Issue Identification Form

Return this form to:

Delaware Community Reinvestment Action Council, Inc.
601 North Church Street, Wilmington, DE 19801
toll free: 877-825-0750 fax: 302-654-5046
www.dcrac.org

Today's Date: _____

Filling out this form will enable us to refer you to the appropriate help.

Your Name (please print)	Home Phone	Business Phone	Cell Phone

Street Address (city, county, state, & zip code)

Whom do you have an issue with?	Phone Number

Street Address (city, county, state, & zip code)

Check the applicable box which describes the other party:

☐ Landlord ☐ Utility Company ☐ Auto-dealership ☐ Contractor
☐ Credit Bureau ☐ Governmental Agency ☐ Real Estate Agency ☐ Lawyer
☐ Lender ☐ Insurance Company ☐ Non-Profit Agency ☐ IRS

Does it involve any of the following?

☐ Mortgage ☐ Refinance ☐ Home Improvement ☐ Business ☐ Credit Card
☐ Auto Loan ☐ Taxes Loan Number: _____

Did you sign a contract?	When did your problem arise?
☐ Yes ☐ No	Month _____/ Day _____/ Year _____

Does an attorney represent you?	Attorney's Name, Address , & Phone Number
☐ Yes ☐ No	

Do you believe you were discriminated against because of your:

☐ Race or Color ☐ Religion ☐ Sex ☐Familial Status (children or pregancy)
☐ National Origin ☐ Age ☐ Marital Status ☐ Creed ☐ Handicap

In a few words, what happened?

_____

_____

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