



Certificate Dispute Form (AF15)

Dispute reference: (Official use only – Service Request number)	
Customer reference number:	

This form consists of the following sections:

- Section A: Dispute relating to personal information
- Section B: Dispute relating to criminal record information disclosed
- Section C: Dispute relating to barring records
- Section D: Dispute relating to police force locally-held records
- Section E: Reasons for dispute
- Section F: Fingerprint consent form (for identity disputes only)
- Section G: Email consent form

This form can be completed digitally and sent via email, or printed and sent via post. If completing this form by hand, please complete using capital letters and black ink.

You must complete pages 1 and 2, and then the relevant section for the type of dispute you would like to raise.

Applicant details

Full name:	
Date of birth:	
Postcode:	
DBS certificate number:	
Contact telephone number:	

Interested party details

If you are not the applicant, you must complete this section and provide full details of what your interest in the DBS certificate is, for example, a countersignatory, employer, or licensing authority. If other, please specify, but not a solicitor.

Full name:	
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Organisation name:	
Contact details:	
Please specify interest:	

Dispute raiser's signature

Signature:	
Date:	

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For applicants only:

If you choose to email your form, please also complete section G (email consent) and then send your form as an attachment to raisedispute@dbs.gov.uk.

For applicants and countersignatories:

Alternatively, print the form and post it to the following address.

Disclosure & Barring Service
Disputes
Customer Services
PO Box 165
Liverpool
L69 3JD

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Section A: Dispute relating to personal information

Important: Please note, the result of personal information disputes will be issued to both the applicant and countersignatory.

Notes for completing this section:

- In A1, place a cross (x) in the relevant boxes to show which details are incorrect on the DBS certificate
- In A2, clearly provide the correct application details in capital letters

A1: Incorrect details	A2: Correct details
Surname <input type="checkbox"/>	
Forename <input type="checkbox"/>	
Other names <input type="checkbox"/>	
Date of birth <input type="checkbox"/>	
Place of birth <input type="checkbox"/>	
Gender <input type="checkbox"/>	
Address <input type="checkbox"/>	
Postcode <input type="checkbox"/>	
Position applied for <input type="checkbox"/>	
Name of employer <input type="checkbox"/>	
Level of disclosure (DBS check) <input type="checkbox"/>	

If the dispute relates solely to personal information on the DBS certificate, please complete pages 1 to 3, and send to DBS using the email address or postal address on page 2.

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If the dispute also relates to criminal record information disclosed on the DBS certificate, continue to complete section B, and then send to DBS using the email address or postal address on page 2.

For applicants: If sending the form via email, ensure that you complete section G.

Section B: Dispute relating to criminal record information disclosed

Place a cross (x) in the relevant box at B1 to B3 to show which criminal record information disclosed on the certificate is incorrect, or B4 if information is missing.

B: Police records of convictions, cautions, reprimands, and warnings	
B1: All of the information does not relate to the applicant Note: If you place a cross (x) in this box, complete section F (fingerprint consent) and include one passport-style photograph	<input type="checkbox"/>
B2: Some of the information does not relate to the applicant Note: If you place a cross (x) in this box, complete section F (fingerprint consent) and include one passport-style photograph	<input type="checkbox"/>
B3: Some or all of the information is not accurate	<input type="checkbox"/>
B4: Some information is missing	<input type="checkbox"/>

Section C: Dispute relating to barring records

C: Information from the list held under Section 142 of the Education Act 2002	
C1: DBS Children's Barred List information	<input type="checkbox"/>
C2: DBS Adults' Barred List information	<input type="checkbox"/>

Section D: Dispute relating to police force locally-held records

D: Other relevant information disclosed at the Chief Police Officers' discretion	
D1: Some or all of the information is not accurate as it is factually incorrect	<input type="checkbox"/>
D2: Some or all of the information is not relevant to the position or workforce	<input type="checkbox"/>
D3: Some or all of the information should not be disclosed	<input type="checkbox"/>

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Please note, if you have placed a cross against D2 or D3, the dispute will follow the Independent Monitor review process.

If you have placed a cross at any part of sections B, C, or D, complete section E.

Section E: Reasons for dispute

Please include the following information as part of Section E:

- full details of any offences, barring information, or approved information being disputed, and why you are disputing this information
- relevant dates
- offences that do not belong to you
- offences that are inaccurate
- offences that are missing (please state the courts and dates attended, and any evidence to support the dispute)

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Section F: Fingerprint consent

Only complete this section if you placed a cross (x) in sections B1, B2, or B4.

F: Fingerprint consent	
Dispute reference: (Official use only – Service Request number)	

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Applicant's details

Full name:	
Date of birth:	
Customer reference number:	

F1: Applicant's consent declaration

<p>I consent to my fingerprints being taken, if required, by the police and used in connection with resolving my dispute relating to a DBS certificate.</p> <p>Please place a cross (x) in the box opposite to indicate your consent for fingerprinting.</p> <p>I understand that my fingerprints may also be the subject of speculative searches against all fingerprint records held by the police and other law enforcement authorities, in connection with or as a result of an investigation into an offence.</p> <p>If, at the end of these enquiries my fingerprints are not required, they will be destroyed and not retained for any other purpose.</p> <p>I have provided one identical passport-style photograph of myself.</p> <p>If you prefer to send your dispute form in via email, you can take a photograph using your mobile phone and attach it to the email with your dispute forms.</p> <p>Photographs must meet the requirements set out in the disputes and fingerprint consent guidance.</p> <p>We will aim to resolve the dispute without the need for fingerprints. However, if they are required, the police will contact you to arrange an appointment for you to attend a police station convenient to you, where you may need to produce documentation to validate your identity.</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
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Please provide a telephone number, so the police can contact you to agree a suitable time for you to attend your local police station.

Telephone number:	
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If you do not consent to your fingerprints being taken by the police:

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Place a cross (x) in the box opposite to indicate that you do not consent to fingerprinting, and you understand that while we will aim to avoid the need for fingerprints, declining to have them taken may lead to us not being able to resolve your dispute.	<input type="checkbox"/>
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Signature:	
Date:	

Section G: Email consent

Please provide the email address you are happy for DBS to use when contacting you.

Applicant's email address:	
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G1: Email consent declaration

If you would prefer to submit your certificate dispute form via email, and receive your results via email, please provide consent below. Then, sign and date the form and upon completion, email to raisedispute@dbs.gov.uk.

I agree to the Disclosure and Barring Service corresponding with me via email, and using the email address provided above.	<input type="checkbox"/>
I understand that there are security risks with issuing and receiving information via email with no encryption, over the internet, for example, intercepted, forwarded, or used without authorisation or detection.	<input type="checkbox"/>
I understand that DBS will take all reasonable precautions to ensure no viruses are present in any emails. Our emails are scanned by the Symantec Email Security cloud service .	<input type="checkbox"/>
I confirm that I am aware that there are risks when sending/receiving information by email and by choosing to use email, I accept any risks associated with the information that I have requested to be emailed to me.	<input type="checkbox"/>

Signature:	
Date:	

If you have any questions about completing this form, please call 03000 200 190.