

[Date]

[Name of individual]

[Address of individual]

ADVERSE ACTION NOTIFICATION

Dear _____:

We regret to inform you that [EMPLOYER] will be:

- ☐ Rescinding your employment offer;
- ☐ Terminating your employment;
- ☐ Unable to offer you a promotion; or
- ☐ Taking the following adverse action against you: _____.

This employment decision was based in whole or in part on information contained in a consumer report furnished by Metrodata Services, Inc., 2805 Wehrle Dr., Suite 6-7, Williamsville, NY 14221, (716) 847-1590. A copy of the report was previously provided to you.

The consumer reporting agency mentioned above did not make this employment decision and is unable to supply you with specific reasons why the decision was made. Under Section 612 of the Fair Credit Reporting Act ("FCRA"), you have the right to obtain a free copy of the report if you submit a written request to the consumer reporting agency identified above no later than sixty (60) days after you receive this notice. Under Section 611 of the FCRA, you have the right to dispute with the consumer reporting agency the accuracy or completeness of any information in the report.

Sincerely yours,

Enclosure(s):

California Notice—Criminal History (If Applicable)

California Notice—Credit History (If Applicable)

California, City of Los Angeles Notice and Fair Chance Initiative For Hiring Ordinance
(FCIHO) Individualized Assessment and Reassessment Form (If Applicable)

California, Los Angeles County Notice (If Applicable)

Florida, Gainesville Notice (If Applicable)

Illinois Notice (If Applicable)

Illinois, Chicago Notice (If Applicable)

Massachusetts Notice (If Applicable)

Oregon, Portland Notice (If Applicable)

Texas, Austin Notice (If Applicable)

Washington Notice (If Applicable)

California Applicant/Employee

Enclose this notice if decision based upon criminal history information

The following items from your report are the basis for the adverse action identified on the enclosed letter:

(Identify items).

(Also insert Company's existing procedure for the applicant to challenge the decision or request reconsideration, if such procedure exists.)

You have the right to file a complaint with the State of California Civil Rights Department regarding this employment decision.

California Applicant/Employee

Enclose this notice if report included credit information

You have the right to obtain a free copy of your credit report within sixty (60) days from the consumer credit reporting agency which has been identified on this notice and from any other consumer credit reporting agency which compiles and maintains files on consumers on a nationwide basis. Under California law, you also have the right to dispute the accuracy or completeness of any information in the report with the consumer credit reporting agency.

California
City of Los Angeles Applicant/Employee

Enclose this notice if decision based upon criminal history information

Enclosed please find the Fair Chance Initiative For Hiring Ordinance (FCIHO) Individualized Assessment and Reassessment Form. It provides additional information regarding the basis for the decision.

**California
County of Los Angeles Applicants/Employees**

Enclose this notice if decision based upon criminal history information

(Employer) made a final decision to withdraw your conditional offer of employment. The following items from your report are the basis for the adverse action taken by (Employer): (Identify items). Enclosed please find a copy of (Employer)'s Second Individualized Assessment.

(Also insert Company's existing procedure for the applicant to challenge the decision or request reconsideration, if such procedure exists.)

You have the right to file a complaint with the Los Angeles County Department of Consumer & Business Affairs for a violation of the County's Fair Chance Act and with the State of California Civil Rights Department for violation of the Fair Chance Act.

**Florida
Gainesville Applicants/Employees**

Enclose this notice if decision is based upon criminal history information

The adverse action was based upon your criminal history information. This notice is provided in accordance with the City of Gainesville Code of Ordinances, Chapter 14.5, Section 14.5-181, which regulates the process and timing of criminal background checks conducted on job applicants.

Illinois Applicant/Employee

Enclose this notice if decision based upon criminal history information

The following items from your report are the basis for the adverse action identified on the enclosed letter: (identify the disqualifying conviction or convictions that are the basis for the final decision).

This decision was based on [[the substantial relationship between the conviction(s) and the employment sought or held] OR [the unreasonable risk to property or the safety or welfare of others created by granting or continuing employment]].

(Also insert Company's existing procedure for the applicant/employee to challenge the decision or request reconsideration, if such procedure exists.)

You have the right to file a complaint with the Illinois Department of Human Rights regarding this employment decision.

**Illinois
City of Chicago Applicant/Employee**

Enclose this notice if decision based upon criminal history information

[Employer] has taken the adverse action identified on the enclosed letter due to the following item(s) in your report: (identify the disqualifying conviction or convictions that are the basis for the final decision).

This decision was based on (see check mark below):

- ☐ Applicable law which excludes applicants with the above criminal conviction(s) from occupying the relevant position.
- ☐ Your disqualification from obtaining a standard fidelity bond or an equivalent bond that is required for the relevant position.
- ☐ The substantial relationship between your conviction(s) and the employment sought or held by you.
- ☐ The unreasonable risk to property or the safety or welfare of others created by granting or continuing employment to you.

(Also insert Company's existing procedure for the applicant/employee to challenge the decision or request reconsideration, if such procedure exists.)

You have the right to file a complaint with the Chicago Commission on Human Relations regarding this employment decision.

Massachusetts Applicant/Employee

Enclose this notice if report included credit information

You have the right to obtain a free copy of your credit report within sixty (60) days from the consumer credit reporting agency which has been identified on this notice. The consumer credit reporting agency must provide someone to help you interpret the information on your credit report. Each calendar year you are entitled to receive, upon request, one free consumer report. You have the right to dispute inaccurate information by contacting the consumer credit reporting agency directly. If you have notified a consumer credit reporting agency in writing that you dispute the accuracy of information in your file, the agency must then, within thirty business days, reinvestigate and modify or remove inaccurate information. The consumer credit reporting agency may not charge a fee for this service. If reinvestigation does not resolve the dispute to your satisfaction, you may send a letter to the consumer credit reporting agency, to be kept in your file, explaining why you think the record is inaccurate. The consumer credit reporting agency must include your statement about the disputed information in a report it issues about you.

**Oregon
Portland Applicant/Employee**

Enclose this notice if decision based upon criminal history information

The following items from your report are the basis for the adverse action identified in this correspondence: (identify items)

Texas
Austin Applicant/Employee

Enclose this notice if decision based upon criminal history information

The following items from your report are the basis for the adverse action identified in this correspondence: (identify items)

WASHINGTON APPLICANT/EMPLOYEE

Enclose this notice if decision based upon conviction record information

The following item(s) from your report are the basis for the adverse action identified on the enclosed letter: (identify the disqualifying conviction or convictions that are the basis for the final decision).

This decision was based on our good faith belief that the nature of the criminal conduct underlying your adult conviction record will [[have a negative impact on your fitness or ability to perform the position sought or held] OR [harm or cause injury to people, property, business reputation, or business assets]]. We have concluded that the adult conviction record(s) will have the following impact on the position sought/held by you or (Employer)'s business operations: _____

NOTE: Among other things, we considered the information listed in Factor 4 below, if any, and concluded that such information does not sufficiently lessen the impact(s) listed above.

In coming to the conclusions above, (Employer) assessed the factors below as follows:

Factor 1 - The seriousness of the conduct underlying the adult conviction record:

Factor 2 - The number and types of convictions:

Factor 3 - The time that has elapsed since the conviction, excluding periods of incarceration:

Factor 4 - Any verifiable information related to the individual's rehabilitation, good conduct, work experience, education, and training, as provided by the individual:

Factor 5 - The specific duties and responsibilities of the position sought or held:

Factor 6 - The place and manner in which the position will be performed:

NOTE TO EMPLOYER: Please add additional pages, if necessary.