

NOTE: Please review this form with legal counsel prior to use

Insert Company Logo/ Letterhead

SAMPLE POST-ADVERSE ACTION LETTER

Date

Applicant/Employee
Address
Address

Dear Applicant:

Your application for employment with **(Your Company Name)** has been denied. This decision was based in part on information contained in the consumer report we obtained from the following consumer reporting agency:

**Infortal Worldwide Toll-Free Number 1-800-736-4999
4800 Patrick Henry Drive, Santa Clara CA 95054**

In accordance with state and federal law, you have the right to obtain a free copy of your consumer report within 60 days from any consumer agency that maintains files on a nationwide basis. You also have the right to dispute with any agency the accuracy or completeness of any information in a consumer report furnished by the agency.

However, please note that the agency (Infortal Worldwide) listed above, did not make the decision not to hire you and will be unable to provide you with specific reasons why you were not hired.

Thank you for your interest in obtaining employment with **(Your Company Name)**.

Sincerely,