



To comply with our obligations as set forth by the Fair Credit Reporting Act (FCRA), and towards our effort to provide the most accurate information, we will re-investigate any disputed information contained in your completed background report, **at no charge to you.**

Once the re-investigation is complete, normally within 30 days, you will be issued a written summary of our findings and, if necessary, a copy of the corrected report. Additionally, the employer (Justifacts' client) will be copied on the results of our re-investigation.

## **How To Dispute Information In Your Report**

Complete the form below and return it, along with a copy of your photo ID. Please make sure to include all details of the dispute and provide any supporting documentation. Please do not send originals.

***Mail/Fax/Email the signed and completed form, Photo ID and any documentation to:***

Justifacts Credential Verification, Inc.  
Compliance Department  
5250 Logan Ferry Rd.  
Murrysville, PA 15668  
Fax: 412-798-4799  
[disputes@justifacts.com](mailto:disputes@justifacts.com)

You may also appear in person at our office located above during normal business hours (8:00 – 5:00 EST) and with reasonable notice.

All inquiries and disputes are handled by the Justifacts Compliance Department. You may check on the status of your dispute by contacting the Compliance Department at 800-356-6885, Monday to Friday 8:00 AM to 5:00 PM EST

## **Dispute Process**

Justifacts Credential Verification will re-investigate all disputed items by contacting the original source of the information. This process is normally completed within 30 days and when completed, Justifacts will notify both you and our client that requested the original background report of the results of the re-investigation.



## **DISPUTE REQUEST**

Please print legibly and in blue or black ink, and sign. This form is to request us to check for reporting accuracy and/or re-verify information reported.

### **Applicant/Consumer Information**

Full Name: First: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Social Security Number or Tax ID Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Report # (if known): \_\_\_\_\_

### **Disputed Information**

Please be specific regarding the item(s) being disputed. Reinvestigation may take up to 30 days. You may include any supporting documentation that you feel will help resolve the disputed information.

Provide a complete and specific description of the item(s) you are disputing and the specific reason for your dispute:

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**I state and attest that to the best of my knowledge, the information provided above is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**\*\*\*Remember to include a copy of your Photo ID\*\*\***