**Your Name**
**Your Address**
**Your City, State, Zip Code**

**Date**

Complaint Department Sent via Certified Mail, Return Receipt Requested
**Credit Reporting Agency Name
Street Address
City, State, Zip Code**

To Whom It May Concern:

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(s) disputed by name of source, such as creditors or Superior Court, and identify type of item, such as credit account, judgment, etc.)** 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 of **(use this sentence if applicable and describe any enclosed documentation, such as payment records or court documents)** supporting my position. Please reinvestigate this **(these)** matter(**s)** and (**delete or correct)** the disputed item(**s)** as soon as possible.

Sincerely,

Your name

Enclosures: (**List what you are enclosing, always include a copy of your Social Security Card, Driver’s License, and a utility bill showing your home address)**