Consumer Report via first class US mail. If you checked the box stating you want us to send the results to the organization that requested the original report, we will send them an updated report.

Safe-Screen does not maintain Credit Reports of the type Credit Bureaus maintain. Safe-Screen only compiles results of searches of data, made at the time an organization you authorize, asks us to compile a report. If you are disputing "Credit" information from one of the major Credit Bureaus, you should contact them. For more information on how to dispute your credit report, see this page at the Consumer Financial Protection Bureau at:

http://1.usa.gov/1cH6JIT

Safe-Screen is a trademark and fictitious firm name (dba) of Cage & Associates, Ltd., a national Consumer Reporting Agency and background screening firm.

Web: safe-screen.com Tel: 855-866-SAFE Email: support@safe-screen.com Fax: 855-879-0909

NV PILB License 901

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