Adverse Action Notification

Date: [Insert Date]

[Applicant's Name]

[Applicant's Address]

[City, State, Zip Code]

Dear [Applicant's Name],

We regret to inform you that your application for [specify application, e.g., a loan, employment] has been denied based on the information obtained from our review.

The specific reason for this adverse action is as follows:

- [Reason 1]
- [Reason 2]
- [Additional reasons if applicable]

You have the right to request a reconsideration of this decision. To do so, please provide additional information or documentation that you believe may support your case by [insert deadline for reconsideration requests].

Additionally, we encourage you to review your credit report as the decision was influenced by [if applicable, mention credit reporting agency]. You can obtain a free copy of your report at [Annual Credit Report](#).

If you have any questions or wish to discuss this matter further, please feel free to contact us at [insert contact information].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]