



Background Screening Report Dispute Policy

Please be advised that Screening One is not the original source of the information contained in the background screening report. Rather, we obtained the information from third parties including government agencies, public record databases, and/or companies and/or organizations.

To comply with our obligations, and towards our effort to provide the most timely and accurate information, we will investigate the disputed information free of charge.

If the disputed information is a verification of a reference, such as prior employment, education or a personal reference, it will be re-verified. If necessary, an supplemental screening report will be issued. If the original information is reaffirmed, the report will be reissued and the applicant may be provided with the contact information for disputing the information with the source.

If the disputed information is from an official/public record or database, such as criminal, driving, credit or professional license, it will be rechecked for correctness. If necessary, an supplemental screening report will be issued. If the original information is reaffirmed, the report will be reissued and the applicant will be provided with the contact information for disputing the information with the source.

Dispute Request Instructions

All forms must be completed and signed.

Please make sure to include all details of the dispute, and provide supporting documents. Please do not send originals.

Mail all signed and completed forms to:

Screening One, Inc.
Screening Record Dispute
2233 W. 190th Street
Torrance, CA 90504



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: _____

If you have been at your address for less than 24 months please provide your previous address.

Previous Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Disputed Information

You must include all supporting documentation. You must be specific regarding the item(s) being disputed. Reinvestigation may take up to 30 days.

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

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

Signature: _____ Date: _____

Print Name: _____



Consumer Credit Report Dispute Policy

We will investigate the disputed information free of charge. Our procedure is to review the disputed information within 5 days. We will contact each national credit repository (Experian and/or TransUnion) with the information that is the subject of your dispute.

They will complete the reinvestigation within 30 days from the day they receive the notification of your dispute. Once completed, they will forward the results of the dispute to us. We will then provide you with the investigation results we received from the national credit repositories.

Please note that we do not maintain a database from which new consumer reports are produced. Rather, each time we prepare a consumer report, we utilize the information from one or more of the national credit repositories.

Please note that if you provide us with additional, relevant information prior to the time of completion of the original investigation, the time period for investigation may be extended.

For further assistance please contact our consumer support at:

Screening One, Inc.
Consumer Dispute
2233 W. 190th Street
Torrance, CA 90504
Phone: 888-327-6511



Consumer Credit Report Dispute Request Instructions

All forms must be completed and signed.

Note: We are allowed up to 30 days to complete your dispute, in most cases.

Please attach all paperwork specified in the attached forms. This includes, but is not limited to, a copy of your photo ID, Social Security card, and/or tax ID card. Please note that missing items may result in a delay.

Please make sure to include all details of the dispute, and provide supporting documents. Please do not send originals.

Mail all signed and completed forms to:

Screening One, Inc.
Consumer Dispute
2233 W. 190th Street
Torrance, CA 90504

Obtaining Your Credit File

If you would like a copy of your credit report, you can contact the national bureaus directly:

Experian National Consumer Assistance Center
PMB2104
Allen, Texas 75013
888-397-3742
www.experian.com

Trans Union LLC
PMB 390
Springfield, PA 19064
800-888-4213
www.transunion.com



DISPUTE REQUEST – CONSUMER CREDIT REPORT

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 on a consumer credit report.

Consumer Information

Full Name: First: _____ Middle _____ Last _____

Date of Birth: ____/____/____

Email: _____

Social Security Number or Tax ID Number: ____ - ____ - _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

If you have been at your address for less than 24 months please provide your previous address.

Previous Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Disputed Information

You must include all supporting documentation. You must be specific regarding the item(s) being disputed. Reinvestigation may take up to 30 days.

Please list the item(s) and date(s) you wish to dispute:

Account Name: _____ Account # _____

Account Name: _____ Account # _____

Account Name: _____ Account # _____

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

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

Signature: _____ Date: _____

Print Name: _____