

RCCPC Covenant of Care

APPENDIX 5
INCIDENT REPORT FORM
Confidential

1. Name of staff/volunteer/congregational member observing or receiving disclosure of alleged abuse, neglect or other applicable terms associated with this Covenant:

2. Alleged victim's name:

3. Alleged victim's age or date of birth:

4. Date and place of disclosure of alleged abuse, neglect or other event:

5. Alleged victim's or witness statement (give your detailed summary here or on back of this page and please include dates of alleged event(s), if known):

6. Name of person accused of alleged abuse:

7. Relationship of accused to victim [e.g., paid staff, volunteer, family member, other (please specify)]:

8. Reported to: Pastor, Clerk of Session, or member of Personnel Committee or Child Protection Committee (give name):

Date/time of report: _____

Summary of report:

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9. Notify the Church's Insurance Company:

Date/time:

Spoke with:

Summary of conversation:

10. Call to the Delaware Division of Social Services (1-800-292-9582) or the New Castle County Police:

Date/time:

Spoke with:

Summary of conversation:

11.If appropriate, call to child's legal guardian or power of attorney:

Date/time:

Spoke with:

Summary of conversation:

12. Any other action taken:

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Record of Contacts Made:

Date/Time: _____

Name (and Organization, if applicable): _____

Summary:

Date/Time: _____

Name (and Organization, if applicable): _____

Summary:

Date/Time: _____

Name (and Organization, if applicable): _____

Summary:

Date/Time: _____

Name (and Organization, if applicable): _____

Summary:

Date/Time: _____

Name (and Organization, if applicable): _____

Summary:
