

State of Vermont Incident Report System

E-Alerts
User Manual

What is Incident Reporting?

- The Incident Reporting System is an all-in-one solution for cross-departmental incident tracking and management.
- Incident Reporting tracks streamlines and automates the entire activity, incident, investigation and analysis workflow.
- Incident Reporting provides organizations the visibility they need to manage risks, identify threats at individual sites and counteract the trends and activities with the potential to impact their people, property and assets.
- E-Alerts is the form used to submit your information.

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OFFICE OF SECURITY

[Click Here for upcoming Emergency Procedures Trainings](#)

[Emergency Procedures Manual](#)

Main Office

6 Baldwin Street, Room 312
Montpelier, Vermont 05633-2101
Phone: (802) 828-6974

Emergency Contact Information

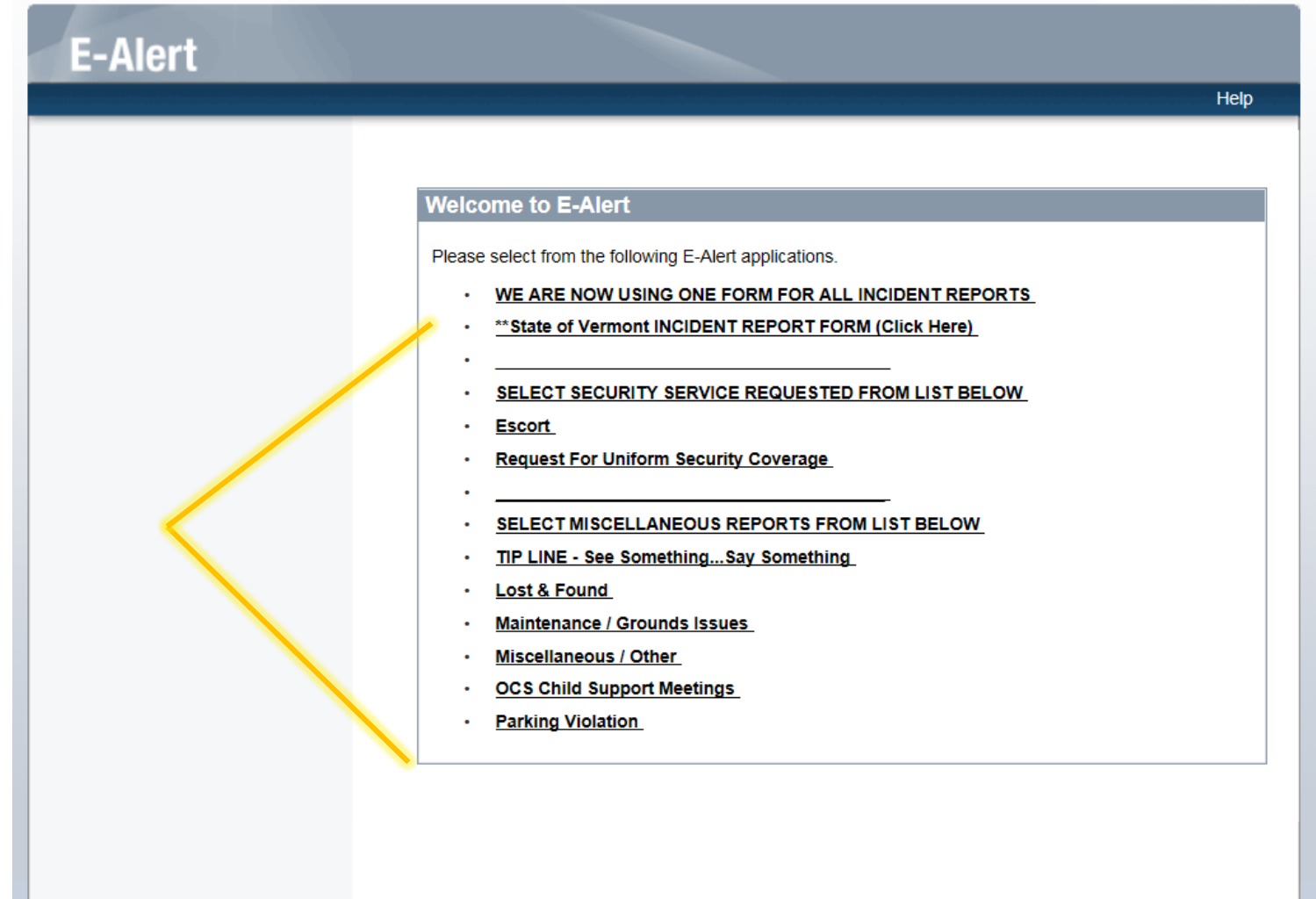
24/7 Statewide Security Phone Number: (802) 828-0777

Report An Incident	Request Security Information	Request a New Badge	Request Additional Access
Request a Parking Permit	Request Security System Service	Request for Uniform Security Coverage	

Welcome

When you first access E-Alerts you are prompted to select an E-Alert interface.

When you have finished reading the information provided after making your selection, click **Next** to move on to the main E-Alert page.



The screenshot shows the E-Alert interface. At the top left, it says "E-Alert" and at the top right, there is a "Help" link. The main content area is titled "Welcome to E-Alert" and contains the following text:

Please select from the following E-Alert applications.

- **WE ARE NOW USING ONE FORM FOR ALL INCIDENT REPORTS**
- ****State of Vermont INCIDENT REPORT FORM (Click Here)**
- _____
- **SELECT SECURITY SERVICE REQUESTED FROM LIST BELOW**
- **Escort**
- **Request For Uniform Security Coverage**
- _____
- **SELECT MISCELLANEOUS REPORTS FROM LIST BELOW**
- **TIP LINE - See Something...Say Something**
- **Lost & Found**
- **Maintenance / Grounds Issues**
- **Miscellaneous / Other**
- **OCS Child Support Meetings**
- **Parking Violation**

A yellow arrow points from the first bullet point to the left side of the screen.

Let's walk through an Incident Report.



E-Alert Main Page

This is the main E-Alert page, where information is captured.

The first section labeled "Guidelines" will provide any pertinent instructions.

You will also find a list of security incident definitions to aid in your selection of type of incident being reported

Next - Scroll down from section to section and complete as much information as possible.

GUIDELINES

Welcome to The State Of Vermont's Incident Reporting System.

IF YOU HAVE AN IMMEDIATE EMERGENCY YOU SHOULD CALL 911 NOW!!

If you have an urgent security matter that is not an immediate emergency, you should call our 24/7 emergency line at 802-828-0777 for assistance from the Security Officer on Duty.

This Form must be completed and submitted within 30 minutes - please plan accordingly.

To complete this eALERT, please submit as much information as possible. The more detailed you are, the better Security can react to your report. **Your should always provide a summary of the incident in the Narrative section of the form.** You will also be able add files and/or pictures to this eALERT in the attachment section.

When you have completed the forms, please click on **Submit** in the upper right or at the bottom of the report. You will receive an acknowledgement and a ticket number for your future reference. Please use this ticket number for any future correspondence concerning this incident.

If you need additional help in creating the eAlert, visit the BGS Security Home Page <http://www.bgs.vermont.gov/security> and click on "How to use the Security Incident Report" for a Power-Point that will assist you.

Be sure to always include all relevant details of the incident in the Narrative section of the eAlert. Security Staff uses the information in this section to help assess any threats or other details which may require action to be taken.

If you are attaching an internal form it is acceptable to cut and past the narrative from that form into the Narrative section of this report.

You must complete the report within a 30 minute time frame or you will loose your information.

Adding Information

General Information

This section is for basic information as to who is reporting the incident and the location and Agency/Department involved.

General Information *

Time Reported
02/13/2019 11:56
(GMT-05.0) EST *

Creator Email
Don.Duck@vermont.gov

I want to receive a copy of this E-Alert in my e-mail

Location (SOV)

YOUR TOWN IS A REQUIRED FIELD AND REFERS TO YOUR OFFICE LOCATION.

Please select your town
Montpelier

Montpelier- Choose Location
6 Baldwin Street

Floor Number
3rd Floor

Room Number
312

AGENCY / DEPARTMENT IS A REQUIRED FIELD - CHOOSE BELOW THE AGENCY / DEPARTMENT...

Agency / Department
BGS - Buildings and General Services

If Your Agency or Department has multiple Divisions, please enter that information below

Enter Division (if Applicable)
Security

Adding Information

Reporters and Victims

This section is to list who is reporting this incident and who are the victims.

Reporters and Victims

Person Completing This Form:

Donald D Duck

Phone Number:

805-555-1212

Division/District Office/Workstation Location:

100 Mineral Street Springfield VT

**** Please Provide Details of Victims in box below**

Names & Contact Info for Victim(s) / (Person(s) Harmed or Threatened with Harm):

Daisy Duck and numerous others

[Check Spelling](#)

Affiliation of Victim

Staff / Role **

Community/Contracted Partner **

Client

Foster Parent

Other **

Incident Details

A lengthy section to Provide as much information as you can.

- Incident Type
- Suspect Name
- Suspect's Date of Birth
- Suspect's Phone #
- Suspect's Address
- Date and time of Incident

Incident Details

Incident Type

<input type="checkbox"/> Assault	<input type="checkbox"/> Sex Offense
<input type="checkbox"/> Disturbance	<input checked="" type="checkbox"/> Theft / Stolen Property
<input type="checkbox"/> Harassment	<input type="checkbox"/> Threat
<input type="checkbox"/> Medical Event / Injury	<input type="checkbox"/> Trespass
<input type="checkbox"/> Property Damage	<input type="checkbox"/> Vehicle Incident
<input type="checkbox"/> Suspicious Activity	<input type="checkbox"/> Other

Name of Suspect (Person Causing Concern/Harm):
Mickey Mouse

Suspect's Date of Birth (DOB):
12/05/1932

Case # (if assigned):
12345

Suspect's Phone Number:
887-567-3451

Suspect's Address: (Street/Town/State)
103 Magic Kingdom Drive
Orlando FL 12345

Is a current photo of Person(s) Involved Available?
 Yes No

Incident Details Continued

Provide as much information as you can.

- Vehicle Involved?
- Employment Information?
- Dept. of Corrections Info
- Restraining Orders or No Trespass ?

If Person(s) have a Vehicle Involved? Please describe Year, Make, Model, Color, Lic #, State

1957 Chev Belair Blk Vt Reg ABC 123

Check Spelling

Describe any Unique Characteristics about the Vehicle

Very Rusty

Is the Person(s) Employed

Yes No

Who is Their Employer?

Disneyworld

What Hours do They Work?

Varied

Is the Suspect Under DOC Supervision?

Yes - Incarcerated No
 Yes - In the community Unknown

If Yes, What is the Supervising Office?

Are There Any Restraining Orders or No Trespass Orders in effect?

No Yes

If Yes-Please Provide Details

Check Spelling

Incident Details Continued

Provide as much information as you can.

- Date and Location of Incident
- Weapons Information
- Relationships and Impacts

Check All That Apply Below:

Date of Incident:
02/04/2019

Time of Incident (If Known):
13 15

Where Incident Occurred

Office / Building Staff's Home
 Client's Home Other - Please Detail Below

Other Location

Did Incident Involve a Weapon
 Yes No

Description of Weapon (if applicable)

Relationship to Victim

Client Partner
 Co-Worker Other - Please Detail Below

Other Relationship Detail
None

Previous Incidents in Other Districts?
 Yes Unknown
 No

If Yes, Has Historical Information been Requested?
 Yes Unknown
 No

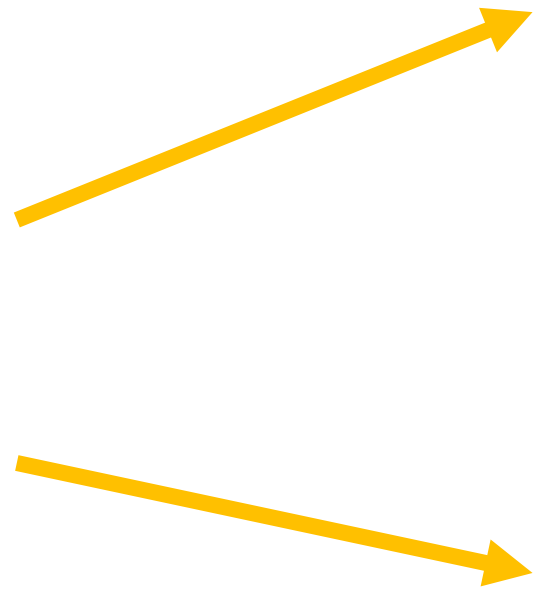
Impact Resulting from this Incident

Physical Other - Please Detail Below
 Emotional/Psychological

Incident Details Continued

Behavior Information

Accessibility to victims.



Criteria to Assess Seriousness of Threats

Check All that Apply

Behavior / Circumstances of Suspect

<input checked="" type="checkbox"/> Substance abuse	<input type="checkbox"/> Suicidal thoughts or actions
<input checked="" type="checkbox"/> History of assaultive or violent behavior	<input checked="" type="checkbox"/> Emotional instability
<input type="checkbox"/> Prior criminal History	<input type="checkbox"/> Mental health illness or problems
<input type="checkbox"/> Prior threats	<input type="checkbox"/> History of violating court orders
<input type="checkbox"/> Frequent law enforcement contact	<input type="checkbox"/> Tactical training (survivalist, military, etc)
<input type="checkbox"/> Access to weapons or history of weapon use	<input type="checkbox"/> History of stalking (In-person or electronic)
<input type="checkbox"/> Domestic or intimate par...lence / coercive control	<input checked="" type="checkbox"/> Gang membership or activity
<input type="checkbox"/> Sudden or recent life changes	

Accessibility to the person harmed or Threatened

If incarcerated, does the Suspect have resources to have others to take action on his/her behalf?

Yes Unknown
 No

Does the Suspect have the ability to stalk via technology?

Yes Unknown
 No

Does the Suspect live near the Victim?

Yes Unknown
 No

Does the Suspect making threat know where the Victim lives?

Yes Unknown
 No

Incident Details

- Safety precautions and Responses....



- Other Safety Precautions



- Additional

- Recommendations



Safety Precautions and Response

Check All that Apply

Will any of the following be helpful if available?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Law enforcement assistance | <input type="checkbox"/> No Trespass Order |
| <input type="checkbox"/> Security Detail assigned to building | <input checked="" type="checkbox"/> Locks on doors and/or windows |
| <input type="checkbox"/> Alarms on doors and/or windows | <input type="checkbox"/> Peer support / HOPE team |
| <input type="checkbox"/> Temporary change in work locations | <input type="checkbox"/> Self protection plan |
| <input checked="" type="checkbox"/> Case note alert in FSDNet | <input type="checkbox"/> Notification of threat to other staff |
| <input type="checkbox"/> Removal of work contact info from web site | <input type="checkbox"/> Safety Planning with an advocate |
| <input type="checkbox"/> Consultation with supervisor or Director/Manager | <input type="checkbox"/> Outside consultation |
| <input type="checkbox"/> Employee Assistance Program EAP | <input checked="" type="checkbox"/> HR Consultation / Notification |
| <input type="checkbox"/> Referral for legal action | |

Other safety precaution assistance:

None at this time

Check Spelling

Additional recommendations or anything else to share:

None at this time

Incident Details

Attachments

Attach any relative photos or documents

Attachment

Attach a new file

Attached Files
No Files Attached

* Required Fields.




Diagram illustrating the attachment process. A yellow box highlights the 'Attachment' header. A yellow arrow points from the 'Browse...' button to Mickey Mouse, and another yellow arrow points from Mickey Mouse to the 'Attach' button.

REMINDER – You must complete and submit your report within 30 minutes. Have all materials handy and schedule the time to complete the report.