

SAMPLE ADVERSE ACTION NOTICE

This information is provided by EBI for general educational purposes only and is for the convenience of its readers. It should not be deemed as legal guidance or advice. Always consult with legal counsel for specific advice on applicable laws, industry regulation, and compliance matters.



DATE

NAME_FIRST NAME_MIDDLE NAME_LAST
ADDRESS
CITY, STATE ZIP

Dear NAME_FIRST NAME_MIDDLE NAME_LAST:

The purpose of this letter is to inform you that you are no longer being considered for employment with our company. If a contingent offer of employment was made previously, that offer is now withdrawn. Our decision to not employ you was based, in whole or part, on information in your background report (also known as a "consumer report" or "investigative consumer report").

The background report, the preparation of which you authorized, was prepared by [insert name and address of background screening company]. [Screening Company], however, has no role in our employment decisions and cannot explain our decision.

We previously contacted you in writing regarding your background report and the potential for an adverse employment decision. At that time, we provided you with a copy of your background report and "A Summary of Your Rights under the Fair Credit Reporting Act," along with any other applicable state and local notices. You were given X business days to contact [Screening Company] to dispute the accuracy and completeness of information in the report. Also, you were given that same amount of time to contact us to discuss the circumstances surrounding any negative information in your report.

If you would like another free copy of your background report, please contact [Screening Company] within 60 days. You may also contact [Screening Company] if you wish to further dispute information in your background report. For your convenience, another copy of "A Summary of Your Rights under the Fair Credit Reporting Act" is enclosed, along with any applicable state and local notices.

Sincerely,

CONTACT NAME

Employer
Toll Free Number

REMINDER: Attach federal summary of rights and state/local notices if applicable.