

Submitting Incident Reports through Other Users

If you are trying to file an Incident Report but do not have access to a computer, you can do it through an authorized user of Therap. This is what you have to do -

Find a person who

- o has a valid Therap user account
- o is authorized to submit the information (i.e. has been assigned the appropriate **GER Submit** role) for the individual you are working with
- o has access to a computer
- Give the person a paper copy of the Incident Report (you may use Therap's offline forms) or give the information over telephone
- Or you may also sit down with the person at the computer and complete the report together

The person at the computer will

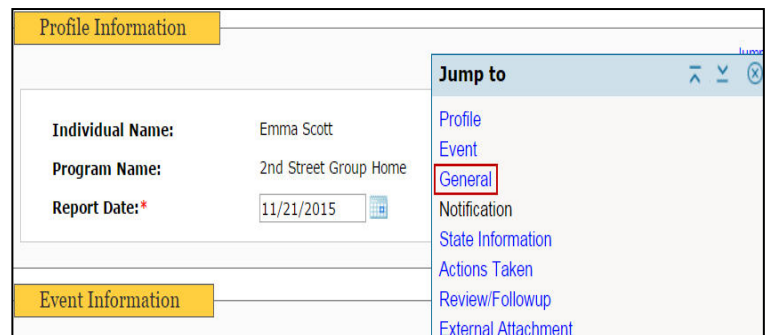
- Log onto Therap using the **Login Name, Password,** and the **Provider Code**
- Go to the **General Event Report** area under 'To Do' tab on *Dashboard*
- Select the **New** link
- Select the appropriate program and individual
- Complete the report with the information provided by you
- Enter your name in the report as the reporter
- o Go to the General Information section of the report
- o (Click on the **General** link from the *Jump to* option)
- o Click on the Submit button to submit the GER for approval. You can also save the report for later completion by clicking on the Save button.
- o If the name of the reporter is not on the drop down, select 'Other' and enter the reporter's name in the associated text box (If Other).
- o Submit the report for approval
- o The report is going to have the name of the person at the computer as the Submitter and your name as the Reporter.



General Event Reports (GER) - **New** | Search

Review

Approve



Profile Information

Individual Name: Emma Scott

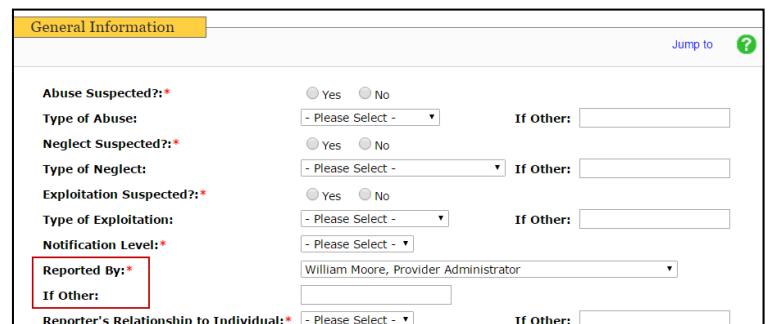
Program Name: 2nd Street Group Home

Report Date: 11/21/2015

Event Information

Jump to

- Profile
- Event
- General**
- Notification
- State Information
- Actions Taken
- Review/Followup
- External Attachment



General Information

Abuse Suspected?: ☐ Yes ☐ No

Type of Abuse: - Please Select - If Other:

Neglect Suspected?: ☐ Yes ☐ No

Type of Neglect: - Please Select - If Other:

Exploitation Suspected?: ☐ Yes ☐ No

Type of Exploitation: - Please Select - If Other:

Notification Level:

Reported By: William Moore, Provider Administrator

If Other:

Reporter's Relationship to Individual: If Other: