

**Consumer Name**

Address

City, State, ZIP

Date

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

Consumer Reporting Agency

Consumer Reporting Agency Address

Consumer Reporting Agency City, State and ZIP

**RE:**

**SSN:**

**DOB:**

**Credit Report Dispute:**

**Consumer Name**

**Consumer Social Security Number**

**Consumer Date of Birth**

**Date of Credit Report**

To Whom It May Concern:

I am writing this letter to request that you reinvestigate and correct inaccurate information within my credit file. This inaccurate information has impaired my ability to obtain credit and may affect my ability to get another job in my chosen field. The following information is inaccurately reported on my credit report:

Creditor/Furnisher Name

Account #

Balance Reported

Payment Status

This account is reported inaccurately on my credit report. The information is inaccurate because INSERT DETAILED REASON THAT INFORMATION IS INCORRECT. The following documentation is enclosed for your review (INSERT THIS SENTENCE IF YOU HAVE SUPPORTING DOCUMENTATION THAT THE INFORMATION REPORTED IS INCORRECT).

Please reinvestigate the above referenced items. Please provide the results of the reinvestigation to me within thirty days from your receipt of this request. Your prompt attention to this matter is appreciated.

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Consumer Name