

TRUE WORSHIP CHRISTIAN FELLOWSHIP

DIACONATE ACTION FORM (DAF)

This DAF form is to indicate a required action by the Diaconate

Responsible Person: _____ Date: _____

Briefly state condition observed: _____

State the exact location of the condition: _____

Circle one of the following:

Immediate Problem

Minor Problem

Preventative Problem

Signature of submitting person: _____

Date: _____

Approved by: _____

Diaconate Response

Signature of Diaconate Member: _____

Date Received _____

Diaconate review issue: _____

Corrective plan of action: _____

Date of completion: _____