

SAMPLE ADVERSE ACTION NOTIFICATION

Date

Applicant Name

Street Address

City, State Zip Code

RE: Employment

Dear *Applicant Name*:

We regret to inform you that we found it necessary to reject your application for employment.

This decision was influenced by information contained in a consumer background investigation report made, at our request by:

Pinnacle Investigations
1101 N Argonne Ave Suite A201
Spokane Valley, Washington
99212

Phone: 800-955-5306

Pinnacle Professional Services, P.S. 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 Pinnacle Professional Services, P.S.

Sincerely,

Company Representative Name