****

**Dear Consumer:**

**In order for us to proceed with the reinvestigation of your dispute you must complete and return the following paperwork along with a clear copy of a government issued photo identification document. Please enlarge the identification document as it greatly enhances its legibility. You can either mail these documents or fax them. If the copy of your photo identification is not clear the reinvestigation will be delayed.**

**Mail or Fax To:**

**Background Check Specialist, Inc.**

**Compliance Department**

**25701 North Lakeland Blvd**

**Suite 401**

**Euclid, Ohio 44132**

**Fax: 1-216-797-1215**

**Email:** [info@my-bcs.com](mailto:info@my-bcs.com) **. Reference “dispute “ on the subject line.**

**Please, don’t email any documentation containing your Social Security**

**Number)**

**We will reinvestigate your disputed information free of charge. Our procedure is to review the disputed information within 5 business days. If we determine that the inaccurate or incomplete information disputed is related to an action or omission on our part, within twenty business days of receipt of the notice of the dispute, BCS will modify the item of information in your consumer report or delete the item from your consumer’s file. If we determine the dispute is related to data from a third party, we will convey notice of the dispute to each data furnisher that is subject to your dispute. Each data furnisher will**

**complete the reinvestigation within 30 business days from the day they receive the notification of your dispute.**

**Once completed, they will forward the results of the reinvestigation to BCS. We will then provide you and the company you have applied to with the reinvestigation results we received from each data furnisher. Please note that if you provide us with additional, relevant information**

**prior to the time of completion of the original reinvestigation, the time period for reinvestigation may be extended up to 45 days.**

**You should also notify the employer that requested your background investigation of your dispute.**

**If you have any questions concerning this matter, please contact us at 1-888-350-2117.**

**Sincerely,**

**Compliance Department**

**NOTICE OF CONSUMER DISPUTE**

**INSTRUCTIONS:**

**In order to process the dispute of your consumer report you must complete, sign, and return both pages of this form. YOU MUST ALSO SEND US A COPY OF YOUR DRIVER’S LICENSE OR GOVERNMENT ISSUED PHOTO IDENTIFICATION BEARING YOUR SIGNATURE.**

**Please call BCS Compliance Department at 216-797-1213**

**if you have any questions.**

**By signing below I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am requesting a**

**First Name Last Name**

**reinvestigation of my consumer report that was prepared in respect to my application for employment. Furthermore, by signing below, I authorize you to notify the company that requested my report of my dispute and to provide them with the reinvestigation results if the**

**report is revised or corrected.**

**If I do not want you to notify them and/or provide them with a corrected report, I will check this box: (insert here)**

**In particular, I wish to dispute the accuracy and/or completeness of the information**

**appearing in my consumer report concerning the screening elements that I have checked below.**

**Criminal record**

**Driving record**

**Employment record**

**Education verification**

**Other**

**Please provide a detailed explanation of the information that you are disputing:**

**---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

**--------------------------------------------------------------------------------------------------------------------------------**

**Please provide a detailed explanation of the information that you are disputing:**

**(Insert box here) Check this box and attach a separate sheet if you need more space.**

**In order to protect the privacy of individuals, all of the information requested below must be provided along with the signature of the consumer disputing the report.**

**Incomplete forms will not be processed. The results of our reinvestigation will be mailed to the address that you provide below.**

**= PRINT USING BLACK INK =**

**Name (First and Last): -------------------------------------------------------------------------------------**

**Maiden Name: ------------------------------------------------------------------------------------------------**

**List any other names used: ---------------------------------------------------------------------------------**

**Last 4 Digits of SSN: ---------------------------------------date of birth----------------------------------**

**(MM/DD/YYYY)**

**Mailing Address: ----------------------------------------------------------------------------------------------**

**Street Address**

**---------------------------------------------------------------------------------------------------------------------**

**City State Zip**

**Telephone: Home ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and or Work ( ) \_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: ----------------------------------------------------------- Date: ----------------------------------**

**AUTHORIZATION FOR REINVESTIGATION OF CONSUMER DISPUTE:**

**You have requested that Background Check Specialist reinvestigated the consumer report that was conducted on you. By signing below, you hereby authorize without reservation, any party or agency contacted by BCS, Inc., 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 agencies, or other persons or agencies having knowledge about you to furnish Background Check Specialist 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 be accepted with the same authority as the original.**

**Print your First and Last Name: ----------------------------------------------------------------**

**Last 4 Digits of SSN: ---------------------------------------------------------------------------------**

**Date of Birth (MM/DD/YYYY): ------------------------------------------------------------------**

**Signature: -----------------------------------------------------------------------------------------------**

3. You may contact our Client Services Team at 216-797-1213, Monday through Friday from 9:00 AM to 5:00 PM Eastern Standard Time to check on the status of your dispute. At the end of the investigation process, a representative from our Dispute Department will contact you regarding the results of your dispute.

4. We will reinvestigate your disputed information free of charge. Our procedure is to review the disputed information within 5 business days. If we determine that the inaccurate or incomplete information disputed is related to an action or omission on our part, within twenty business days of receipt of the notice of the dispute, Background Check Specialist will modify the item of information in your consumer report or delete the item from your consumer’s file.

5. We will investigate all of the items in question during the same time period. At the end of the investigation, you and your potential employer will be notified of the results

6. We strongly recommend that you file your own dispute. However, your attorney or potential employer may, with your authorization, file a dispute on your behalf. We will contact you directly if additional information is needed to initiate the investigation. If your dispute is submitted by your attorney, we will need you to provide us with a letter stating that you authorize us to discuss your dispute with your attorney.