

PRE=EMPLOYMENT SCREENING REPORT: DISPUTE PROCEDURE AND FORM

1. COMPLETE THE DISPUTE FORM (BELOW)

Please provide all the necessary information pertaining to the background check report. When you are describing your concern(s) for disputed check(s), please try to be as precise as possible about why you believe the disputed check(s) is/are inaccurate.

2. PROVIDE SUPPORTING DOCUMENTATION (as needed)

If you have one, please be sure to include a copy of any supporting documentation you may have (e.g. a DMV report, a court letter, proof of employment, etc.). Your detailed explanation and/or supporting documentation could help expedite the investigation process to resolve your dispute quickly.

3. SUBMITTING THE DISPUTE FORM AND ANY SUPPORTING DOCUMENTATION

If you are only submitting the dispute form, you can send it to us via email or mail. If you are submitting supporting documentation with your form, please only send it to us by postal mail, **not email.**

Email: support@kredifi.com

Phone (support): 1.650.454.8959 (Mon - Fri: 8am - 5pm PST)

Mailing Address:

Kredifi Inc (Attn: Dispute Support) 830 Hillview Court, Suite 280

Milpitas, CA 95035

4. NECESSARY CHANGES, IF ANY, WILL BE MADE IN 30 DAYS

Kredifi will investigate your results at no cost to you and make necessary changes within 30 days of receiving this form. If you are disputing information in a background check that was run by an employer, they will be notified that you have filed a dispute.

*In some cases, the Fair Credit Reporting Act provides Kredifi a 45 day window to complete your dispute reinvestigation. If your reinvestigation is not complete in 30 days, please feel free to reach out to Kredifi for additional information. Learn more about your rights under the FCRA



BACKGROUND CHECK DISPUTE FORM

PERSONAL INFORMATION	Name as provided in application for the background check
YOUR FULL LEGAL NAME:	
PHONE:	
EMAIL:	
ADDRESS	As provided in your application for the background check
Address:	
Address:	
City, State, Zip:	
REPORT INFORMATION	Please provide as much information as possible
EMPLOYER NAME:	Required
DATE OF FINAL REPORT:	
ORDER NO:	
KRED ID:	
DISPUTED CHECKS(S)	What are your Concerns (please provide precise details)?
1.	
2.	
2	
3.	

When the dispute has been completed and info has either been removed, modified, or no changes, do you consent to receiving that correspondence electronically? If you do not provide authorization, we will send your notice by postal mail which may result in delayed communication.