



Instructions for Notice of Consumer Dispute

Overview: This form is provided so that you can lodge a formal dispute with International Screening Solutions, Inc. (“ISS”) regarding information that it maintains about you. Please print legibly with black or blue ink. If you have any questions concerning how to complete this form, please contact the **International Screening Solutions Compliance Department at (678) 784-7640.**

- 1) Complete form – Notice of Consumer Dispute.
 - a. Section A – ***Your Information***
All of the information requested must be provided; please be sure to attach a photocopy of your government issued photo identification document. **The results of our reinvestigation will be mailed to the address you provide.**
 - b. Section B – ***Where/With Whom You Applied***
Identify the employer company that requested the background check on you and any other background screening company (other than ISS) that communicated with you about the report or delivered it to you.
 - c. Section C – ***Disputed Information***
 - i. Identify the area(s) of your employment background check report that you believe to be inaccurate or incomplete.
 - ii. Provide a specific description of the information that you are disputing. If you need more space to provide your description, continue on a separate sheet and check the box indicating that you are continuing your explanation.
 - iii. Check the box identifying whether you are requesting access to information under (i) the U.S. Fair Credit Reporting Act or (ii) the EU-U.S. Privacy Shield.
 - iv. In some instances, it may be beneficial to submit supporting documentation (i.e. court documents, additional identification documents or numbers, etc.) along with your reinvestigation request.
 - d. Section D – ***Acknowledgement***
After reviewing the information you have provided, sign and date the form.
- 2) Complete form – Authorization for Reinvestigation of Consumer Dispute.
- 3) Mail the completed and signed forms along with a government issued photo ID and any other necessary supporting documentation to:

**International Screening Solutions
Compliance Department
4255 Wade Green Road
Suite 520
Kennesaw, GA 30144 USA**



Disputing Your Credit File

ISS completes background checks by investigating individuals and providing the findings to its customers. It may also perform validations that require the review and authentication of records submitted by its customers. Once a background check or validation is complete, ISS maintains the findings and related information exclusively for audit and legal purposes; that information is not reused to provide future reports to anyone.

ISS does not maintain credit bureau files. To dispute your credit bureau report, or any information regarding your credit file, including trade-line accounts such as credit cards, utility bills and bankruptcy information, please contact one of your national credit reporting agencies (CRAs) or credit reference bureaus. If you are a citizen or resident of the United States you may contact one of the CRAs listed below.

To dispute your credit file with a United States national CRA, you may do one of the following:

- 1) Submit your dispute through the CRA's automated system via the toll free numbers below.
- 2) Submit your dispute in writing to the CRA via the addresses below. Prior to submitting your dispute contact the CRA via the toll free phone numbers below to obtain the specific information that you should include with your written dispute.
- 3) Submit a dispute through the agency's web site.

CRA:	Equifax	TransUnion	Experian
Website:	www.equifax.com	www.transunion.com	www.experian.com
Phone:	(866) 349-5191	(800) 916-8800	See Website
Address:	P.O. Box 740256 Atlanta, GA 30374	P.O. Box 2000 Chester, PA 19016	P.O. Box 4500 Allen, TX 75013



Notice of Consumer Dispute

Please read the instructions prior to beginning.

Section A - Your Information

Full Name: _____
Last *First* *M.I.*

Maiden

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

Social Security Number (if applicable): _____ Date of Birth: ____ / ____ / ____
mm / dd / yyyy

Photo ID attached (e.g. copy of valid Passport, Driver's License or other national, government issued ID) as proof of my identity.

Section B - Where/With Whom You Applied

Employer: _____
Name

City *State/Province* *Country*

Screening Company: _____
Name

City *State/Province* *Country*

Employer: _____
Name

City *State/Province* *Country*

Screening Company: _____
Name

City *State/Province* *Country*

Check box if you have attached a separate sheet to continue the list.



Section D – Acknowledgement

By signing below I, _____, am requesting that International
First Name Last Name

Screening Solutions, Inc. (ISS) reinvestigate a report about me that it prepared and/or sold to another company.

Furthermore, I authorize ISS to provide updated reports to companies that may have received a report containing disputed information within the past two years. I understand that I may contact the ISS Compliance Department to advise them of the companies to which I would like updated results sent.

I have reviewed the information I provided in this form and I affirm that to the best of my knowledge the information is true and accurate. The results of my reinvestigation will be mailed to the address I provided in “Section A – Your Information”.

Signature: _____ Date: _____



Authorization for Reinvestigation of Consumer Dispute

You have requested that ISS reinvestigate a consumer report that was conducted on you. By signing below, you hereby authorize without reservation, any party or agency contacted by ISS, to furnish any information needed to complete the reinvestigation of your consumer dispute. Further, you understand this release will permit any present or former employer, school, police department, criminal record depository, financial institution, division of motor vehicles, consumer reporting agency, or other person or agency having knowledge about you to furnish ISS with any and all background information in their possession regarding you, that is required to complete the reinvestigation of your consumer dispute.

You also agree that a fax or photocopy of this authorization with your signature will be accepted with the same authority as the original.

First Name: _____

Last Name: _____

Signature: _____ Date: _____