

**CONSUMER REPORT DISPUTE FORM**

Your Name: \_\_\_\_\_

Alias/AKA/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Dispute Details:

If you have supporting documentation so, please provide it along with this form.

Please return this completed form, and any additional documentation, to Background Information Services, Inc. (BIS) by email: [compliance@bisi.com](mailto:compliance@bisi.com) by fax: 303-441-7145.

If you have any questions or concerns, we can be reached toll free at 800-433-6010.