

Date
Your name
Your Address
City, State, Zip Code

Complaint Department
Name of Company
Address
City, State, Zip Code

Dear Sir or Madam:

I am writing to dispute the following information in my file. I have circled the items I dispute on the attached copy of the report I received.

This item (identify item disputed by name of source) is (inaccurate or incomplete) because (describe what is inaccurate or incomplete and why). I am requesting that the item be removed (or request another specific change) to correct the information.

Enclosed are copies (describe any enclosed documents) supporting my position. Please reinvestigate this matter and (delete or correct) the disputed item as soon as possible.

Sincerely,

Your Name

Enclosures (List what you are enclosing)