

How to Submit an Incident Report

How do I get to the Incident Reporting System to report a new incident?

1. Go to <https://pear.catholiccharities.net/incidents/>.
2. Log in with your Catholic Charities email and password
3. Select “**Report New Incident**”



Report New Incident

Please avoid creating duplicate incident reports!

If you need to complete previously created report - click [HERE](#).

You'll see a table with a list of all incident reports previously submitted by you.

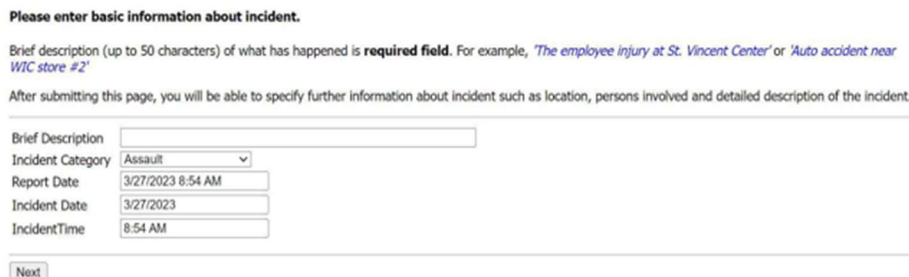
Click on "Incident title" to select the report and proceed with completing it.

*Important note for Managers and Supervisors:

- **Submitter:** Coordinate with Colleagues and Manager before generating “Report New Incident” to avoid duplicate reporting.
- **Manager/Supervisor:** Do not create a “Report New Incident” for “Updates on Action Taken”
 - Go back to the original report on Incident Report System.
 - Add “Update on Action Taken” to the original report.
 - Submit Incident Report.

Basic Information

After clicking on “Report New Incident”, you will be directed to the following screen:



Please enter basic information about incident.

Brief description (up to 50 characters) of what has happened is **required field**. For example, *'The employee injury at St. Vincent Center' or 'Auto accident near WIC store #2'*

After submitting this page, you will be able to specify further information about incident such as location, persons involved and detailed description of the incident.

Brief Description

Incident Category

Report Date

Incident Date

Incident Time

4. Give the incident a **Brief Description** that clearly details the incident.
 - Think of something short but clear, for example:
 - “Tires slashed on truck”
 - “Employee tripped on stairs”
5. Select the **Incident Category** that most closely aligns with the incident.



Auto Accident

Community Violence

Damage to Property

Death

Fraudulent Activity

Illness

Improper Conduct

Injury

Physical Assault

Sexual Harassment/Abuse

Suspicious Activity

Theft/Lost or Mislaid

Verbal Assault - Threat

Other


6. Record the **Incident Date** and **Incident Time**.
 - a. You don't need to change the **Report Date**. It will auto populate with today's date
7. Select “**Next**”, verify that all information is correct, then select “**Continue**”.

Incident Location

8. Catholic Charities Location


- a. If the Incident happened at a Catholic Charities location, click on the magnifying glass to the right of Location.

Incident Location Information

Click magnifying glass () to assist with populating fields (both for location and department/area).


If incident didn't happen at Catholic Charities Location - please provide an address, don't select Catholic Charities location


Incident at Catholic Charities Location? ☒

Location 

Location Code

Address

City, State, Zip 

Department 

Area #

Impact Area


[Update](#) [Cancel](#)

- b. A location lookup box will pop up. You can search for the location in different ways. For example, if you want to search by street address, click on the circle to the left of "**Street Address**", then start typing the location into the box.

Location Lookup

Step 1. Please start typing **Location Name**.
Then select correct entry from dropdown list and click on 'Lookup' image

☒ Location Name
 ☐ Location Code
 ☐ Street Address
 ☐ City
 ☐ Zip



No locations found

[Close](#)

- c. As you type the location, locations will appear as a drop down. Select the correct location and then click the **magnifying glass**.

Location Lookup

Step 1. Please start typing **Location Name**.
Then select correct entry from dropdown list and click on 'Lookup' image

☒ Location Name
 ☐ Location Code
 ☐ Street Address
 ☐ City
 ☐ Zip

vincen

No l
 St. Vincent Center
 St. Vincent de Paul 12
 St. Vincent de Paul 13
 St. Vincent de Paul 15
 St. Vincent DePaul Residence
 St. Vincent DePaul Warehouse

- d. The name of the location will appear at the bottom of the Location Lookup box. Click **Select** and this will populate the location fields with the correct building and address.

Location Lookup

Step 1. Please start typing **Location Name**.
Then select correct entry from dropdown list and click on 'Lookup' image

☒ Location Name
 ☐ Location Code
 ☐ Street Address
 ☐ City
 ☐ Zip

St. Vincent Center

Step 2. Navigate to the correct Position Title and click on 'Select' link in the datagrid


Location Code	Location Name	Street Address	City	State	Zip	Select
111	St. Vincent Center	721 N La Salle	Chicago	IL	60654	Select

Close

9. Non-Catholic Charities location


- a. If the incident happened at a non-Catholic Charities Location, uncheck the box to the right of "Incident at Catholic Charities Location"

Incident Location Information

Click magnifying glass () to assist with populating fields both for location and department/area).


If incident didn't happen at Catholic Charities Location - please provide an address, don't select Catholic Charities location


Incident at Catholic Charities Location? ☒

Location 

Location Code

Address

City, State, Zip 

Department 


Area #

Impact Area

[Update](#) [Cancel](#)


- b. Type in the location **address, city, state, and zip**. Do NOT use the magnifying glass.

Incident Location Information

Click magnifying glass () to assist with populating fields (both for location and department/area).


If incident didn't happen at Catholic Charities Location - please provide an address, don't select Catholic Charities location


Incident at Catholic Charities Location? ☐

Location 

Location Code

Address

City, State, Zip 

Department 


Area #

Impact Area

[Update](#) [Cancel](#)


10. Once the location is added, add your department information.
- To add the department information, click on the magnifying glass to the right of **Department**. A department lookup box will appear.

Incident Location Information

Click magnifying glass () to assist with populating fields (both for location and department/area).


If incident didn't happen at Catholic Charities Location - please provide an address, don't select Catholic Charities location


Incident at Catholic Charities Location? ☐

Location 

Location Code

Address

City, State, Zip 

Department 

Area #

Impact Area

[Update](#) [Cancel](#)

- Start typing your department name or 4-digit department code. The name of the department will show up at the bottom of the look up box. Select the department and click "OK".


Select Department

Please start typing Area or Department name. Then select correct Department from dropdown list and click OK button




1114-Data Strategy & Insights

11. The department information will auto-populate in the form. Once that happens, select **Update** at the bottom.

Incident Location Information

Click magnifying glass () to assist with populating fields (both for location and department/area).

If incident didn't happen at Catholic Charities Location - please provide an address, don't select Catholic Charities location

Incident at Catholic Charities Location?	<input checked="" type="checkbox"/>		
Location	<input type="text" value="St. Vincent Center"/> 		
Location Code	<input type="text" value="111"/>		
Address	<input type="text" value="721 N La Salle"/>		
City, State, Zip	<input type="text" value="Chicago"/>	<input type="text" value="IL"/>	<input type="text" value="60654"/> 
Department	<input type="text" value="Data Strategy & Insights"/> 		
Area #	<input type="text" value="1114"/>		
Impact Area	<input type="text" value="Finance & Administration"/>		

[Update](#)
[Cancel](#)

Persons Involved

12. To move to the next section of the report, click on **Persons Involved** at the bottom of the screen.

[Edit](#)

[Persons Involved](#)
[Incident Features](#)
[Incident Details](#)
[Police Information](#)
[Incident Documents](#)

In order to submit Incident Report you must enter information about *Persons Involved*, *Incident Features* and *Incident Details*

13. In the **Persons Involved** section, add all people involved in the incident.

14. To add a participant, select **Add Participant** in the middle of the screen.

Participants List

No records found


No data found for Incident ID: **937**

[Add Participant](#)

15. First select the **Participant Type**.


- a. If the person is a **staff person**, click on the magnifying glass in the participant's name section. If the person is not a staff person, go to **C** below for instructions.

Incident Participant Information

Click magnifying glass () to assist with populating fields


Participant ID	<input type="text" value="1349"/>	Incident ID	<input type="text" value="937"/>
Emp. ID	<input type="text"/>	Type	<input type="text" value="Staff Person"/>

Participant's Name


First Last Middle 

For staff Participants start employee lookup first


Job Related Information

Area#	Department	Impact Area
<input type="text"/>	<input type="text"/>	<input type="text"/> 
Job Code	Job Title	Emp. Code
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

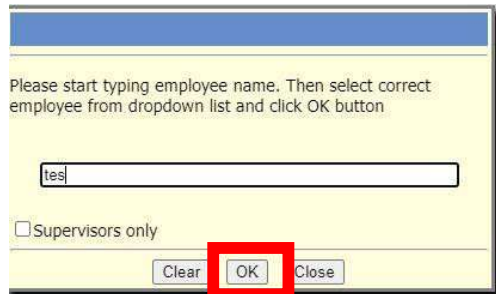
Participant's Address

Location **Code** 

Address

City **State** **Zip** 

- b. An employee lookup box will appear, start typing the employees name, select the employee from the drop down, then click **ok**. This will populate the page with information about the employee. Then select **Insert** to add the person to the report.



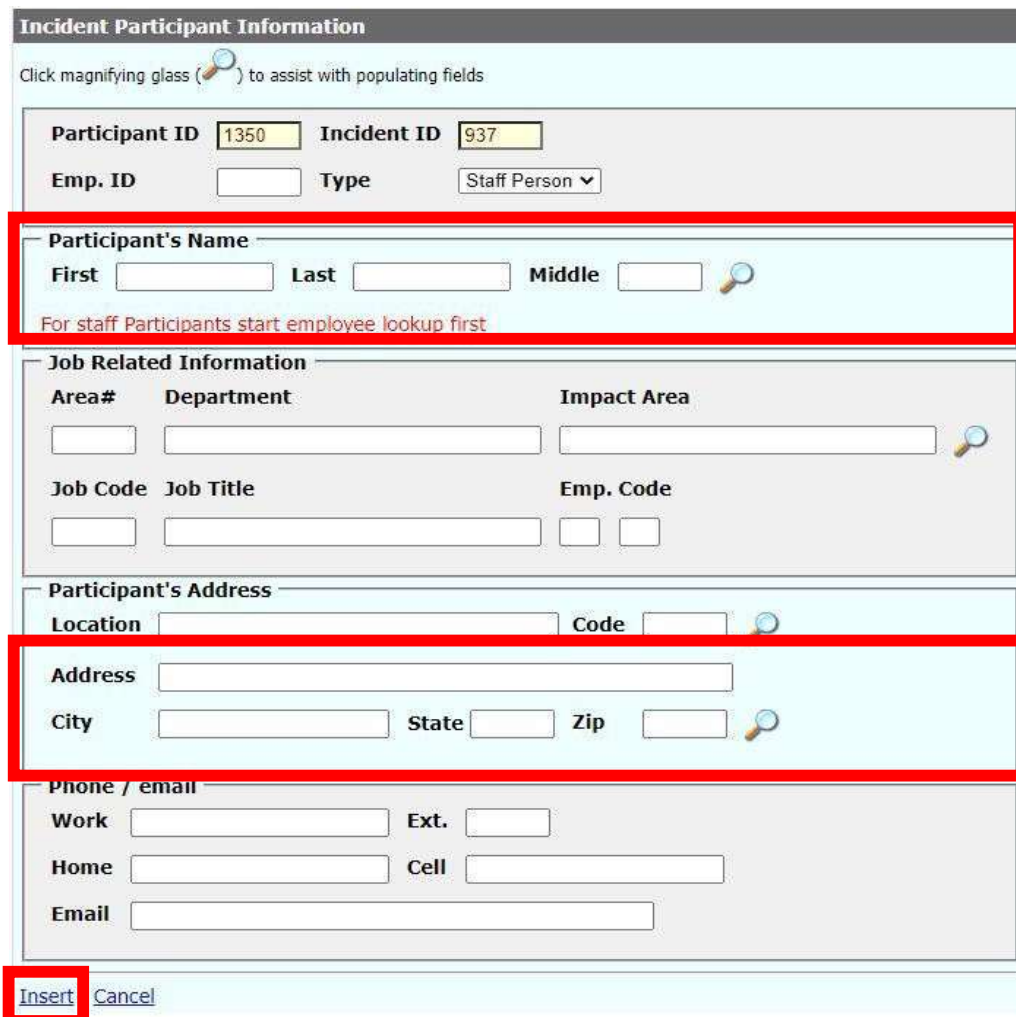
Please start typing employee name. Then select correct employee from dropdown list and click OK button

tes

☐ Supervisors only

Clear OK Close

- c. If the person is **NOT** a staff person, select the appropriate 'type' for them (volunteer, client, security, or other), and type their first and last name and their address if known. DO NOT enter anything related to employee ID or job-related information. Then select **"Insert"** to add the person to the report.



Incident Participant Information

Click magnifying glass () to assist with populating fields

Participant ID 1350 Incident ID 937

Emp. ID Type Staff Person

Participant's Name

First Last Middle

For staff Participants start employee lookup first

Job Related Information

Area# Department Impact Area

Job Code Job Title Emp. Code

Participant's Address

Location Code

Address

City State Zip

Phone / email

Work Ext.

Home Cell

Email

Insert Cancel

16. Select "Add Participant" to repeat **step 15** until all people involved in the incident are added to the report.

Incident Features

17. Select **Incident Features** at the bottom of the page to move to the next section of the report.

[Incident Location](#)

[Incident Features](#)

[Incident Details](#)

[Police Information](#)

[Incident Documents](#)

18. The Incident Category will be preselected on the Incident Features page. Here are two examples:

a. If the incident was an auto accident in an agency vehicle:

- **Auto Accident** will be preselected
- Select **Agency Vehicle**
- Add **Vehicle License #**
- Select **Gallagher Bassett auto accident form attached**
- Gallagher Bassett Form must be attached to the **Incident Document** section
- Click **Save**

Please select the incident features below

☒ **Auto Accident**

☐ Personal Vehicle

☐ Agency Vehicle

☐ Car Towed

☐ Estimate of Repair Attached

Vehicle License #

☐ Gallagher Bassett auto accident form attached

[Gallagher Bassett Form](#) document is used to report AGENCY OWNED, LEASED, or RENTAL VEHICLES involved in an accident.

b. If the reported incident involves an **Injury**:

- **Injury** will be preselected
- Select **Employee**
- Click on **IL Form 45** (Only for Injury which involved Employee or Volunteer)
- Select **IL Form 45 Attached** (Must be attached to **Incident Document** Section)
- Select **Fall** (only if the injury occurred due to fall)
- Select Fall **Location** (only if fall reported)
- Click **Save**

☒ **Injury**

☒ Employee (submit [IL Form 45](#))

☐ Volunteer (submit [IL Form 45](#))

☐ Client

☐ Guest

☐ Other

☐ IL Form 45 Attached

☒ Fall

Location (only if fall reported)

Select ▼

Select

Common Area

Residential Unit

Outside

Other

* Visit ["Incident Types Description"](#) PDF for more information on Categories and Features.

Incident Details

19. Select **Incident Details** at the bottom of the page to move to the next section of the report.

Save

[Incident Details](#)

[Incident Location](#)
[Persons Involved](#)
[Incident Details](#)
[Police Information](#)
[Incident Documents](#)

20. In the **Incident Description** box, give a detailed description of the incident. In the **Action Taken** box, describe actions taken immediately following the incident. Select the **Update** button. Do NOT complete the **Update on Action Taken** field. This field is completed by the submitter's supervisor or manager within 48 hours of the incident date.

Incident Details

Incident ID	937	Category	Assault
Incident Title	testers		
Incident Date	4/3/2023 10:50 AM	Duration	
External forms	<input type="checkbox"/> Form 45 <input type="checkbox"/> Gallagher and Bassett Form		

Incident Description

Action Taken

↗

Update on Action Taken

↗

Update on Action taken field should be completed by supervisor within 48 hrs after the incident

[Update](#)

[Cancel](#)

[Incident Location](#)
[Persons Involved](#)
[Incident Features](#)
[Police Information](#)
[Incident Documents](#)

In order to submit Incident Report you must enter information about *Incident Details*

Note for Supervisors/Manager:

*No need to create a "Report New Incident" to complete **Update on Action Taken**.

Police Information

If the police were NOT involved in the incident, skip this section of the report

21. Select **Police Information** at the bottom of the page to move to the next section of the report.

[Incident Location](#) [Persons Involved](#) [Incident Features](#) [Police Information](#) [Incident Documents](#)

In order to submit Incident Report you must enter information about *Incident Details*

22. Complete the police information and select **Update**.

Police Information	
Incident ID	937
Was the Police Department contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, copy of Police Report attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Police Report Date	<input type="text"/>
Police Report Number	<input type="text"/>
Is there an Order of Protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the Order of Protection or the relevant order include the workplace address?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Update Cancel	

[Incident Location](#) [Persons Involved](#) [Incident Features](#) [Incident Details](#) [Incident Documents](#)

Submit for Review by Manager

Submit Incident Report

Edit

Incident Documents

If you do NOT have additional documents to include, skip this section of the report

23. Select **Incident Documents** at the bottom of the page to move to the next section of the report.

[Incident Location](#) [Persons Involved](#) [Incident Features](#) [Incident Details](#) [Incident Documents](#)

[Submit for Review by Manager](#) [Submit Incident Report](#) [Edit](#)

24. Here is where you upload any supporting documentation for the incident report. For example:

- a. Gallagher and Bassett Form
- b. Form 45
- c. Police Report
- d. Witness statements
- e. Pictures of the incident
 - i. For example, damaged property or a car accident.
 - ii. Make sure pictures do NOT include identifiable images of clients.

25. To upload a document, select **Choose File**, click on the file you want to upload and select **open**. This will attach the file to the report.

Incident Documents

No uploaded documents exist for selected incident

No uploaded documents found for Incident ID: 937

Upload file: [Choose File](#) Capture.JPG

26. add additional files to the report, select **Add New**.

Incident Documents

No uploaded documents exist for selected incident

No uploaded documents found for Incident ID: 937

Upload file: [Choose File](#) No file chosen

[Replace Existing](#) [Add New](#)

Submit for Manager Review

27. Once all the information is complete in the report, select **Submit for Review by Manager**. This will send an email to the submitter's manager letting them know the report was submitted and is ready to be reviewed and approved.
- Supervisor's (Submitter) Manager will be responsible for adding the "Update on Action Taken".
 - If no "Update on Action Taken" has been submitted within 7 days of Incident, manager will be notified.

Incident Documents

ID	Doc. Type	File Name	Upload Date	Description	Get Document
380		Capture.JPG	4/4/2023		Download

Document '380' Details	
Document ID	380
IncidentID	937
Doc. Type	
Description	
File Name	Capture.JPG
Upload Date	4/4/2023
Edit Delete	

Upload file: No file chosen

File 'Capture.JPG' uploaded successfully.

[Incident Location](#) [Persons Involved](#) [Incident Features](#) [Incident Details](#) [Police Information](#)

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