

**[PRE - ADVERSE ACTION LETTER SAMPLE]
YOUR COMPANY NAME/LETTERHEAD**

DATE

SAMPLE APPLICANT
ADDRESS
CITY, ST, ZIP

Dear Sample Applicant:

This letter is to inform you that adverse action may be taken due to information received from a consumer reporting agency.

The report was prepared by DriverReach, 78250 Haverstick Road, Suite 200, Indianapolis, Indiana 46240. Their telephone number is 800-791-0461. DriverReach did not make the adverse decision and cannot provide the reason for the decision.

You may obtain a free copy of the report within 60 days and you have the right to dispute the accuracy of the information with DriverReach.

Sincerely,

Human Resources Department
YOUR EMPLOYER/COMPANY NAME

Enclosures:

Consumer Report
A Summary of Your Rights under FCRA

