



Request for Reinvestigation

Instructions

In order to expedite a reinvestigation of the disputed information provided in your background screening report you should complete the **Notice of Consumer Dispute** form and provide authorization for reinvestigation by signing form **Authorization for Reinvestigation of Consumer Dispute**. In order to reduce any possible delays in receiving your request in a timely fashion, please print legibly.

The completed forms should be delivered to Orange Tree in one of the following ways:

fax to: 1-855-358-3946

mailed to:

Orange Tree Employment Screening
Attn: Applicant Services Team
7275 Ohms Lane
Minneapolis, MN 55439

You may also initiate the reinvestigation process by calling the following toll-free number: 1-877-458-7137

1. Complete form - Notice of Consumer Dispute (2 pages).

a. Complete Section A – Your Information. The results of our reinvestigation will be mailed to the address you provided. All of the information requested must be provided.

Attach a photocopy of your government issued photo identification document if available.

b. Complete Section B – Where / With Whom You Applied. Identify the employer for which the background request was completed for.

c. Complete Section C – Disputed Information.

i. In this section, please identify the areas of your background check report that you believe to be inaccurate or incomplete.

ii. Provide a specific description of the information that you are disputing. If you need more spaces to provide your description, please continue on a separate sheet and check the check box indicating that you are continuing your explanation. Also use this box to identify if you are providing any court/legal related documents.

d. Complete Section D – Acknowledgement. After reviewing the information you have provided, sign and date the form.

2. Complete form - Authorization for Reinvestigation of Consumer Dispute.

3. Mail or Fax the completed packet along with signed forms, a copy of your government issued photo ID and any other necessary supporting documentation to:

faxed to: 1-855-358-3946

mailed to:

Orange Tree Employment Screening
Attn: Applicant Services Team
7275 Ohms Lane
Minneapolis, MN 55439

You may also initiate the reinvestigation process by calling the following toll-free number:
1-877-458-7137



Free Annual File Disclosure

Consumers may request a free annual file disclosure pursuant to the Free Annual File Disclosure Rule, 16 C.F.R. Part 610, by calling 1-877-458-7137 and requesting a "Free Annual File Disclosure or by sending a written request to Orange Tree Screening, Attn: Applicant Services Team, 7275 Ohms Lane, Minneapolis, MN 55439. Consumers may check the status of their request by dialing the toll free number above and requesting a status of their request.



Notice of Consumer Dispute

Section A – Your Information

Full Name: _____
 First Middle Last

Additional Name(s) _____

Address: _____
 Street address

 City State ZIP code

Home Phone: _____ Alternate Phone: _____

Social Security Number: _____ Date of Birth: _____

Photo ID attached (e.g. copy of valid driver's license) as proof of my identity.

Section B – Where/What Company did you apply with

Company Name: _____

 City State

Section C – Dispute Information

Please indicate which verification you are disputing by checking the appropriate box(s).

- | | | |
|-----------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Employment | <input type="checkbox"/> Credit |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Education | <input type="checkbox"/> Other |

Case Number(s) (if known): _____

Please provide a description of the information that you are disputing referencing case numbers as necessary:

Check box if you have attached a separate sheet to continue the explanation or if you are providing additional documents (i.e. court documents, legal letters etc).



Notice of Consumer Dispute

By signing below I am requesting a reinvestigation of my consumer report (background check) that was prepared in respect to my application for employment. Furthermore, by signing below, I authorize you to notify the employer that requested my report of my dispute and to provide them with the reinvestigation results.

I understand that I may contact the Applicant Assistance Team at the toll-free number (1-800-886-4777) if I have any additional questions or to initiate this dispute by phone.

I have reviewed the information provided in this packet and I affirm that to the best of my knowledge the information is true and accurate. The results of my reinvestigation will be mailed to the address I provided in "Section A- Your Information" on the Notice of Consumer Dispute form .

Name (Please Print): _____

Signature: _____ Date: _____



Authorization for Reinvestigation Of Consumer Dispute

I have requested that Orange Tree Employment Screening reinvestigate the consumer report (background check) that was conducted on me. By signing below, I hereby authorize without reservation, any party or agency contacted by Orange Tree Employment Screening, to furnish any information needed to complete the reinvestigation of my consumer dispute. Further, I 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 me to furnish Orange Tree Employment Screening with any and all background information in their possession regarding me, that is required to complete the reinvestigation of my consumer dispute.

I also agree that a fax or photocopy of this authorization with my signature is to be accepted with the same authority as the original.

First Name: _____ Last Name: _____

Social Security Number: _____

Date of Birth (mm/dd/yyyy): _____

Signature: _____ Date: _____