

# Sample Adverse Action Notice

## *COMPANY LETTERHEAD*

\_\_\_ Date \_\_\_  
\_\_\_ Name \_\_\_  
\_\_\_ Address \_\_\_  
\_\_\_ City, State Zip \_\_\_

Dear \_\_\_\_\_:

We regret to inform you that we have found it necessary to reject your application for employment/service.

This action was influenced by information in a consumer report made, at our request, by ChoicePoint at:

ChoicePoint Consumer Center  
P.O. Box 105108  
Atlanta, Georgia 30302  
800-845-6004.

ChoicePoint did not make the adverse decision and cannot provide the reason for the decision.

You may obtain a free copy of the report within 60 days and you have the right to dispute the accuracy of the information with ChoicePoint.

\_\_\_\_\_(*company representative signature*)\_\_\_\_\_