

**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:

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2. Alleged victim's name:

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

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

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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:

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

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

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Date/time of report: \_\_\_\_\_

Summary of report:

**RCCPC Covenant of Care**

9. Notify the Church's Insurance Company:

Date/time:

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Spoke with:

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Summary of conversation:

10. Call to the Department of Social Services and/or the Police (New Castle County DFS **1-302-892-5800**):

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Date/time:

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Spoke with:

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Summary of conversation:

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

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Date/time:

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Spoke with:

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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: