# Submitting an Incident Report Form from the Community Portal

You can now submit an Incident Report Form in your Conservation Legacy Community Portal. This includes members, leaders, and site supervisors. See below for instructions.

If you are reporting an injury that could result in a worker's comp claim, you should reach out to your Conservation Legacy contact.

You can locate the Incident Report Form under the "Forms" tab on the navigation bar. Select Submit an Incident Report. You should complete as many fields as possible. See below for details on each specific field. Fields with a red star next to them are required and must be completed in order to submit. These descriptions are also included as pop-up hints directly in the form.
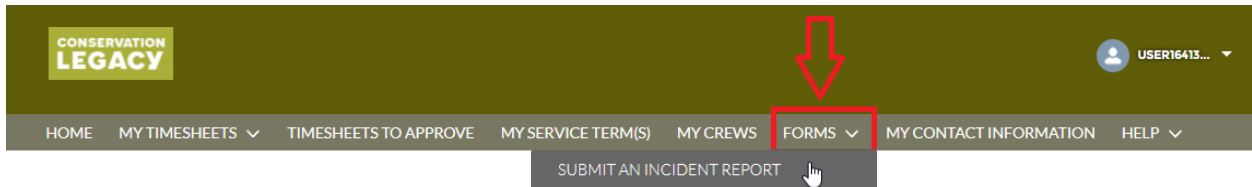
Completing the Incident Report Form

The instructions below are built directly into the form, so when you click into a field, help text will pop up:

Basic Information:

Name of person completing report: Will automatically fill in with the Communities account being used.

Threshold: If you are unsure, please reach out to program staff with questions.

Program: Which specific program the incident happened in. By default this will autofill to the program on the service term of the member logged in.

Crew Name: Leave blank.

Name of person(s) involved: Names of everyone involved in incident. If multiple people, list everyone.

Under 18?: Select if any person involved is a minor.

Type of person(s) involved: Their role in the organization. You can select multiple values by selecting a value and then clicking the arrow pointing to the box to the right.

Date of Incident/Time of Incident: Day and approximate time incident occurred.

Area/location of incident: Where incident occurred - try and be as specific as possible (I.E. not just San Juan National Forest, but instead specific Ranger District, trail, road, etc.).

Where: Front country, Backcountry, Office/Shop.

Conditions: Weather, terrain, etc.

Incident Details

Activity: What was involved person(s) doing at the time. Select from drop down menu. Use "Activity Explanation" box to explain if "other" is selected.

Incident Category: Use dropdown menu and select predefined category whenever possible. If incident does not fit into a predefined category, use other and explain in "Category Explanation" box.

Type of Incident: Use dropdown menu and select predefined type whenever possible. If incident does not fit into a predefined type, use "other" and explain in "Type Explanation" box.

Did individual miss work: Whether or not they missed work due to incident.

Did individual seek medical care: Whether or not they sought medical care. If yes, when?

If individual sought medical care: Outpatient or admitted for care? Leave blank if unsure.

WC Report Filed: If a workers compensation claim has been/will be filed? Leave blank if unsure.

Parents/Emergency Contact Notified: Yes/No. Fill out who notified them below. Leave blank if unsure.

Items taken from med kit: Leave blank.

Incident Description: Thorough description of what happened. Include, dates, times, locations, damages, injuries. DO NOT include names.

Sequence of Events: Events leading up to/impacting incident. Any contributing factors.

Analysis/Recommendations: Analysis/recommendations based on policy violations and/or behavioral, physical, technical contributions.

Supporting Documentation Upload: Upload any relevant documentation- Paper Incident Form (if applicable), Vehicle Accident Report, Photos, Letter from treating provider, etc.