

Date: _____

Dear applicant,

This letter is to notify you that we have (*describe adverse action*). This decision was based either wholly, or in part, on information received from:

BENN & ASSOCIATES
P.O. Box 5266
Newport Beach, California 92662
(949) 515-9505
(800) 924-2366

BENN & ASSOCIATES did not make this employment decision, and will be unable to explain why the decision was made. You have the right to dispute the accuracy or completeness of any information contained in your report by contacting BENN & ASSOCIATES. You also have the right to obtain free copy of the report, if you request a report within sixty (60) days of (*describe adverse action*). You will be asked to provide your full name, mailing address, Social Security number, and a photocopy of your driver's license and Social Security Card for identification purposes.

We have already provided you with a copy of your rights under the Fair Credit Reporting Act. If you have any further questions, please feel free to contact me.

Sincerely,

Human Resources Director