

**Sender Full Name:** \_\_\_\_\_

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

**City, State, ZIP:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**To:**

[Credit Bureau Name — e.g., Equifax / Experian / TransUnion]

[Bureau Address]

[City, State, ZIP]

**RE: CREDIT REPORT DISPUTE UNDER THE FAIR CREDIT REPORTING ACT**

I am writing to formally dispute the following information appearing on my credit report. I have identified several items that I believe are inaccurate or incomplete. Pursuant to my rights under the Fair Credit Reporting Act (15 U.S.C. § 1681), I request that you investigate these items and correct or delete the disputed information as required by law.

Creditor Name	Account # (Last 4)	Type of Account	Dispute Reason	Correct Information

**Dispute Reason Checklist**

- |  |   |
|--|---|
| <input type="checkbox"/> Account does not belong to me | <input type="checkbox"/> Incorrect balance      |
| <input type="checkbox"/> Incorrect payment history     | <input type="checkbox"/> Account duplicated     |
| <input type="checkbox"/> Incorrect account status      | <input type="checkbox"/> Identity theft / fraud |
| <input type="checkbox"/> Other: _____                  |   |

**Documents Attached (Check All That Apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Government ID      | <input type="checkbox"/> Proof of Address              |
| <input type="checkbox"/> Billing Statements | <input type="checkbox"/> Police Report (if applicable) |
| <input type="checkbox"/> Other: _____       |  |

Please complete your investigation within 30 days as mandated by the FCRA. Upon completion, please provide written confirmation of the results and an updated copy of my credit report reflecting any changes made.

Sincerely,

\_\_\_\_\_

**Signature**

Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_