

Phone: (620) 669-4484 E-mail: admin@ptcassist.com www.ptcassist.com

Disputing My Consumer Background Report

Please complete and submit the information below along with a **government issued photo ID** to PTC via email to <u>admin@ptcassist.com</u> or by fax to (620) 665-6376.

If you require additional assistance, please contact PTC Assist at (800) 294-8758, ext. 415.

Requests may also be sent via mail to: PTC Assist, LLC

Attn: Dispute Manager 9 Compound Drive Hutchinson, KS 67502

Consumer Dispute Notice

Full Name (First, Middle, Last)	(Please print clearly)		
Street Address	City	ST	Zip
()			
Daytime Phone	Email		
XXX-XX-			
SSN (Last 4 digits)	Date of Birth		
What company ordered the report?			
Please identify the information you	wish to dispute.		
Criminal Record	☐ Driving Record	Emplo	yment Record
Case #:	Case #: _		
Case #:	Case #: _		
Please provide a description of the inform	nation that you are disputing referen	icing case numbers as n	ecessary.
☐ Check this box if yo	u attached a separate sheet with fui	rther dispute information	n.
By signing below, I am requesting a rein form employment. I authorize you to not the reinvestigation results. Furthermore received a report within the past two yea their toll-free number to advise them of t I affirm, to the best my knowledge, the in the address I provided above.	ify the company that requested my , I authorize you to provide update rs that includes disputed information he companies I would like to provide	report of my dispute and ed reports to other emp n. I understand that I ma e updated results to.	d to provide them with ployers who may have y contact PTC Assist at
Check this box if you request the (Be sure correct email address	e results of your reinvestigation to b is listed above.)	e emailed to you insteac	l.
Signature	Date		