

**ADVERSE ACTION LETTER-APPLICATION FOR EMPLOYMENT**

Date \_\_\_\_\_

Applicant \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Dear \_\_\_\_\_:

We are writing to inform you that your application for employment with \_\_\_\_\_ has been denied. This decision was made in whole or in part, based upon information obtained from Northeast Claim Service. This letter is sent to you in compliance with the Fair Credit Reporting Act.

Please note: Northeast Claim Service DID NOT make the decision to take the adverse action and is unable to provide you with the specific reasons as to why the adverse action was taken.

You have the right to dispute the accuracy or completeness of any information in the report by contacting Northeast Claim Service. You may also obtain a free copy of your consumer report directly from Northeast Claim Service if you request it within sixty (60) days. You will be asked to provide your full name, mailing address, social security number, the name of our company and a photocopy of your driver's license and social security card for identification purposes. You may contact Northeast Claim Service at the following address or phone number.

Northeast Claim Service  
P.O. Box 1252  
Schenectady, New York 12301  
518-882-5025  
Toll Free: 888-263-6676

Sincerely,

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name \_\_\_\_\_