

**REQUIREMENTS FOR USERS IN THE EVENT THEY TAKE ADVERSE ACTION**

*The Act allows the User to provide the following information orally, electronically, or in writing to the Subject in the event the User plans to take adverse action against the Subject.*

**CLIENT  
ADDRESS**

**Date:**

We regret to inform you that we will not be considering you for employment with [CLIENT NAME] based upon information that we received in a Consumer Report obtained by TeamScreen Solutions LLC.

TeamScreen Solutions LLC.  
8500 West 110<sup>th</sup> Street, Suite 240  
Overland Park, KS 66210

TeamScreen Solutions LLC in no way participated in the decision not to hire you to work for [CLIENT NAME], and is unable to provide you with specific reasons as to why we are choosing not to hire you for employment with [CLIENT NAME].

You have the right to obtain, free of charge, a copy of the Consumer Report from TeamScreen Solutions LLC, so long as you make such request to TeamScreen Solutions LLC within 60 days of receipt of this notice. You further have the right to dispute with TeamScreen Solutions LLC the accuracy or completeness of any information contained in the Consumer Report.