

Dispute Form - Request for Investigation

To dispute our report in the fastest and most effective way, please complete all information on this request for reinvestigation form. When completing this form, please:

- Print clearly.
- Clearly **identify each item** in your report that you believe is inaccurate, incomplete, or outdated. (Consider including a copy of your report with the items in question circled.)
- Clearly **tell us why** the item is inaccurate, incomplete, or outdated.
- Request that the item be removed or corrected.
- Sign this form.
- Return the signed form to us by email help@driverreach.com or via mail 880 Monon Green Blvd, Suite 101, Carmel, IN 46032

If you choose mail as an option, please also email us and let us know that you have mailed us a dispute form. You will be contacted by us via email after we receive your signed form. If you do not hear from us in 48 hours after receipt, please email us to confirm we received your signed form.

Last Name	First Name	Middle Name	Suffix
Street Address	City	State	Zip Code
Daytime Telephone Number		Evening Telephone Number	
Social Security Number		Date of Birth	
Driver's License Number	State	Email Address	
My signature below (1) authoriz about me and (2) requests that			
Signature		Date	

Employment Verification Record Dispute

Please provide details we should know about your dispute. Please be as specific as possible.

ı	Imployer Name: Employed To/From:	Position:	
□ Thi	s record is not about you.		
□ Ihi	s record is about you, but it has incorrec	t information; please clearly detail the incorrect information:	
2.	Employer Name:		
ı	Employed To/From:	Position:	
□ Thi	s record is not about you.		
□ Thi	s record is about you, but it has incorrec	t information; please clearly detail the incorrect information:	
3. E	Employer Name:	D Miles	
E	Employed To/From:	Position:	
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<u>Any Additional Information:</u>