



Dispute Notification Form

If you wish to dispute the accuracy of any information contained within the consumer or investigative consumer report completed on you by SecureSearch please forward us the documents listed below and check one of the following reasons this report was conducted:

- Consumer Report: Search conducted on yourself
- Consumer Report/Investigative Consumer Report: Search requested) for employment or volunteer purposes by _____ (company name)
- Other: _____

Please identify all information that you believe is incorrect on your report:

This information is the confidential property of SecureSearch and is intended only for the recipient, and may not be read, copied, distributed, disseminated, or used in any other way by anyone else.



Please send the following information via fax or mail to:

SecureSearch Consumer Disputes
1400 Village Square Blvd., Unit #3-199
Tallahassee, FL 32312
Fax: 866-552-7326

- Dispute Notification Form signed
• Copy of state issued picture identification
• Court documents supporting changes being requested, if available

You will be contacted via email by SecureSearch following the receipt of your information. We reserve the right to request further supporting documentation if needed. Please allow 30 days for resolution to your dispute. If you have any questions, you may contact SecureSearch Consumer Dispute staff by calling us at 866-891-1954, option 1.

Please complete the following information:

Form with fields: Last Name, First Name, Middle Name, Address, City, State, Zip Code, Daytime Phone, Evening Phone, Social Security Number, Birth date, Driver's License Number, Issuing State, Email Address

My signature below authorizes SecureSearch to begin the disclosure process in connection with my consumer report or investigative consumer report, which was prepared with my information by SecureSearch.

Signature _____ Date _____

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