G Connect Guide

CONNECT

Table of Contents

Asset Protection Forms

External - This form is used to document any incident at a location that involves an external person creating a loss for us. Case types include:

- Assault
- Bag Stuffing
- Burglary
- Concealment (Bag or on Person)
- Counterfeiting/Forgery
- Focused Customer Service Recovery
- Fraud (eCommerce or Refund)
- Harassment
- Theft - Trailer
- Ticket/Container Switching
- Walk Out
- Workplace Violence

Incident - This form is used to document any incident at a location that occurred on our property. Case types include:

- Assault
- Bomb Threat
- Burglary
- Civil Unrest
- Code Adam
- Drug Activity
- Eagle Eye
- Theft - Customer Property
- Threat
- Trespass
- Vandalism

Asset Protection Forms cont.

Internal - This form is used to document any incident at a location that involves a Team Member causing a loss to the company. Case types include:

- Associate Discount Abuse
- Damage - Company Property
- Fraud (eCommerce, Payroll, or Refund)
- Harassment
- POS - Pass Off
- Stashing Merchandise
- Theft (Cash, Company Property)
- Unauthorized Price Change

Contact Center Forms

Customer Feedback - This form is used to document any calls that come into the Contact Center. Case types include:

- Customer Complaint
- Positive Feedback
- Driver Feedback
- Accidental Donations

Risk Management Forms

Automobile Claims Form - This form is used to document any incidents that involve a company owned vehicle. Case types include incidents involving:

- Other Vehicles
- Animal
- Bicycle
- Fixed Object
- Pedestrian
- Ran off road
- Train

Risk Management Forms cont.

Customer Accident / Property Damage - This form is used to document any incident involving a customer that has been injured, or a customer that has property damage caused by a Team Member. Case types include:

- Injury to Person
- Damage to Property
- Both - Injury to Person and Damage to Property

Property Damage Form - This form is used to document any incident involving property damage that does not belong to a customer. Case types include:

- Equipment
- Structure
- Both Equipment and Structure

Workers' Compensation - This form is used to document any injury to a Team Member that occurred while they were working on the clock (regardless if medical attention is required). Possible injury types include:

- Abrasion
- Amputation
- Bite (all types)
- Burn (Chemical or Hot/Cold)
- Concussion
- Contusion
- Electric Shock
- Eye Injury
- Fracture/Break
- Hernia
- Laceration
- Puncture
- Respiratory Illness
- Skin Disease
- Sprain (Joint)
- Strain (Muscle)
- Systemic Poisoning

In the following pages, you will find instructions for each form. All incidents should be input on the same day they are reported. Try to set aside time to complete the form at one time, details can be lost if you start and stop the form.

Note: Workers' Comp files must be input the same day, but we understand that some cases will require time to gather additional incident details like Law Enforcement Information and Reports. Accuracy of the form should be your focus.

To log into G-Connect, you will use your OKTA log in and find the G Connect App; your login is tied to your assigned location. If you are not at your assigned location and need to input a case, use the Store Portal. The Store Portal is slightly different from the G Connect App, but you will supply all the same information. The job aids attached to this guide are specific for G Connect App or Store Portal.

You will find a red star (*) or bar (I) on some boxes on the forms; these boxes are required informa-tion. If you need to log into Workday or ask a witness for details, do so. DO NOT input incorrect information to complete the form quickly. Accuracy is essential as some of these forms are reported to regulatory agencies, like the Workers' Comp forms.

If any of the cases you are inputting has any digital evidence like video or photos upload them to the file. If you have any witness statements they should be uploaded or emailed into the case.

If there are any injuries at your location (Team Members or Customers), even if medical attention is not required, create a report.

I can't find my location when I type in a 3 digit store number, what am I doing wrong?
  Use the 6 digit code for your location, 110 + store number will find stores.
  You can also search for you location by name.

I am helping cover at a different location than where I work, and there has been an incident that I need to input. My log in is for my location, how do I input the incident so it shows for the correct location?
  Use the Store Portal so the incident is attached to the correct location.

I have an External Case File and during the investigation it was found to be caused by Team Member Dishonesty, what do I need to do for the Internal File?
  Clone the original External File, there is a button on the top right corner of the case
  file, and create a new Internal Case.

I am getting an error message on a phone number that I typed in, what am I doing wrong?
  Do not use the dash in phone numbers, just type in the ten digit number.

How much detail do you need when I type in how an incident or injury occurred for a Team Member?
  Always include who, what, where, when and how in your statement. For specific questions,
  please reach out to your direct supervisor for assistance.

What are the file size limitations to upload photos, video, and witness statements?
  For the Store Portal you are limited to 10MB. If the file you need to upload is larger than
  this limitation please reach out to a representative from Risk Management or Asset
  Protection so they can attach the file for you.
  If you are using the App, larger files need to be uploaded via the Video Upload option.

If I have a Team Member that is inured and they immediately go to the ER or need to be transported by ambulance do we still need to call Company Nurse?
  Yes, you must call Company Nurse for any Team Member Injury that will need medical attention
  or are not sure if they need medical attention, this is part of how injuries are reported as
  Workers' Comp. If it is an emergency, or the Team Member is taken by ambulance you can
  place the call without them being present.

How do I attach a statement or photo after I have submitted a file?
  You can attach a file by using the upload file button, just as you would have before you
  submitted, or you can email to G-ConnectAttach@goodwillaz.org. You must put the
  case number in the subject line of the email in this format: C-(case number). The C
  must be capital in the subject line, a hyphen, and the case number, for example: C-175.
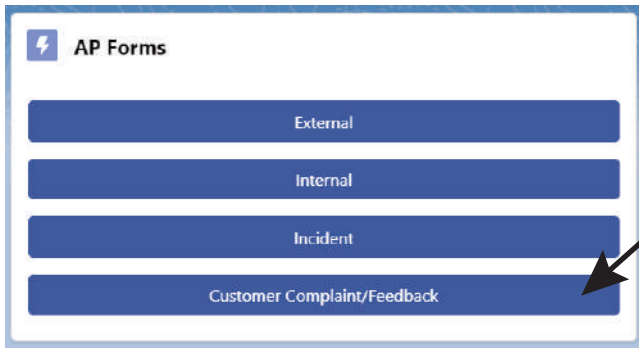
If an auto accident happens, and you don't have all the accident information by the end of the day, what should you do?

      We understand sometimes it takes time to gather information, including law enforecement reports etc. and it can take additional time to gather all the information that is needed. You should start the case and submit the information you have. As you gather the information you can edit the form and upload or email additional files. You cannot edit a Workers' Comp or Internal case form, but all other forms can be edited after the case is submitted.

Who do I contact if I have issues with the Connect?
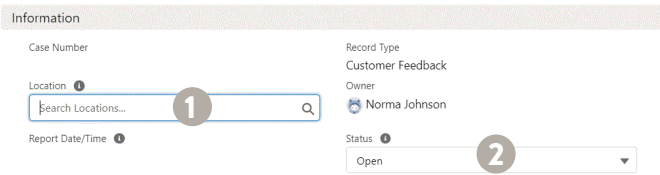
      If you have any issues with your log in please reach out to IT

      If you have any questions regarding completion of a form, send your email to G-Connect@GoodwillAZ.org.
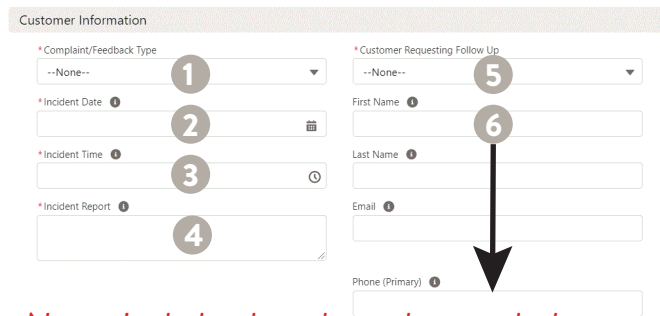
G CONNECT

AP Forms

External

Internal

Incident

Customer Complaint/Feedback

To start an Customer Feedback Report, click Customer Complaint/Feedback

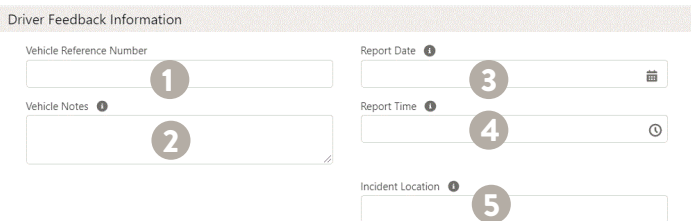*Note: All fields with red star requires input*
Location

Information

Case Number

Location

Search Locations... ①

Report Date/Time

Record Type
Customer Feedback

Owner
Norma Johnson

Status ②
Open

1. Search for the location the feedback is for use 6 digit code, 110_ _ _ (3 digit store number) or search by location name
2. Select the Status for the case

Customer Information

*Complaint/Feedback Type
--None-- ①

*Incident Date ②

*Incident Time ③

*Incident Report ④

*Customer Requesting Follow Up
--None-- ⑤

First Name ⑥

Last Name

Email

Phone (Primary)

Note: Include who, what, where and when in your narrative of the incident.
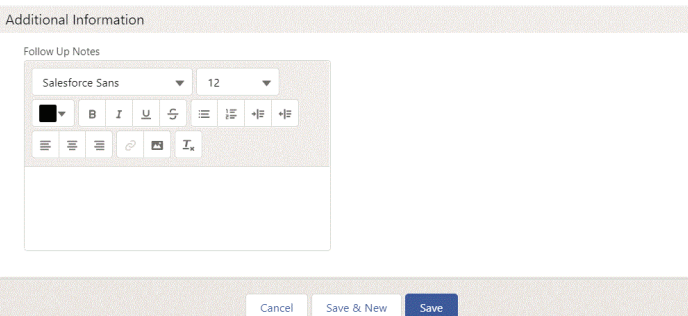
1. Select the type of feedback from drop down
2. Select Incident Date
3. Select Incident Time
4. Type in the incident details
5. Select Yes/No for Customer Follow Up
6. Type in Customer's First Name/Last Name Email and Phone Number, this information is not required unless the customer has requested follow up

---

If the feedback is about Driver Feedback complete this section

Driver Feedback Information

Vehicle Reference Number ①

Vehicle Notes ②

Report Date ③

Report Time ④

Incident Location ⑤

1. Type in Vehicle Reference Number
2. Type in the information the caller gives you for the report
3. Select Report Date
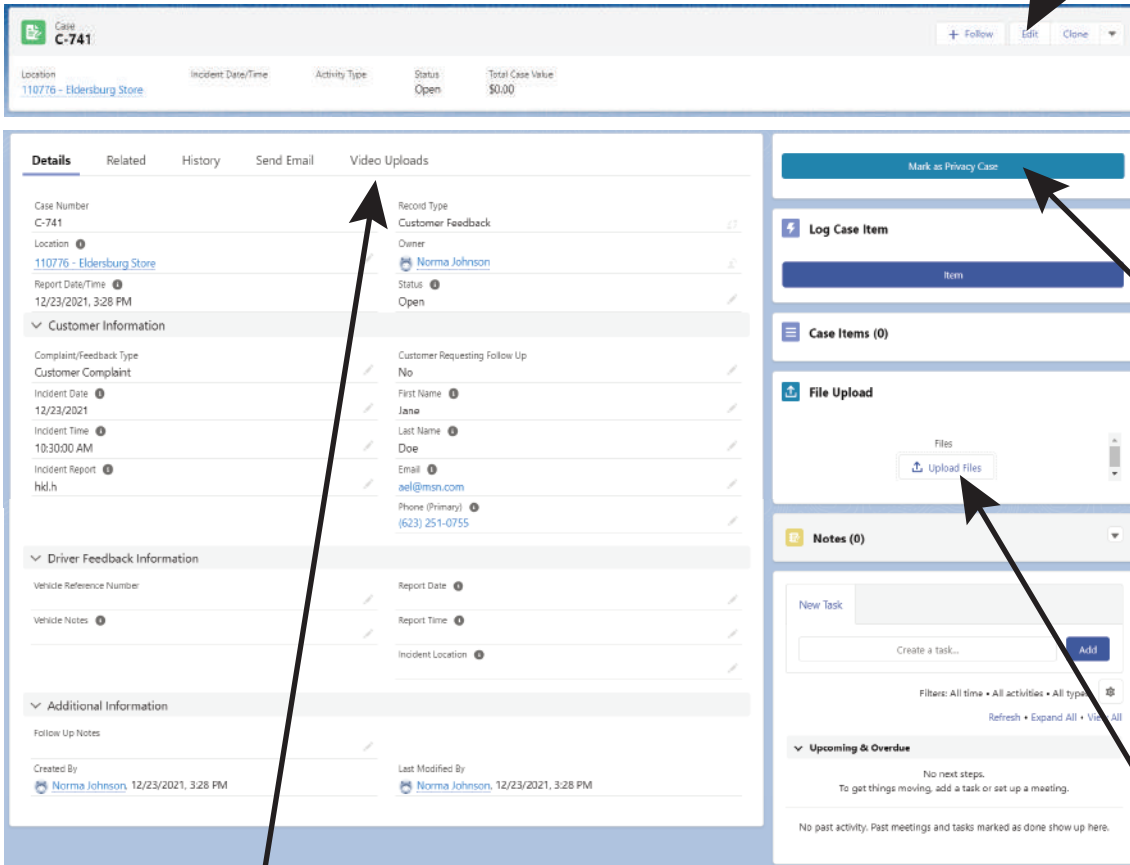4. Select Report Time
5. Type in Incident Location

Additional Information

Follow Up Notes

Salesforce Sans   12

If the customer requests follow up type notes for the follow up contact here.

Cancel   Save & New   Save

Click Save, if you have multiple incidents you can click Save & New to start a new file.

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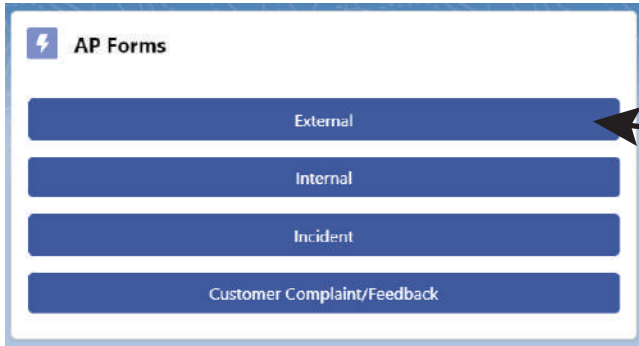If you need to edit any of the information in the case you can make edits by using this button.

If you need to limit who can view the complaint at the store level, click on Mark as Privacy Case

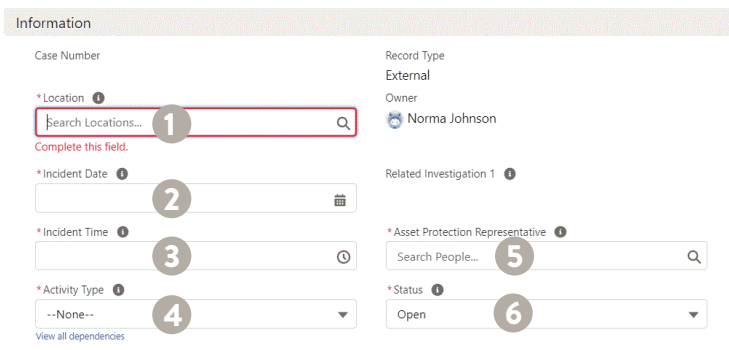If you have a large file to add to the case like photos or video, you upload the file here.

If you have a small file to add to the case like signed statements, you upload the file here.

Note: If you have photos, video, or statements to add to the file after you have submitted, you will email the file to G-ConnectAttach@goodwillaz.org. You must put C-(case number) in the subject line of the email. Important detail is the C in C-(case number) MUST be capitalized.
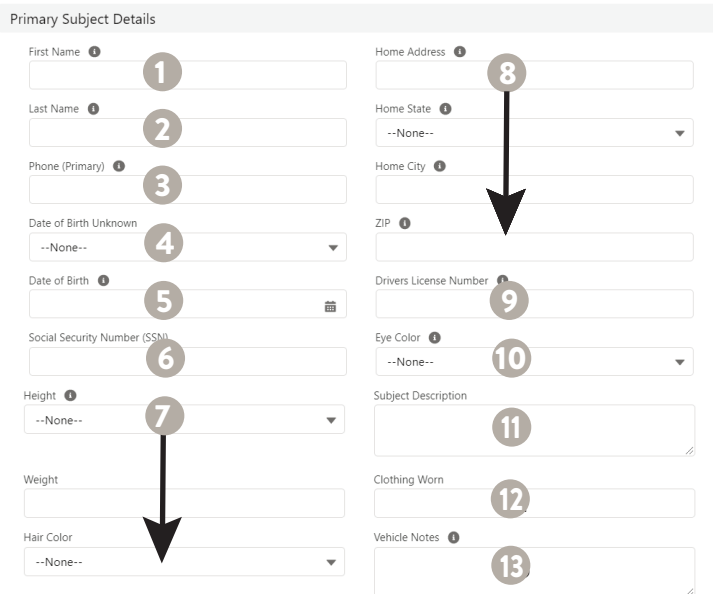
AP Forms

External

Internal

Incident

Customer Complaint/Feedback

To start an External Report click External

Note: All fields with red star requires input
Location

Information

Case Number

Record Type
External

*Location
Search Locations... ①
Complete this field.

Owner
Norma Johnson

*Incident Date ②

Related Investigation 1

*Incident Time ③

*Asset Protection Representative
Search People... ⑤

*Activity Type
--None-- ④
View all dependencies

*Status
Open ⑥

1. Input your location number in the search field use 6 digit code, 110_ _ _(3 digit store number) or search by location name
2. Select Incident Date
3. Select Incident Time
4. Select Activity Type that best matches from the drop-down box
5. Search for your Asset Protection Representative by name
6. Select the current Status of the file

Primary Subject Details

First Name ①

Home Address ⑧

Last Name ②

Home State
--None--

Phone (Primary) ③

Home City

Date of Birth Unknown
--None-- ④

ZIP

Date of Birth ⑤

Drivers License Number ⑨

Social Security Number (SSN) ⑥

Eye Color
--None-- ⑩

Height
--None-- ⑦

Subject Description ⑪

Weight

Clothing Worn ⑫

Hair Color
--None--

Vehicle Notes ⑬

1. Type Subject's first name
2. Type Subject's last name
3. Type Subjects phone number
4. Select if Date of Birth is unknown yes/no
5. Type in their Date of Birth
6. Type in their Social Security Number
7. Select their estimated height from drop down box, input their estimated weight, and select hair description from the drop-down.
8. Type in their Home Address, select state from drop down box, type in city and zip code
9. Type in Drivers License Number
10. Select their eye color from drop-down
11. Type in a description of the subject
12. Type in a description of the subject's clothing
13. Type in a description of the subject's vehicle

G CONNECT

Reported By

*Team Member **1**	Report Date **5**
--None--	
Team Member Name **2**	Reported By Title **6**
Search Employees...	
Reported By **3**	Reported By Email **7**
Reported By Employee Number **4**	Reported By Phone **8**

Case Narrative

*Incident Report **9**

Note: Include who, what, where and when in your narrative of the incident.

1. Select Yes/No was case reported by a Team Member
2. If you selected Yes, type in Team Member's name
3. If you selected No, type in the name of the person that did report the case
4. Type in Employee Number of Team Member that reported the incident
5. Select the Date Incident was reported
6. Type in the Title of team member that reported the case
7. Type in the Phone Number for the team member that reported the case
8. Type in the Email for the team member that reported the case
9. Type in a description of the case

Interview Witness Details

Witness 1 Team Member **1**	Witness 2 Team Member **2**
Search Employees...	Search Employees...
Witness 1 Title	Witness 2 Title

1. Select if the witness was a Team Member Yes/ No if you select Yes, search for team member's name and type in their title
2. If you have multiple witnesses input their information here

---

Law Enforcement Incident Information

*Law Enforcement Notified **1**	Law Enforcement Agency **3**
--None--	
Law Enforcement Notified Time **2**	Law Enforcement Officer Name
Date Time	
Law Enforcement Arrival Time	Law Enforcement Officer Badge Number
Date Time	
Law Enforcement Departure Time	Law Enforcement Report Number
Date Time	

1. Select Yes/No for was case Prosecuted
2. If Yes, select Date and Time Law Enforcement were notified, arrived, and departed
3. Type in the Law Enforcement Agency, the Name of the Law Enforcement person that responded, their Badge Number, and the Report Number

---

If the subject is a Juvenile complete this section

Juvenile Information

Juvenile Release **1**	Parent / Guardian Call Time **5**
--None--	
Parent / Guardian Name **2**	Parent / Guardian Call Result **6**
Relation to Juvenile **3**	Parent / Guardian Arrival Time **7**
Identification Type **4**	Parent / Guardian Departure
--None--	
Parent / Guardian Call History	

1. Select Yes/No if the Juvenile was released
2. Type in the Parent/Guardian name
3. Type in Relation to the Juvenile
4. Select the type of ID the parent/guardian presented to you
5. Input time that you called the parent/guardian
6. Type in the result you have from the call (ie. left message, no answer, or who you reached)
7. Type in the time they arrived and departed

Job Aid External Form

System Information

Send Notification ☐
Ready for Civil Recovery ☐
Civil Recovery Created ☐

Cancel | Save & New | Save

Indicate if notifications should be sent, if the case is ready for civil recovery, or if civil recovery has been created.

Click Save, if you have multiple incidents you can click Save & New to start a new file.

After all items are logged and any video/photo/statements are uploaded, you must click Submit for Approval to finalize

Log the items by clicking here

If you have large files to add like video click Upload Files to add them

If you have small files to add like witness statements Upload Files here

Note: If you have photos, video, or statements to add to the file after you have submitted, you will email the file to G-ConnectAttach@goodwillaz.org. You must put C-(case number) in the subject line of the email. Important detail is the C in C-(case number) MUST be capitalized.

Information

Case Item Number
Record Type: Item

*Item Category --None--   ① Complete this field.
*Investigation: C-748
*Item Description ②
*Item Qty ③
Item Recovered --None-- ⑤
*Item Price ④

Cancel | Save & New | Save

Once you click to log items this window will open
1. Select if items to log are Cash or Merchandise
2. Type in description
3. Type in quantity of items
4. Type in price of item
5. Select from drop-down if items were damaged, not recovered, recovered, or recovered after incident

+ Follow | Edit | Clone

Note: if you have an External Case that you investigate, and need to convert to an internal case you will Clone the file so we retain the history of the information. You can find this in the upper right corner of the completed file.

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AP Forms

External

Internal

Incident

Customer Complaint/Feedback

To start an Incident Report, click Incident

Note: All fields with red star requires input
Location

Information

Case Number

Record Type
Incident

*Location
Search Locations...
Complete this field.

Owner
Norma Johnson

*Incident Date

Related Investigation 1
Search Cases...

*Incident Time

*Status
Open

*Activity Type
--None--
View all dependencies

Who was involved
--None--

Employee
Search Employees...

Temp Agency Name
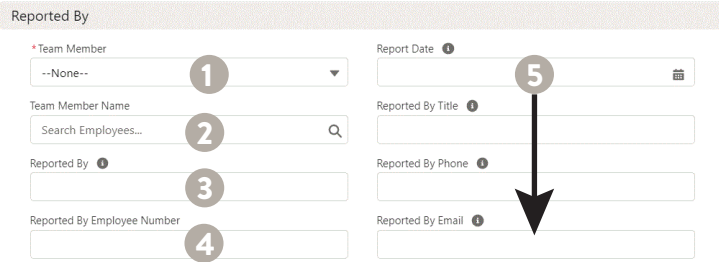
1. Input a location number in the search field use 6 digit code, 110_ _ _ (3 digit store number) or search by location name
2. Select Incident Date
3. Select Incident Time
4. Select Activity Type from drop-down box
5. Select Employee / Temp from drop-down box for who was involved
6. If you selected Employee, search for employee name
7. If you selected Temp Agency, type in the agency name
8. If there is a related investigation search for the case here
9. Select Status from drop-down box

Note: Include who, what, where and when in your narrative of the incident.

Incident Details

*Incident Report

Additional Details

*Digital Evidence
--None--

*Injuries
--None--

*Damages
--None--

*Weapons
--None--
View all dependencies

Damage Description

Weapon Description

1. Type in a brief description of the incident
2. Select Yes/No for Digital Evidence
3. Select Yes/No for Damages
4. If you selected Yes for Damages, type in a brief description of the damages
5. Select Yes/No for injuries
6. Select Yes/No for Weapons
7. If you selected Yes for Weapons, type in a brief description of the weapons

Note: if you select yes for Injuries you must complete a Workers' Comp Form or a Customer Accident/ Property Damage Form in addition to completing this form.

CONNECT

Reported By

* Team Member
--None--

Team Member Name
Search Employees...

Reported By

Reported By Employee Number

Report Date
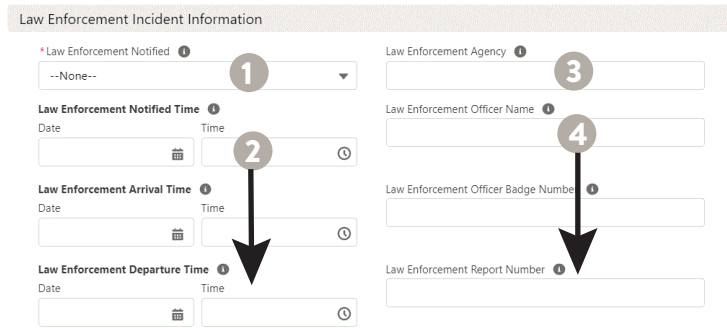
Reported By Title

Reported By Phone

Reported By Email

1. Select Yes/No if the incident was reported by a Team Member
2. If you selected Yes, search for team member's name
3. Type in who reported the incident
4. Type in Employee Number of team member that reported the incident
5. Select the date reported, type in the team member that reported's title, phone, and email

Law Enforcement Incident Information

* Law Enforcement Notified
--None--

Law Enforcement Notified Time
Date   Time

Law Enforcement Arrival Time
Date   Time
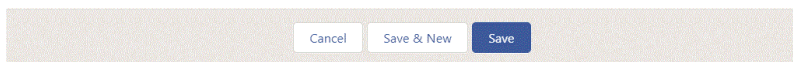
Law Enforcement Departure Time
Date   Time

Law Enforcement Agency

Law Enforcement Officer Name

Law Enforcement Officer Badge Number
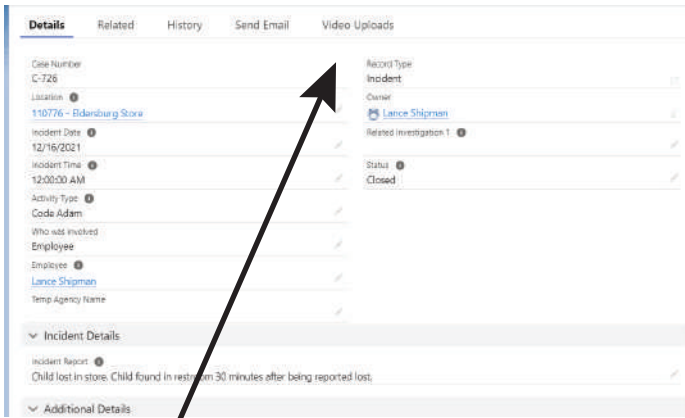
Law Enforcement Report Number

1. Select Yes/No if Law Enforcement were notified
2. Select time and date Law Enforcement were Notified, time and date they arrived, and time they departed
3. Type in the name of Agency
4. Type in the Name, the badge number and the report number that Law Enforcement provided

Cancel   Save & New   Save

Click Save, if you have multiple incidents you can click Save & New to start a new file

Details | Related | History | Send Email | Video Uploads

Case Number
C-726

Location
110776 – Eldersburg Store

Incident Date
12/16/2021

Incident Time
12:00:00 AM

Activity Type
Code Adam

Who was involved
Employee

Employee
Lance Shipman

Temp Agency Name
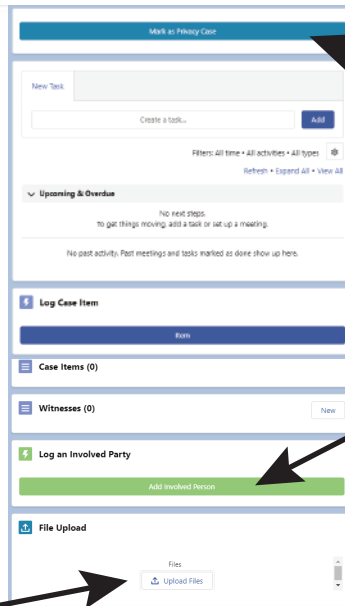
Record Type
Incident

Owner
Lance Shipman

Related Investigation 1

Status
Closed

Incident Details

Incident Report
Child lost in store. Child found in restroom 30 minutes after being reported lost.

Additional Details

Mark as Privacy Case

New Task

Create a task...   Add

Filters: All time • All activities • All types
Refresh • Expand All • View All

Upcoming & Overdue

No next steps.
To get things moving, add a task or set up a meeting.

No past activity. Past meetings and tasks marked as done show up here.

Log Case Item

Item

Case Items (0)

Witnesses (0)   New
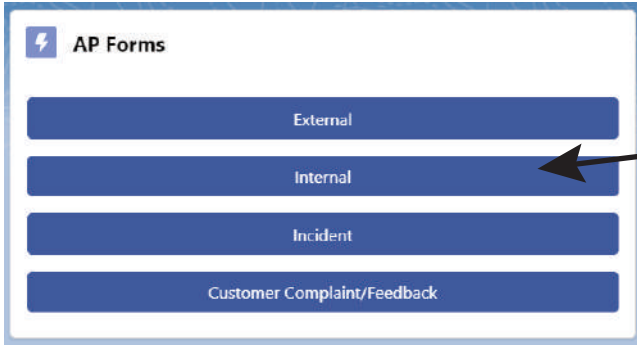
Log an Involved Party

Add Involved Person

File Upload

Files
⬆ Upload Files

If the case needs to have limited visibility at the location click here to Mark as Privacy Case.

If you have information on other persons involved in this case click here to add information.

Click here if you have large files like photos or video to upload the file.

Click here if you have small files like witness statements to upload the file.

Note: If you have photos, video, or statements to add to the file after you have submitted, you will email the file to G-ConnectAttach@goodwillaz.org. You must put C-(case number) in the subject line of the email. Important detail is the C in C-(case number) MUST be capitalized.
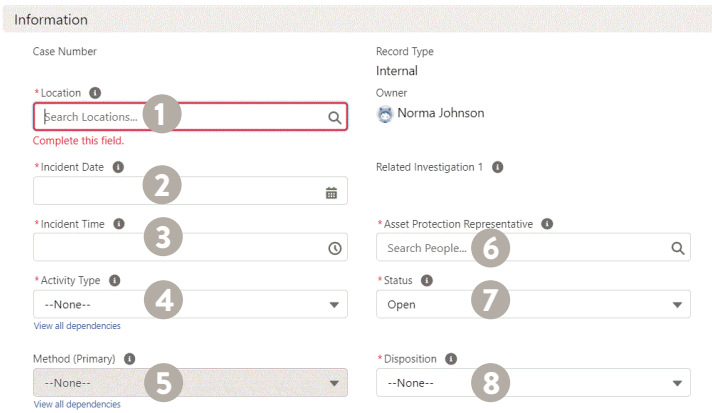
CONNECT

AP Forms

External

Internal

Incident

Customer Complaint/Feedback

To start an Internal Report click Internal

Note: All fields with red star requires input
Location

Information

Case Number

Record Type
Internal

* Location ①

[Search Locations...] 🔍 **(1)**

Complete this field.

Owner
👮 Norma Johnson

* Incident Date ①

(2) 📅

Related Investigation 1 ①

* Incident Time ①

(3) 🕐

* Asset Protection Representative ①

Search People... **(6)** 🔍

* Activity Type ①

--None-- **(4)** ▼

View all dependencies

* Status ①

Open **(7)** ▼

Method (Primary) ①

--None-- **(5)** ▼

View all dependencies

* Disposition ①

--None-- **(8)** ▼

1. Input a location number in the search field use 6 digit code, 110_ _ _ (3 digit store number) or search by location name

2. Select Incident Date

3. Select Incident Time

4. Select Activity Type that best matches from the drop-down box

5. Once you select the activity type, the Method drop-down box becomes active, select the Method type that best matches

6. Search for your Asset Protection Representative by name

7. Select the current Status of the file

8. Select the Disposition of the file

Team Member Information

* Employee ①

Search Employees... **(1)** 🔍

Social Security Number (SSN)

(4)

First Name ①

(2)

Drivers License Number ①

(5)

Last Name ①

Home Address ①

(6)

Date of Birth ①

Home City ①

Phone (Primary) ①

(3)

Home State ①

--None-- ▼

ZIP ①

1. Search for the Employee's name the file is for

2. These areas will self populate

3. Type in their Phone Number

4. Type in their Social Security Number

5. Type in their Driver's License Number

6. Type in their Home Address
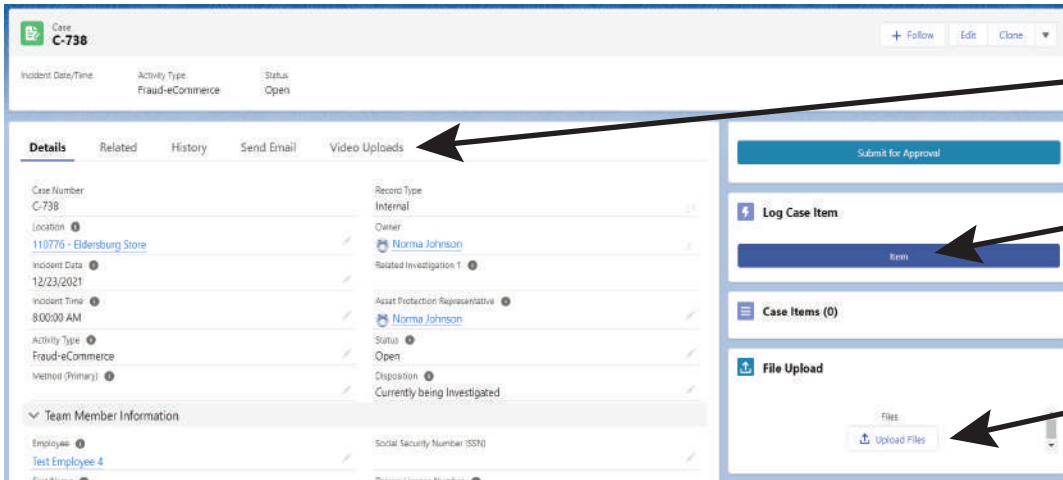
If you have large files to add, like video or photos, upload files here.

Log the items by clicking here.

If you have small files to add, like witness statements, upload files here.

Note: If you have photos, video, or statements to add to the file after you have submitted, you will email the file to G-ConnectAttach@goodwillaz.org. You must put C-(case number) in the subject line of the email. Important detail is the C in C-(case number) MUST be capitalized.

New Case Item: Item

Once you click to log items this window will open
1. Select if items to log are Cash or Merchandise
2. Type in description
3. Type in quantity of items
4. Type in price of item
5. Select from drop-down if items were damaged, not recovered, recovered, or recovered after incident
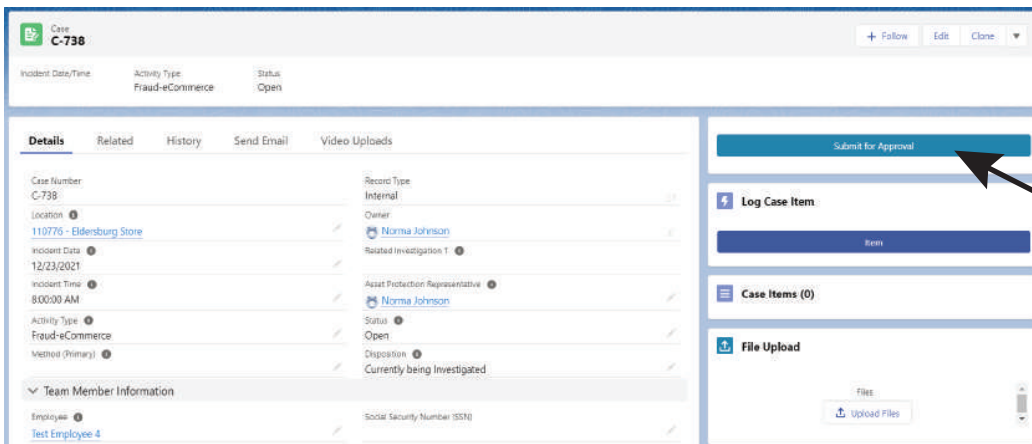
After you have uploaded any videos/photos/or files, and logged any items you can click Submit for Approval.

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CONNECT

Reported By

* Team Member
--None-- ▼ (1)

Team Member Name
Search Employees... 🔍 (2)

Reported By ⓘ
(3)

Reported By Employee Number
(4)

Report Date ⓘ
📅 (5)

Reported By Title ⓘ
(6)

Reported By Phone ⓘ
(7)

Reported By Email ⓘ
(8)

Case Narrative

* Incident Report ⓘ
(9)

Note: Include who, what, where and when in your narrative of the incident.

1. Select Yes/No was it reported by a Team Member
2. If you selected Yes, type in Team Member's Name
3. If you selected No, type in the name of who reported
4. Type in Employee Number of Team Member that reported the incident
5. Select the Date Incident was reported
6. Type in the Title of Team Member that reported the case
7. Type in the Phone Number for the Team Member that reported the case
8. Type in the Email for the Team Member that reported the case
9. Type in a description of the case

Interview Witness Details

Witness 1 Team Member ⓘ
Search Employees... 🔍 (1)

Witness 2 Team Member ⓘ
Search Employees... 🔍

Witness 1 Title
(2)

Witness 2 Title

1. Search for Witness #1 and Witness #2 by name
2. Type in Title for Witness #1 and Witness #2

Prosecuted

* Prosecuted ⓘ
--None-- ▼ (1)

Law Enforcement Notified Time ⓘ
Date   Time
📅   🕐 (2)

Law Enforcement Arrival Time ⓘ
Date   Time
📅   🕐

Law Enforcement Departure Time ⓘ
Date   Time
📅   🕐

Law Enforcement Agency ⓘ
(3)

Law Enforcement Officer Name ⓘ

Law Enforcement Officer Badge Number ⓘ

Law Enforcement Report Number ⓘ

System Information

Send Notification ⓘ
☐

Ready for Civil Recovery ⓘ
☐

Civil Recovery Created ⓘ
(4)

1. Select Yes/No for was case Prosecuted
2. If Yes, select Date and Time Law Enforcement were notified, arrived, and departed
3. Type in the Law Enforcement Agency, their name, badge number, and the report number
4. Indicate if notifications should be sent, if the case is ready for civil recovery, or if civil recovery has been created

---

Cancel   Save & New   **Save**

• Click Save, if you have multiple incidents you can click Save & New to start a new file

After you click Save you will be able to review all information you have input, confirm the information you have input and selected is accurate.

Claims Forms

Customer Accident/Property Damage Form

Automobile Accident

Workers Comp

Property Damage

To start, select Automobile Accident

Note: All fields with red star requires input
Location

Initial Details

* Incident Date ❶
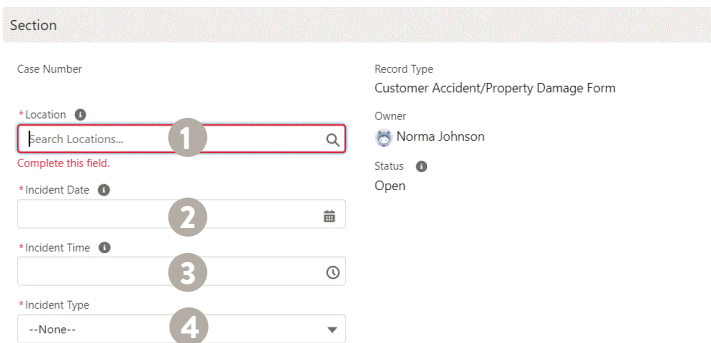Complete this field.

* Incident Time ❷
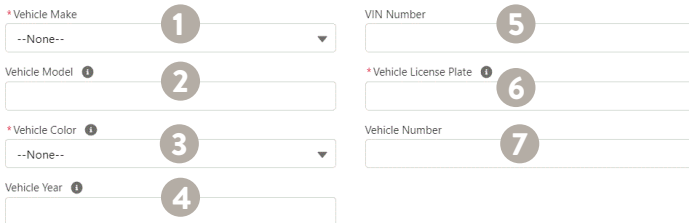
* Employee ❸
Search Employees...

1. Select the Incident Date
2. Select Incident Time
3. Search for the Employee involved in the incident

Use this section to input details for the company owned vehicle.

Goodwill - Vehicle Information

* Vehicle Make ❶
--None--

Vehicle Model ❷

* Vehicle Color ❸
--None--

Vehicle Year ❹

VIN Number ❺

* Vehicle License Plate ❻

Vehicle Number ❼

Goodwill Vehicle Damage Description

* Damage Description ❽

1. Input Vehicle Make
2. Input Vehicle Model
3. Input Vehicle Color
4. Input Vehicle Year
5. Input vehicle VIN Number
6. Input Vehicle License Plate
7. Input Vehicle Number
8. Type in a description of the damage to the company owned vehicle
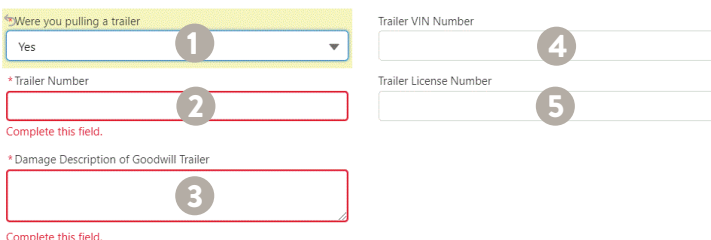
Note: Be as detailed as possible when describing the damage to the vehicle, take photos if possible.

Use this section to input details for the company owned trailer if one was used.

Goodwill - Trailer Information

* Were you pulling a trailer ❶
Yes

* Trailer Number ❷
Complete this field.

* Damage Description of Goodwill Trailer ❸
Complete this field.

Trailer VIN Number ❹

Trailer License Number ❺

1. Select Yes/No was the company owned vehicle pulling a trailer, if you select Yes additional boxes will populate for details
2. Type in the Trailer Number
3. Type in a description of the damage to the company owned trailer
4. Type in the Trailer VIN Number
5. Type in the Trailer License Number

Note: Be as detailed as possible when describing the damage to the trailer, take photos if possible.

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Passenger Informtaion

Goodwill Passenger 1 Employee
Search Employees... 🔍 **1**

Goodwill Passenger 2 Employee
Search Employees... 🔍

Goodwill Passenger 1 Employee Number
2

Goodwill Passenger 2 Employee Number

Goodwill Passenger 1 First Name
3

Goodwill Passenger 2 First Name

Goodwill Passenger 1 Last Name
4

Goodwill Passenger 2 Last Name

Goodwill Passenger 1 Injured?
--None-- **5**

Goodwill Passenger 2 Injured?
--None--

Use this section to input details for the team member passenger(s)

1. Search for Employee Name
2. Input Passenger Employee Number
3. Input Employee Passenger First Name
4. Input Employee Passenger Last Name
5. Select if Employee Passenger was injured Yes/No

Accident Details

* Accident Description
1

＊Accident Involved
Other Vehicle **3**

* Accident Conditions
--None-- **2**
Complete this field.

* Number of Other Vehicles Involved
--None-- **4**
Complete this field.

Note: Include who, what, where and when in your narrative of the incident.

1. Type in a description of the accident
2. Select the best description of the conditions when the accident occurred
3. Select if the accident involved anything other than the company owned vehicle
4. If you select other vehicle the box for number of other vehicles that were involved

Police Information

＊Law Enforcement Notified ⓘ
Yes **1**

＊Was a Citation Issued?
Yes **2**

* Name of Person cited
3
Complete this field.

* Law Enforcement Officer Name ⓘ
4
Complete this field.

* Law Enforcement Officer Badge Number ⓘ
Complete this field.

1. Select Yes/No for if Law Enforcement was notified
2. If you select Yes, a box will populate to indicate if a citation was issued
3. If you select Yes, a box will populate so you can input the name of the person cited
4. Input the Name and Badge Number of Law Enforcement that arrived

Team Member Witness

＊How Many Witnesses?
1 **1**

＊Was Witness 1 an Employee
Yes

* Witness 1 Team Member ⓘ
Search Employees... 🔍 **2**
Complete this field.

Witness 1 Signed Statement ☐

Non-Team Member Witness

＊How Many Witnesses?
1

＊Was Witness 1 an Employee
No

* Witness 1 Name ⓘ
3
Complete this field.

* Witness Email ⓘ
Complete this field.

* Witness 1 Phone ⓘ
Complete this field.

Witness 1 Signed Statement ☐

1. Select 0 / 1/ 2 for how many witnesses there are to the damage that occurred
   *If you select there are witnesses, a box will populate to indicate if it was an employee
2. If you select Yes, a box will populate to search for the team member's name and a box to click to indicate if they signed a statement
3. If you select No, boxes will populate to type in the witness name, email, and phone and a box to click to indicate if they signed a statement

After all answers are input, click Save

Earlier we indicated we had video of the incident, we have the alert to remind us to upload the video file to attach it to the case.

If you have large files like a video or photos of the incident, this is where you upload the file to the case.

You must click submit to finalize the file and send to our claims department.

If you have small file like a witness statement of the incident, this is where you upload the file to the case.

After you click Save, you will be able to review all information you have input, confirm the information is all accurate before you click submit.

Note: If you have photos, video, or statements to add to the file after you have submitted, you will email the file to G-ConnectAttach@goodwillaz.org. You must put C-(case number) in the subject line of the email. Important detail is the C in C-(case number) MUST be capitalized.

Claims Forms

Customer Accident/Property Damage Form

Automobile Accident

Workers Comp

Property Damage

To start Select Property Damage

Note: All fields with red star requires input
Location

Section

Case Number

Location
Search Locations...   **1**
Complete this field.

Incident Date   **2**

Incident Time   **3**

Incident Type
--None--   **4**

Record Type
Customer Accident/Property Damage Form

Owner
Norma Johnson

Status
Open
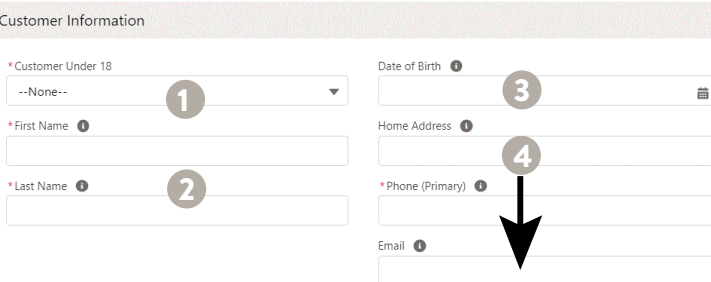
1. Search for Location, use 6 digit code 110_ _ _ (3 digit store number) or search by location name
2. Select Incident Date
3. Select Incident Time
4. Select Injury to Person, Property Damage, or Both Injury to Person and Property Damage from drop down

Note: after you select the type of incident, more boxes will populate below on the form

---

Customer Information

*Customer Under 18
--None--   **1**

*First Name   **2**
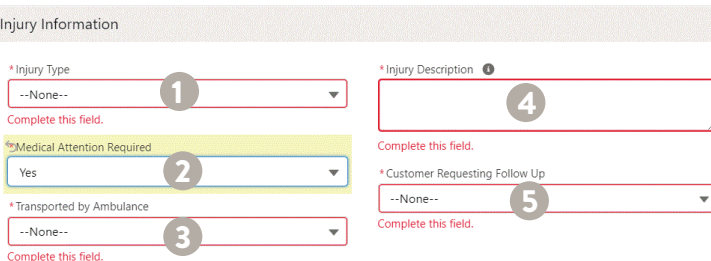
*Last Name

Date of Birth   **3**

Home Address   **4**

*Phone (Primary)

Email

1. Indicate Yes/No if the customer is a minor
2. Input customer's First and Last Name
3. Input customer's Date of Birth
4. Input customer's Home Address, Phone number, and Email

Injury Information

*Injury Type
--None--   **1**
Complete this field.

*Medical Attention Required
Yes   **2**

*Transported by Ambulance
--None--   **3**
Complete this field.

*Injury Description   **4**
Complete this field.

*Customer Requesting Follow Up
--None--   **5**
Complete this field.

Note: Include who, what, where and when in your narrative of the incident.

If you selected Injury to Person or Both Injury to Person and Property Damage, the boxes will populate for you to input the details.

1. Select the Injury Type from drop down box
2. Select Yes/No for if Medical Attention was required
3. Select Yes/No if person was Transported by Ambulance
4. Type in a description of the injury
5. Select Yes/No if the Customer Requesting Follow Up

Property Damage Information

*Customer Property Damage Type

--None-- ▼

Complete this field.

Select Vehicle Damage or Damage to Personal Property from drop down box

Note: After you select the type of damage, more boxes will populate below on the form.

Property Damage Information

Customer Property Damage Type

Damage to Personal Property ▼

*What Property was damaged

(1)

Complete this field.

*Explain how the Property was Damaged

(2)

Complete this field.

Estimated value of Property

(3)

Damage Allegedly caused by Employee

--None-- ▼ **(4)**

If you selected Personal Property these boxes will populate.

1. Input the type of property damaged
2. Type in how the property was damaged
3. Input the estimated value of property
4. Select Yes/No if damage was allegedly caused by employee

Note: include who, what, where, when and how in your statment for how property was damaged

Customer Vehicle Damage Information

*What was Damaged (Vehicle)

(1)

Complete this field.

*Explain how damage occurred (Vehicle)

(2)

Complete this field.

Vehicle Make

--None-- ▼ **(3)**

Vehicle Model ⓘ

(4)

Vehicle Color ⓘ

--None-- ▼

Vehicle Year ⓘ

Vehicle License Plate ⓘ

If you selected Vehicle Damage these boxes will populate.

1. Type in type of vehicle damaged
2. Type in how the vehicle was damaged
3. Select vehicle make from drop down box
4. Type in Vehicle Model, select a color from drop down box, type in Vehicle Year, and Vehicle License Plate

Note: include who, what, where, when and how in your statment for how property was damaged

Photo's/Video of Accident

*Photos / Video available of Scene?

--None-- ▼

Select yes/no are there photos or video available

23

Witness Information

How Many Witnesses? **①**
0

② Team Member Witness

How Many Witnesses?
1

Was Witness 1 an Employee
Yes

*Witness 1 Team Member ⓘ
Search Employees...
Complete this field.

Witness 1 Signed Statement ☐

③ Non-Team Member Witness

How Many Witnesses?
1

Was Witness 1 an Employee
No

*Witness 1 Name ⓘ
Complete this field.

*Witness Email ⓘ
Complete this field.

*Witness 1 Phone ⓘ
Complete this field.

Witness 1 Signed Statement ☐

1. Select 0 / 1 / 2 for how many witnesses there are to the damage that occurred
   If you select there are witnesses a box will populate to indicate if it was an employee
2. If you select yes, a box will populate to search for the Team Member's Name and a box to click to indicate if they signed a statement
3. If you select no, boxes will populate to type in the Witness Name, Email, and Phone and a box to click to indicate if they signed a statement

Cancel   Save & New   Save

After all answers are input, click Save

After you click Save you will be able to review all information you have input, confirm the information is all accurate. If you have video or photos of the incident this is where you can upload the file to the case file. Your file is not complete until you click submit on the next screen.

Earlier we indicated we had video of the incident, we have the alert to remind us to upload the video file to attach it to the case.

If you have large files like a video or photos of the incident, this is where you upload the file to the case.

You must click submit to complete the file and submit to claims.

Case C-711

Location: 0000 - Default Incident Date: 12/3/2021 Incident Time: 6:45:00 AM Property Damage Type: Structure Type of Equipment Loss: Type of Structure Loss: Accidental

Details | History | Send Email | Video Uploads

⊘ Attachment(s) required. Please upload a photo/video or a signed statement.

Information

Case Number: C-711
Location: 0000 - Default
Incident Date: 12/3/2021
Incident Time: 6:45:00 AM
Property Damage Type: Structure

Record Type: Property Damage Form
Owner: Norma Johnson
Was damage caused by employee or temp: Employee
Employee: jon butte

Return to Home Page

Submit

Upload Files
Upload Files Or drop files

File List (0)

New Task
Create a task... Add
Filters: All time • All activities • All types
Refresh • Expand All • View All

Upcoming & Overdue
No next steps.
To get things moving, add a task or set up a meeting.

If you have small file like a witness statement for the incident, this is where you upload the file to the case.

Note: If you have photos, video, or statements to add to the file after you have submitted, you will email the file to G-ConnectAttach@goodwillaz.org. You must put C-(case number) in the subject line of the email. Important detail is the C in C-(case number) MUST be capitalized.

Claims Forms

Customer Accident/Property Damage Form

Automobile Accident

Workers Comp

Property Damage

To start Select Property Damage

Note: All fields with red star requires input

Location

Information

Case Number

*Location ①

Search Locations...

Complete this field.

*Incident Date ①

*Incident Time ①

*Property Damage Type ①
--None--

Record Type
Property Damage Form

Owner
Norma Johnson

*Was damage caused by employee or temp
--None--

1. Search for Location, use 6 digit code 110_ _ _ (3 digit store number) or search by location name
2. Select Incident Date
3. Select Incident Time
4. Select Property Damage Type from drop down
   Note: after you select the type of damage more boxes will populate below on the form
5. Select Employee / Temp for who caused damage

Equipment Damage Information

*Type of Equipment Loss
--None--
Complete this field.

*Whos Equipment
--None--
Complete this field.

*What Equipment was damaged ①
Complete this field.

*Explain how the Equipment was damaged ①
Complete this field.

Estimated value of Equipment

Structure Damage Information

*Type of Structure Loss
--None--
Complete this field.

*Whos Structure
--None--
Complete this field.

*What Structure was damaged
Complete this field.

*Explain how the Structure was damaged
Complete this field.

Estimated value of Structure

If you selected Equipment, Structure Damage, or both, the boxes will populate for you to input the details.
1. Type of Structure or Type of Equipment
2. Who's Structure or Who's Equipment
3. What Structure or What Equipment
4. Explain how the damage occurred
5. Estimated value of Equipment or Structure is optional to complete

Note: Include who, what, where and when in your narrative of the incident.

Photos/Video of Damage

*Photos / Video available of Scene?
--None--

Select Yes/No to indicate if you have photos or video of the incident.

Witness Information

How Many Witnesses?
--None-- ①

Team Member Witness ②

How Many Witnesses?
1

Was Witness 1 an Employee
Yes

Witness 1 Team Member
Search Employees...

Witness 1 Name

Witness 1 Phone

☐ Witness 1 Signed Statement

Non-Team Member Witness ③

How Many Witnesses?
1

Was Witness 1 an Employee
No

*Witness 1 Name
Complete this field.

*Witness Email
Complete this field.

*Witness 1 Phone
Complete this field.

☐ Witness 1 Signed Statement

1. Select 0 / 1 / 2 for how many witnesses there are to the damage that occurred
If you select there are witnesses a box will populate to indicate if it was an employee
2. If you select yes, a box will populate to search for the Team Member's Name, and a box to click to indicate if they signed a statement
3. If you select no, boxes will populate to type in the Witness Name, Email, and Phone and a box to click to indicate if they signed a statement

Reported By Details

Report Date ①

Reported By Employee Name ②
Search Employees...

Reported By Employee Number

Reported By

Reported By Title ③

Reported By Phone

Reported By Email
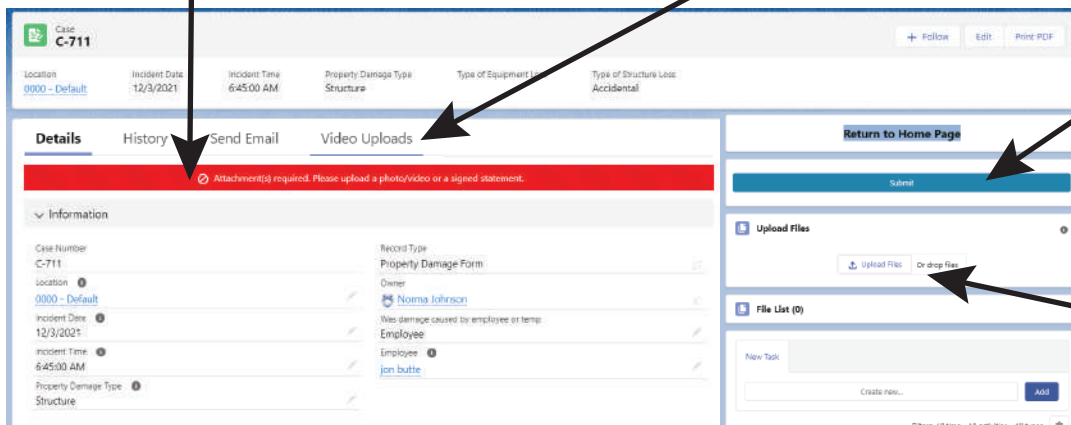
1. Select the date incident was reported
2. Search for team member's name of who reported the incident and input their employee number
3. Input the title, phone number, and email for the team member that reported the incident

Cancel | Save & New | Save

After all answers are input, click Save

Earlier we indicated we had video of the incident, we have the alert to remind us to upload the video file to attach it to the case.

If you have large files like a video or photos of the incident, this is where you upload the file to the case.

You must click Submit to complete the file and send it to claims.

If you have small file like a witness statement for the incident, this is where you upload the file to the case.

Note: If you have photos, video, or statements to add to the file after you have submitted, you will email the file to G-ConnectAttach@goodwillaz.org. You must put C-(case number) in the subject line of the email. Important detail is the C in C-(case number) MUST be capitalized.

Claims Forms

Customer Accident/Property Damage Form

Automobile Accident

Workers Comp

Property Damage

To start a claims case for an injured employee: Select Workers Comp

Note: All fields with red star requires input
*Location

Information

* Location
Search Locations...
Complete this field.

Record Type
Workers Comp

Owner
Norma Johnson

Search for the location, use 6 digit code, 110_ _ _ (3 digit store number) or location name.

Injured Team Member Details

* Employee ①
Search Employees... ①

* Employee is a Minor
--None-- ②

* Incident Date ①
③

* Incident Time ①
④

* Date Notified ①
⑤

* Occupation
--None-- ⑥

* Physical Location
--None-- ⑦

Days of week you typically work

Available
Mon
Tue ⑧
Wed

Chosen

Regular Work Start Time

Regular Work End Time ⑨

1. Search for Injured Employee's Name
2. Select yes/no if Injured Employee is a minor
3. Select Incident Date
4. Select Incident Time
5. Select Date Notified (all claims must be input the day management is notified of incident)
6. Select Occupation from drop down
7. Select Physical Location from drop down
8. Select Days of Week Injured Employee is scheduled that week and click right arrow to populate Chosen box
   Note: press shift button to select multiple days
9. Select Start and End Time Injured Employee is scheduled for work

Injury Details

* Was Team Member working when injured?
--None-- ①

* Injury Type
--None-- ②

* Part of Body Injured ①
--None-- ③
View all dependencies

Specific Part Injured ①
Available

Chosen

④

View all dependencies

* Accident Involved
--None-- ⑤

* Type of Equipment Involved
--None-- ⑥

1. Select yes/no for was Employee working when injured, not on lunch or break
2. Select best description for Injury Type
3. Select best description for Part of Body Injured
4. Select from Available box Specific Part Inured and click right arrow
5. Select best description for Cause of Accident
6. Select best description for Type of Equipment Involved

Job Aid Worker's Compensation Form

Treatment Information

* Company Nurse Contacted?
--None-- ① ▾

* Did Employee seek Medical Treatment?
--None-- ② ▾

* Transported by Ambulance
--None-- ③ ▾

1. Select yes/no was Company Nurse Contacted
2. Select yes/no did Employee seek Medical Treatment
3. Select yes/no Was Employee transported by ambulance

Note: You must contact Company Nurse if the team member wants to seek medical attention, or if the team member is not sure if they need medical attention.

Report Narrative

* Describe the Incident
①

* Any reason to doubt this claim?
--None-- ② ▾

* How could injury have been prevented?
③

* Next Step Needed/Taken
--None-- ④ ▾

1. Type in a description of the incident
2. Select yes/no is there any reason to doubt this claim
3. Type a brief description of how the incident could have been prevented
4. Select from drop down if there are any Next Steps Needed/Taken

Note: Include who, what, where and when in your narrative of the incident. Be sure to include the task the team member was doing so Risk Management can review the task.

Photo's/Video of Accident

* Photos / Video available of Scene?
--None-- ① ▾

Witnesses

* How Many Witnesses?
--None-- ② ▾

1. Select yes/no are there Photos/Video available of the scene

2. Select 0/1/2 from drop down to answer how many witnesses there are
Note: if you select there are witnesses, boxes will populate to indicate who the witnesses are and if you have a signed statement from them.

Cancel   Save & New   **Save**

- After all answers are input, click Save

After you click Save you will be able to review all information you have input, confirm the Employee Name / Address / Phone / Gender to confirm you have the correct person and current information.

Earlier we indicated we had video of the incident, we have the alert to remind us to upload the video file to attach it to the case.

Note: Social Security Number will not be visible.

After you have attached all documents and images to the case you click submit.

If you have large files like a video or photos of the incident, this is where you upload the file to the case.

If you have small file like a witness statement of the incident, this is where you upload the file to the case.

Note: If you have photos, video, or statements to add to the file after you have submitted, you will email the file to G-ConnectAttach@goodwillaz.org. You must put C-(case number) in the subject line of the email. Important detail is the C in C-(case number) MUST be capitalized.
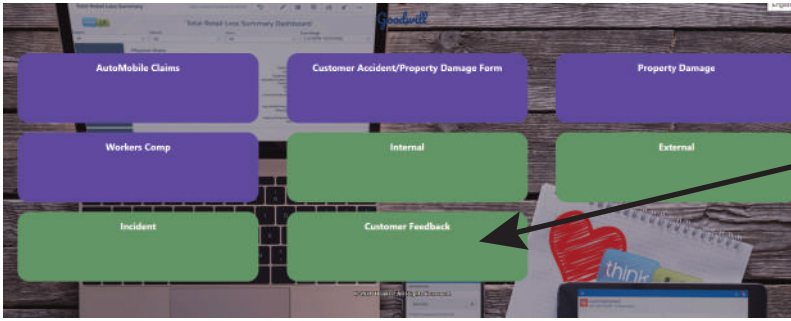
Notice that Risk Management options are purple buttons, and Asset Protection are green buttons.

To start an Customer Feedback Report click Customer Feedback

Note: All fields with red bar requires input

1. Select the type of feedback from drop down box
2. Search for the location the feedback is for use 6 digit code, 110_ _ _ (3 digit store number) or search by location name
3. Select Incident Date
4. Select Incident Time
5. Select Yes/No if the Customer is Requesting Follow Up
6. Type in Customer's First Name/Last Name/Email and Phone Number, this information is only required if the customer has requested follow up

Type in a Narrative of the Customer Complaint/Feedback in this area, include who, what, where, when and how.

If the call is about Driver Feedback complete this section

1. Type in Vehicle Reference Number
2. Type in a Vehicle Description
3. Select Report Date
4. Select Report Time
5. Type in Incident Location

Click Submit to complete the feedback.

Your Case Number is displayed in the box.

Thank you for providing details on this incident. Your case number is: C-887

You may close this page or enter a new case.
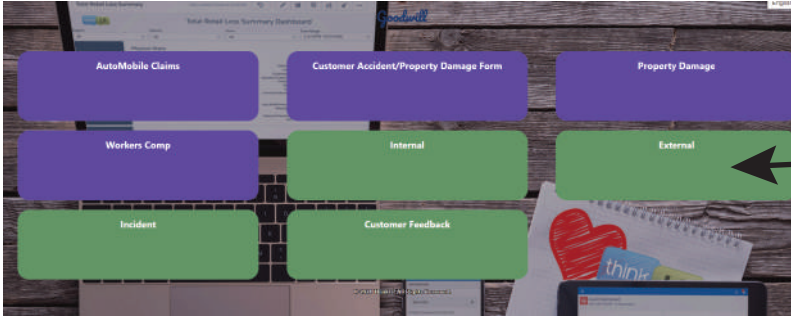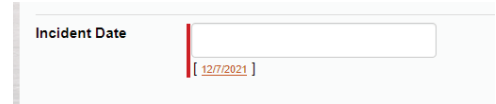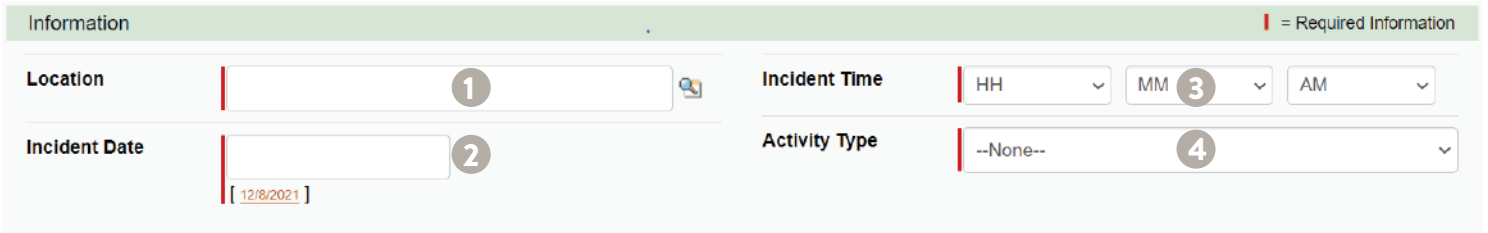
Notice that Risk Management options are purple buttons, and Asset Protection are green buttons.

To start an External Report click External

Note: All fields with red bar requires input

1. Input your location number in the search field use 6 digit code to search, 110_ _ _(3 digit store number) or search by location name
2. Select Incident Date
3. Select Incident Time
4. Select Activity Type that best matches from the drop down box

Primary Subject Details

Field	Input
First Name	①
Last Name	
Height	--None-- ②
Weight	
Hair Color	--None--
Eye Color	--None--
Clothing Worn	③
Subject Description	④
Phone (Primary)	⑤
Date of Birth Unknown	--None-- ⑥
Date of Birth	⑦ [12/8/2021]
Drivers License Number	⑧
Home Address	⑨
Home State	--None--
Home City	
ZIP	
Vehicle Notes	⑩

1. Type Subject's First Name and Last Name
2. Select their estimated Height from drop down box, input their estimated Weight, and select Hair and Eye Color description from drop down box
3. Type in a description of the subject's clothing
4. Type in a description of the subject
5. Type Subjects phone number
6. Select if Date of Birth is unknown yes/no
7. Type in their Date of Birth
8. Type in Drivers License Number
9. Type in their Home Address, select state from drop down box, type in city and zip code
10. Type in a description of the subject's vehicle

Reported By | = Required Information

Team Member   --None-- ①

Reported By Email ⑤

Reported By ②

Reported By Phone ⑥

Reported By Employee Number ③

Report Date ⑦
[12/8/2021]

Reported By Title ④

1. Select Yes/No if the person reporting the incident is a Team Member
2. Type in name of person that Reported the case
3. Type in Employee Number of Team Member that reported the incident
4. Type in the Title of Team Member that reported the case
5. Type in the Email for the Team Member that reported the case
6. Type in the Phone Number for the Team Member that reported the case
7. Select the Date Incident was reported

Case Narrative | = Required Information

Incident Report

Type in your Incident Report in this section, any details about the incident.

Law Enforcement Incident Information | = Required Information

Prosecuted   --None-- ①

Law Enforcement Agency ③

Law Enforcement Notified Time ②
[12/8/2021, 8:42 AM]

Law Enforcement Report Number

Law Enforcement Arrival Time
[12/8/2021, 8:42 AM]

Law Enforcement Office Name

Law Enforcement Departure Time
[12/8/2021, 8:42 AM]

Law Enforcement Officer Badge Number

1. Select yes/no for was case Prosecuted
2. If yes, select Date and Time Law Enforcement were Notified, Arrived, and Departed
3. Type in the Law Enforcement Agency, Report Number, Officer's Name, Officer's Badge Number

Case Items

| = Required Information

If there are no Case Items (Cash or Merchandise stolen) to be recorded, disregard the fields in this section.

If there are Case Items to be recorded, fill out the fields in this section and click the Add Case Item button. This section will need to be filled out separately for Cash and each type of merchandise stolen.

Item Category   --None-- (1)
Item Description   (2)
Item Recovered   --None-- (3)

Item Qty   (4)
Item Price   (5)

Add Case Item   <---- use this button to save your case item

1. Select if items to log are Cash or Merchandise
2. Type in description
3. Select from drop down if items were damaged, not recovered, recovered, or recovered after incident
4. Type in quantity of items
5. Type in price of item
   Note: Use the Add Case Items button to save the details and continue to add new items.

Submit   Cancel

Click Submit to complete the case file.

Your Case Number is displayed in the box.

Thank you for providing details on this incident. Your case number is: C-889

If you have supporting images or documents that you would like to attach to the case you have submitted please use the form below. You can insert multiple attachments one at a time.

File Upload

Choose File   No file chosen

Select a file to upload.

Upload Attachment

You may close this page or enter a new case.

If you have files to add like photos, video or witness statements upload them here.

Note: If you have photos, video, or statements to add to the file after you have submitted, you will email the file to G-ConnectAttach@goodwillaz.org. You must put C-(case number) in the subject line of the email. Important detail is the C in C-(case number) MUST be capitalized.

Notice that Risk Management options are purple buttons, and Asset Protection are green buttons.

To start an Incident Report click Incident

Note: All fields with red bar requires input

1. Input your location number in the search field use 6 digit code, 110_ _ _ (3 digit store number) or type in your location name
2. Select Activity Type from the drop down box
3. Select Incident Date and Time
4. Select Employee / Temp from drop down box for Who was involved
6. Type in the Employee Number if you selected Employee
7. If you selected Temp Agency type in the Agency Name

Type in a description of the incident, include Who was involved, What happened in detail, When did it happen, Where did the incident occur and How did this happen.

Job Aid Incident Form

Reported By

Team Member (1) --None--
Reported By Name (2)
Reported By Title (3)
Reported By Email (4)
Reported By Employee Number (5)
Reported By Phone (6)
Report Date (7) [12/8/2021]

I = Required Information

1. Select yes/no if the incident was reported by a Team Member
2. Type in the Name of the person that reported the incident
3. If the person is a Team Member, type in their Title
4. Type in the Email of the person that reported the incident
5. If the person that reported the incident is a Team Member type in their Employee Number
8. Type in the Phone Number for the person that reported the incident
9. Select the Date the incident was reported

Law Enforcement Incident Information

Law Enforcement Notified (1) --None--
Law Enforcement Agency (2)
Law Enforcement Notified Time (3) [12/13/2021, 12:14 PM]
Law Enforcement Officer Name (4)
Law Enforcement Officer Badge Number (5)
Law Enforcement Report Number (6)

I = Required Information

1. Select yes/no if Law Enforcement were notified
2. Type in the name of the Law Enforcement Agency
3. Select time and date Law Enforcement were notified
4. Type in the name of the Law Enforcement Officer that responded
5. Type in the Law Enforcement Officer's Badge Number
6. Type in the Report Number the Law Enforcement Officer gave you

Involved Person Details

| | = Required Information |

If you know the Employee Number of an involved party please include it when including the involved persons.

Subject Type --None-- (1)   **Employee ID** (3)

First Name (2)   **Email** (4)

Last Name   **Phone (Primary)** (5)

[Add Involved Person]

1. Select from the drop down box the category of the person you are adding
2. Type in the First and Last Name of the person
3. If the person is an employee type in their Employee Number
4. Type in the Email Address of the person if known
5. Type in the Phone Number of the person
   Note: If you have multiple people to add as involved persons, click the Add Involved Person button.

[Submit] [Cancel]

Click Submit to complete the case file.

Your Case Number is displayed in the box.

Thank you for providing details on this incident. Your case number is: C-889

If you have supporting images or documents that you would like to attach to the case you have submitted please use the form below.
You can insert multiple attachments one at a time.

File Upload

[Choose File] No file chosen

Select a file to upload.

[Upload Attachment]

You may close this page or enter a new case.

If you have files to add like photos, video or witness statements upload them here

Note: If you have photos, video, or statements to add to the file after you have submitted, you will email the file to G-ConnectAttach@goodwillaz.org. You must put C-(case number) in the subject line of the email. Important detail is the C in C-(case number) MUST be capitalized.

Notice that Risk Management options are purple buttons, and Asset Protection are green buttons.

To start an Internal Report click Internal

Note: All fields with red bar requires input

---

1. Input your location number in the search field use 6 digit code, 110_ _ _ (3 digit store number) or search by location name

2. Select Incident Date
3. Select Incident Time
4. Select Activity Type that best matches from the drop down box
5. Once you select the activity type the Method drop down box becomes active, select the type that best matches

---

1. Input the Employee Number
2. Type in the Employee's First Name
3. Type in the Employee's Last Name
4. Type in the Employee's Phone Number

Submit   Cancel

Click Submit to complete the case file.

Your Case Number is displayed in the box.

Thank you for providing details on this incident. Your case number is: C-889

If you have supporting images or documents that you would like to attach to the case you have submitted please use the form below. You can insert multiple attachments one at a time.

File Upload

Choose File No file chosen

Select a file to upload.

Upload Attachment

You may close this page or enter a new case.

If you have photos, video or witness statements files upload them here.

Note: If you have photos, video, or statements to add to the file after you have submitted, you will email the file to G-ConnectAttach@goodwillaz.org. You must put C-(case number) in the subject line of the email. Important detail is the C in C-(case number) MUST be capitalized.

Reported By | = Required Information

Team Member	--None-- ①	Reported By Phone	⑤
Reported By	②	Reported By Email	⑥
Reported By Employee Number	③	Report Date	⑦ [12/8/2021]
Reported By Title	④		

1. Select Yes/No of the person reporting the case is a Team Member
2. Type in the Name of person that reported the case
3. If it it a Team Member that reported the case, type in the Employee Number
4. If it is a Team Member that reported the case, type in their Title
5. Type in the Phone Number of the person that reported the case
6. Type in the Email for the person that reported the case
7. Select the Date the case was reported

Case Items | = Required Information

Item Category	--None-- ①	Item Price	④
Item Description	②	Item Qty	⑤
Item Recovered	--None-- ③		

Add Case Item ⑥

1. Select if items to log are Cash or Merchandise
2. Type in description
3. Select from drop down if items were damaged, not recovered, recovered, or recovered after incident
4. Type in Price of items
5. Type in Quantity of items
6. Use the Add Case Items button to save the details and continue to add new items

Notice that Risk Management options are purple buttons, and Asset Protection are green buttons.

To start, select Automobile Claims from the Store Portal

Note: All fields with red bar requires input

Information | = Required Information

If the Employee was injured, a Workers Comp form must be submitted.

Incident Date   [1]   [12/13/2021]

Incident Time   HH [2]   MM   AM

1. Select the Incident Date
2. Select Incident Time

Goodwill Vehicle Driver Information | = Required Information

Employee Number is required to populate the required employee data upon submission.

Driver Employee Number   [1]   Driver Last Name   [3]

Driver First Name   [2]   Driver Phone (Primary)   [4]

1. Input the Driver's Employee Number
2. Input Driver's First Name
3. Input Driver's Last Name
4. Input Driver's Phone Number

Goodwill - Vehicle Information | = Required Information

Vehicle Make   --None-- [1]   Vehicle Year   [5]

Vehicle Model   [2]   Vehicle License Plate   [6]

Vehicle Color   --None-- [3]   Damage Description   [7]

VIN Number   [4]

1. Select the Vehicle Make from drop-down box
2. Type in Vehicle Model
3. Select Vehicle Color from drop-down box
4. Type in the vehicle VIN Number
5. Type in the Vehicle Year
6. Type in the Vehicle License Plate
7. Type in a description of any damage to the vehicle

Goodwill - Trailer Information
❘ = Required Information

Field		Field	
Were you pulling a trailer	--None-- ①	Trailer License Number	④
Trailer Number	②	Damage Description of Goodwill Trailer	⑤
Trailer VIN Number	③		

1. Select Yes/No to answer were you pulling a trailer
2. If Yes, type in Trailer Number
3. Input Trailer VIN Number
4. Input Trailer License Number
5. Type in a description of any damage to the company owned trailer

---

Passenger Information
❘ = Required Information

If any passengers in the Goodwill Vehicle are Goodwill Employees and they were injured, a Workers Comp form must be submitted for each injured employee.

Employee Number is required to populate the required employee data upon submission.

Field		Field	
Goodwill Passenger 1 First Name	①	Goodwill Passenger 2 First Name	
Goodwill Passenger 1 Last Name	②	Goodwill Passenger 2 Last Name	
Goodwill Passenger 1 Employee Number	③	Goodwill Passenger 2 Employee Number	
Goodwill Passenger 1 Injured?	--None-- ④	Goodwill Passenger 2 Injured?	--None--

1. Input Team Member Passenger 1 or 2 First Name
2. Input Team Member Passenger 1 or 2 Last Name
3. Input Team Member Passenger 1 or 2 Employee Number
4. Select Yes/No from drop-down box if either passenger were injured

---

Accident Details
❘ = Required Information

Field	
Accident Description	①
Accident Conditions	--None-- ②
Accident Involved	--None-- ③

1. Type in a description of the accident
2. Select the best description of the conditions when the accident occurred
3. Select if the accident involved anything other than the company owned vehicle

Other Vehicles Involved

I = Required Information

Number of Other Vehicles Involved | 0 ⌄

1. Select from the drop-down box the Number of Other Vehicles Involved

---

Police Information

I = Required Information

Law Enforcement Notified	--None-- ⌄ **1**	**Law Enforcement Officer Name**	**4**
Was a Citation Issued?	--None-- ⌄ **2**	**Law Enforcement Officer Badge Number**	**5**
Name of Person cited	**3**		

1. Select Yes/No for if Law Enforcement was notified
2. If you select Yes, indicate if a Citation was issued
3. If you select Yes, input the name of the person cited
4. Input the Name of Law Enforcement that arrived
5. Input the Law Enforcement Badge Number

Witnesses

I = Required Information

How Many Witnesses?	--None-- ⌄ **1**	**Witness 2 Name**	**2**
Witness 1 Name	**2**	**Witness 2 Email**	
Witness 1 Email		**Witness 2 Phone**	
Witness 1 Phone		**Witness 2 Signed Statement**	☐ **3**
Witness 1 Signed Statement	☐ **3**		

1. Select 0/1/2 for How Many Witnesses
2. If you select that there were witnesses input their name, email and phone number for each witness
3. Indicate if you have a signed Witness Statement from either witness

Reported By

Reported By Name	①	Reported By Phone	④
Reported By Employee Number	②	Reported By Email	⑤
Reported By Title	③		

I = Required Information

1. Input the name of person that reported the accident
2. Input the employee number for person that reported the accident
3. Input the title of the person that reported the accident
4. Input the phone number for person that reported the accident
5. Input the email for the person that reported the accident

Add Other Vehicles

I = Required Information

Driver First Name ①	Vehicle Year ⑤	
Driver Last Name	Vehicle Mileage	
Driver Phone ②	License Plate State --None--	
Driver License Number	Vehicle License Plate Number	
Driver Street Address	Damage to Vehicle Description ⑥	
Driver City		
Driver State --None--	Passenger Name 1 ⑦	
Driver Zip Code	Passenger Phone 1	
Policy Number ③	Passenger Name 2	
Insurance Company Name	Passenger Phone 2	
Vehicle Make --None-- ④	Passenger Name 3	
Vehicle Model	Passenger Phone 3	
Vehicle Color --None--	Passenger Name 4	
	Passenger Phone 4	

If another vehicle was involved in the accident complete this section about the other driver and vehicle.

1. Input the First and Last Name of other Driver
2. Input the Phone Number, Driver License, and Address for other Driver
3. Input the Insurance Information for other Driver
4. Input the Make/Model/Color of other Vehicle
5. Input the Year/Mileage/License Plate for other Vehicle
6. Type in a description of any damage to other Vehicle
7. Input any passenger that was in the other vehicle name/phone numbers

Add Case Item ①

② Submit Cancel

1. If you need to Add Case Items click this button to upload files
2. Click here to Submit

Your Case Number is displayed in the box.

Thank you for providing details on this incident. Your case number is: C-833

If you have supporting images or documents that you would like to attach to the case you have submitted please use the form below. You can insert multiple attachments one at a time.

File Upload

Choose File No file chosen

Select a file to upload.

Upload Attachment

You may close this page or enter a new case.

If you indicated you have files to upload click Choose File to upload

Note: If you have photos, video, or statements to add to the file after you have submitted, you will email the file to G-ConnectAttach@goodwillaz.org. You must put C-(case number) in the subject line of the email. Important detail is the C in C-(case number) MUST be capitalized.
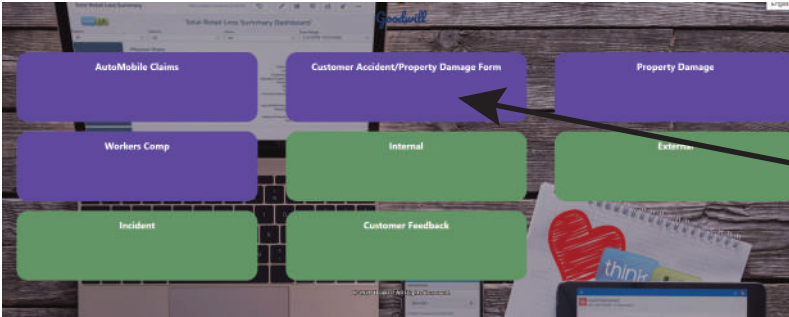
Notice that Risk Management options are purple buttons, and Asset Protection are green buttons.

To start Select Customer Accident/Property Damage Form from the Store Portal

Note: All fields with red bar requires input

1. Search for your Location by 6 digit number 110 + location number, or location name
2. Select the Incident Date
3. Select Incident Time
4. Select the Incident Type from the drop down box

1. Select Yes/No if the injured customer is under 18
2. Input injured customer date of birth
3. Input injured customer's First and Last Name
4. Input injured customer's Address/Phone/Email

1. Select the Injury Type from drop down box
2. Select Yes/No if any Medical Attention was required
3. Select Yes/No if the injured customer was Transported by Ambulance
4. Type in a description of the injury
5. Select Yes/No if the injured customer is requesting follow up

Property Damage

			I = Required Information
Customer Property Damage Type	--None-- ①	Explain how the Property was Damaged	③
What Property was damaged	②	Estimated value of Property	④

1. Select type of property damage to Customer's Property, personal property or vehicle damage
2. Type in the type of property that was damaged
3. Type in how the property was damaged
4. Estimate the value of the property that was damaged

Complete this section if you selected the damage was to a Customer's Vehicle.

Customer Vehicle Information

			I = Required Information
What was Damaged (Vehicle)	①	Vehicle Color	--None-- ④
Explain how damage occurred (Vehicle)	②	Vehicle Year	
Vehicle Make	--None-- ③	Vehicle License Plate	
Vehicle Model		Vehicle Number	

1. Type in what was damaged on the vehicle
2. Type in how the vehicle was damaged
3. Select the Vehicle Make from the drop down box and type in the Vehicle Model
4. Select the Vehicle Color from the drop down box and type in Vehicle Year and Vehicle License Plate

---

Witness Information

			I = Required Information
How Many Witnesses?	0 ①	Witness 2 Name	③
Witness 1 Name	②	Witness 2 Email	
Witness 1 Email		Witness 2 Phone	
Witness 1 Phone		Witness 2 Signed Statement	④
Witness 1 Signed Statement	④		

1. Select how many witnesses you have to the injury or damage 0/1/2
2. Type in Witness 1 Name/Email/Phone Number
3. Type in Witness 2 Name/Email/Phone Number
4. Indicate if you have a signed statement from either witness

Photos / Video of Damage	.	**I** = Required Information
Photos / Video available of Scene?	--None--	

Inidicate Yes/No if you have any Photos or Video of the scene to attach to the file.

Submit Cancel

Click submit to complete the case file.

Your Case Number is displayed in the box.

Thank you for providing details on this incident. Your case number is: C-862

If you have supporting images or documents that you would like to attach to the case you have submitted please use the form below. You can insert multiple attachments one at a time.
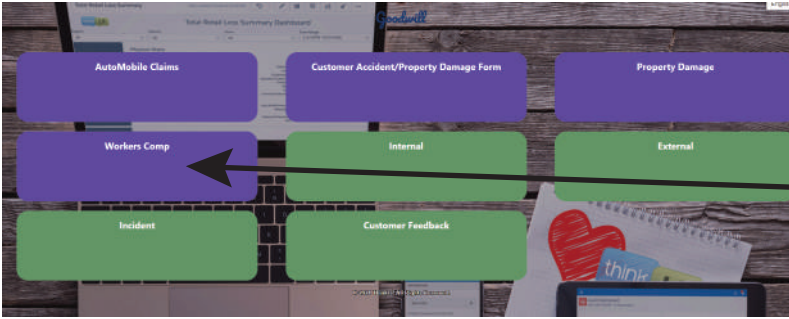
File Upload

Choose File No file chosen

Select a file to upload.

Upload Attachment

You may close this page or enter a new case.

If you indicated you have photos/video/statement, you can upload the files here.

Note: If you have photos, video, or statements to add to the file after you have submitted, you will email the file to G-ConnectAttach@goodwillaz.org. You must put C-(case number) in the subject line of the email. Important detail is the C in C-(case number) MUST be capitalized.
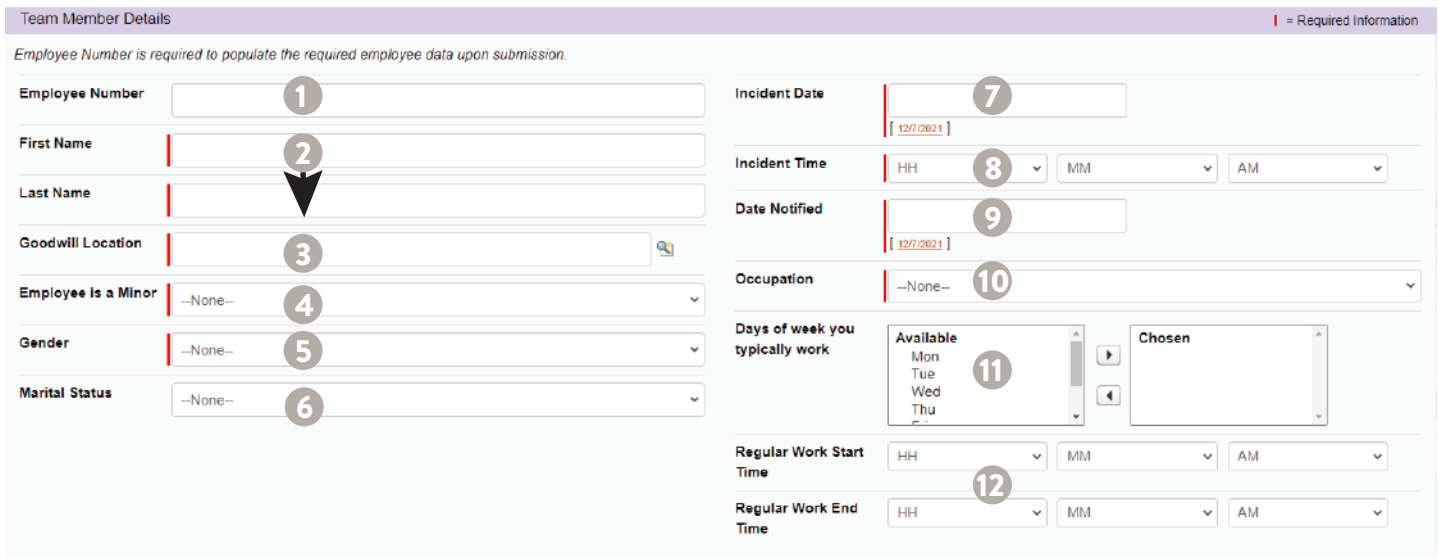
Notice that Risk Management options are purple buttons, and Asset Protection are green buttons.

To start Select Property Damage from the Store Portal, click here.

Note: All fields with red bar requires input

1. Search for your Location by 6 digit number or name
2. Select the Incident Date
3. Select Incident Time
4. Select the Property Damage Type from the drop down box
5. Select was damage caused by employee or temp from drop down box
6. Type in Employee Name or Number
7. Type in Temp Agency Name if damage was caused by a temp employee

1. Select the Type of Property or Structure Damage from the drop down box
2. Select from the drop down box if the Property or Structure are company owned or a 3rd Party's
3. If you selected 3rd Party where is the 3rd Party Location
4. Type in what Equipment or Structure was damaged
5. Type in how the Equipment or Structure was damaged
6. Type in the estimated value of the Equipment or Structure

CONNECT

Photos / Video of Damage				❘ = Required Information
Photos / Video available of Scene?	--None--			

Indicate Yes/No if you have any Photos or Video of the scene to attach to the file.

Witness Information				❘ = Required Information

How Many Witnesses?	0 ①	Witness 2 Name	③
Witness 1 Name	②	Witness 2 Email	
Witness 1 Email		Witness 2 Phone	
Witness 1 Phone		Witness 2 Signed Statement	④
Witness 1 Signed Statement	④		

1. Select how many witnesses you have to the injury or damage 0/1/2
2. Type in Witness 1 Name/Email/Phone Number
3. Type in Witness 2 Name/Email/Phone Number
4. Indicate if you have a signed statement from either witness

---

Submit   Cancel

Click submit to complete the case file.

Your Case Number is displayed in the box.

Thank you for providing details on this incident. Your case number is: C-862

If you have supporting images or documents that you would like to attach to the case you have submitted please use the form below. You can insert multiple attachments one at a time.

File Upload
Choose File   No file chosen
Select a file to upload.
Upload Attachment

You may close this page or enter a new case.

If you indicated you have photos/video/statement you can upload the files here

Note: If you have photos, video, or statements to add to the file after you have submitted, you will email the file to G-ConnectAttach@goodwillaz.org. You must put C-(case number) in the subject line of the email. Important detail is the C in C-(case number) MUST be capitalized.

Notice that Risk Management options are purple buttons, and Asset Protections are green buttons.

To start Select Workers Comp from the Store Portal click Workers Comp.

Note: All fields with red bar requires input

1. Type in the Injured Team Member's Employee Number
2. Type in Injured Team Member's First and Last Name
3. Search for your location by 6 digit location number (110_ _ _) or by name
4. Select Yes/No is the injured Team Member a Minor
5. Select the Team Member's Gender Male/Female/Unknown
6. Select the injured Team Member's Marital Status from drop down box
7. Select the Incident Date
8. Select the Incident Time
9. Select the Date Notified of the Incident
10. Select the Occupation of the injured Team Member
11. Select the days the Team Member typically works per week *press the shift bar to select more than one day and click the right arrow to populate to chosen box*
12. Select the hours the Team Member typically works

1. Select Yes/No was the injured Team Member working (not on lunch or break) when they were injured
2. Select from the drop down box the injury type
3. Select from the drop down box the Part of Body Injured
4. Select the Specific Part Injured and click the right arrow to populate to the box
5. Select the Cause of Accident from the drop down box
6. Select the Type of Equipment Involved in the injury
7. Type in the Type of Equipment if the option was not available in the drop down box

---

Select Yes/No if you have any Photos or Video available of the Accident

---

Click submit to complete your case file.

Your Case Number is displayed in the box.

Thank you for providing details on this incident. Your case number is: C-862

If you have supporting images or documents that you would like to attach to the case you have submitted please use the form below. You can insert multiple attachments one at a time.

File Upload

Choose File   No file chosen

Select a file to upload.

Upload Attachment

You may close this page or enter a new case.

If you indicated you have photos/video/statement, you can upload the files here.

Note: If you have photos, video, or statements to add to the file after you have submitted, you will email the file to G-ConnectAttach@goodwillaz.org. You must put C-(case number) in the subject line of the email. Important detail is the C in C-(case number) MUST be capitalized.

The first box shows the most recent Incidents that have been input for your location.

Location Manager Dashboard Charts will show you information about your location's:

1. Audit Scores by Month
2. Top 10 Opportunity Questions based on audits conducted at your location
3. Enterprise Audit Compliance Gauge
4. Claims Cases by Incident Type
5. Workers Comp Injury Breakdown
6. Worker Comp Injury Cause Breakdown
7. AP Case by Incident Type
8. Case Value by Incident Type

Reports ⌄

The Reports tab gives you access to your report options, the system reports are available under All Reports.
You can create folders for reports, and favorite reports that you frequently view for ease of access.

Dashboards ⌄

The Dashboards tab gives you an additional way to navigate to your dashboards.

Locations ∨   Employees ∨

The Locations and Employees tab gives you access to search locations (all and recently viewed) and search employees (also all and recently viewed) with the ability to pin frequently viewed/searched Locations or Employees.

Cases ∨

The Cases tab will show you all cases for your location, with the ability to filter by case type.

Audits ∨

The Audits tab will show all audits for your location, with the ability to sort by:

- Completed Audits
- In Progress Audits
- My Audits
- Planned Audits
- Recently Viewed (Pinned List)

Project Tasks ∨

The Project Tasks tab will show all Tasks in ThinkLP, with the ability to sort by:

- All Open Tasks
- Asset Protection
- Claims
- Closed Last 7 Days
- Feedback
- General
- Kanban View
- Meetings
- Recently Viewed (Pinned List)

Below are explanations for the controls icons

1	★▾	Favorites List
2	➕	Add to Favorites
3	☁	Learning Paths, here you can view tutorials: • Salesforce CRM • Salesforce User Basics • Salesforce User Tour
4	?	Help, here you can view the Welcome to Lightning Experience, Personalize Your Navigation Bar and search for: • Salesforce Help • View Keyboard Shortcuts • Go to Trailhead • Get Support • Give Feedback to Salesforce
5	⚙	Setup, here you can create paths to personalize and collaborate on Salesforce
6	🔔	Notifications
7	🐾	Your Profile
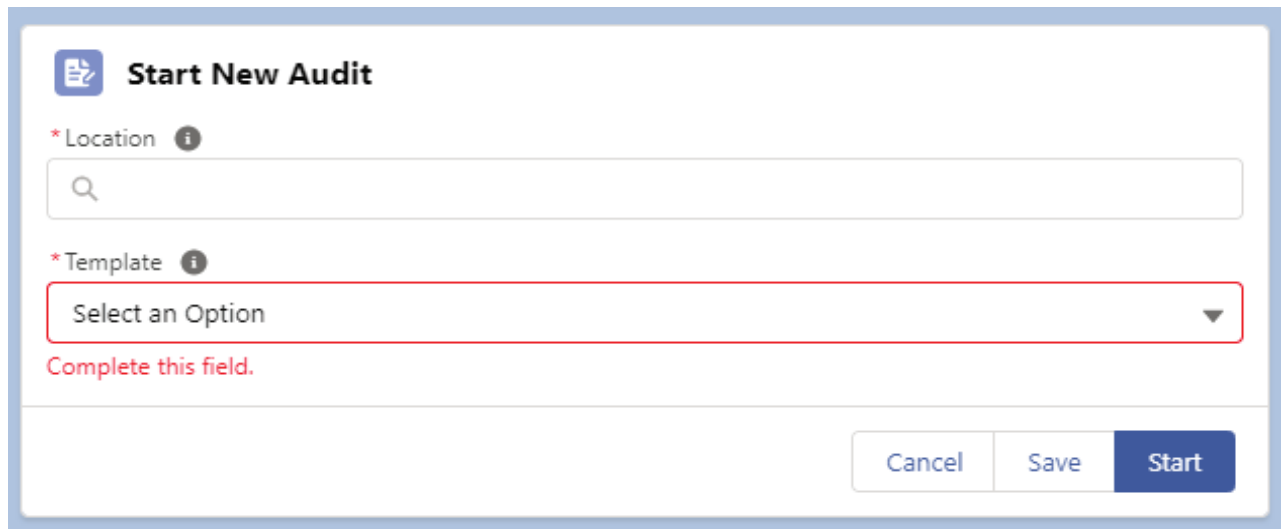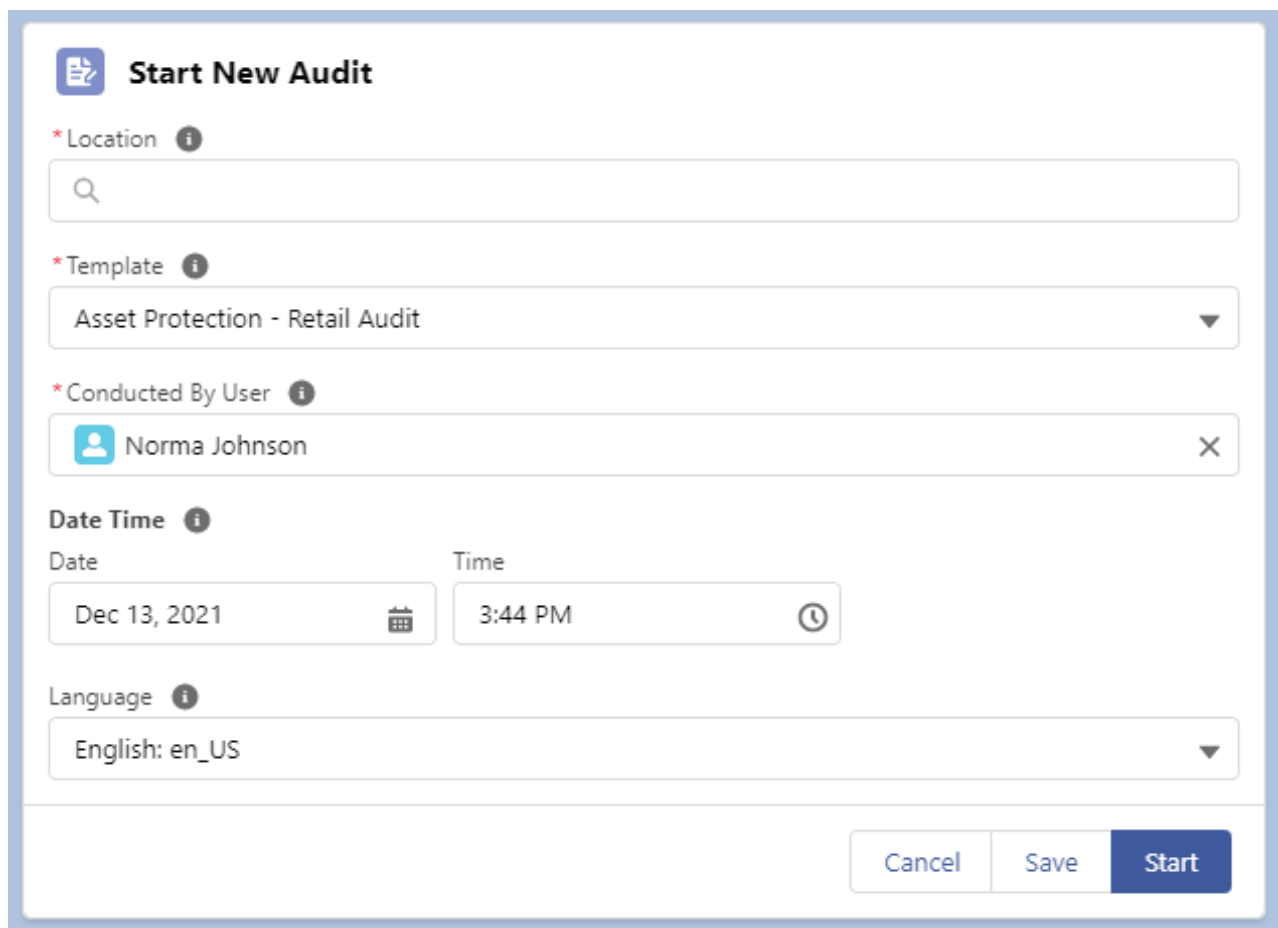
To start your Asset Protection Audit, search for your location by 6 digit code, 110+ location number or search by location name. Next Select Asset Protection Audit from the template options.
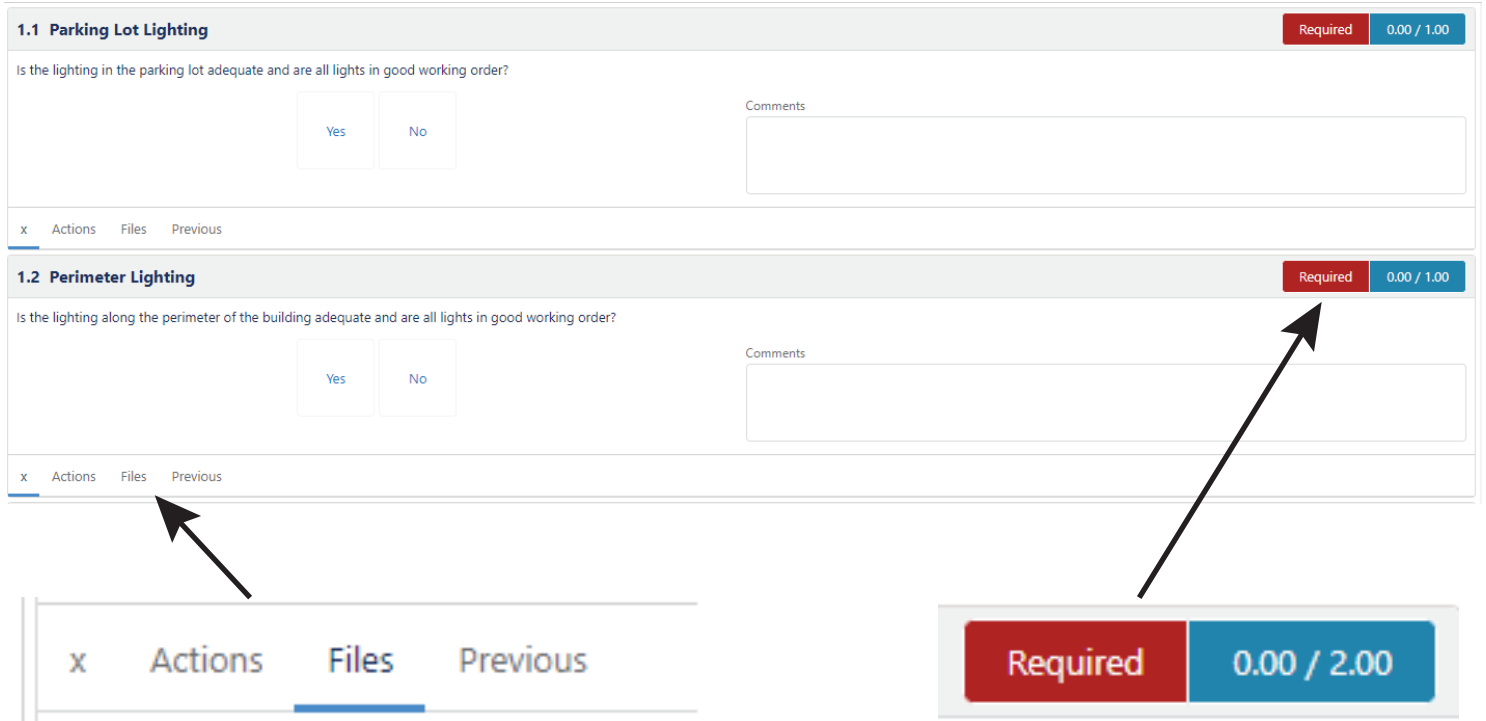
After you select Asset Protection Audit additional boxes will populate to indicate who is conducting the audit, the date and time of the audit, and an option for the language. Next, click Start.

On the right side of the page are questions for the audit. You will select Yes or No for each question, if the answer is no you must type in comments.

Below the questions you have a button for:
Actions and Files
You will make note of any actions needed based on the answer you have for the question. Actions include:

      Due Dates
      Who the action was assigned to
      Priority
      Status
      Descriptions
      Actions taken

The Files button is to upload any images or files to attach to the question or to update the status.

For most question the upper right corner has a box showing if the question is required to answer, and how many 'points' the question has assigned to it. Type in your answer to the questions and type in any comments.

As you complete each section of questions click the right arrow on the bottom of the page to continue to the next section.

In the upper left part of your screen is the score for each section. These scores will update as you answer each question.

You have menu option for

1. Sections - This shows your score for each section, these scores update as you answer questions on the audit.

2. Summary - This area is provided for you to type in an overall summary of the Asset Protection Audit results.

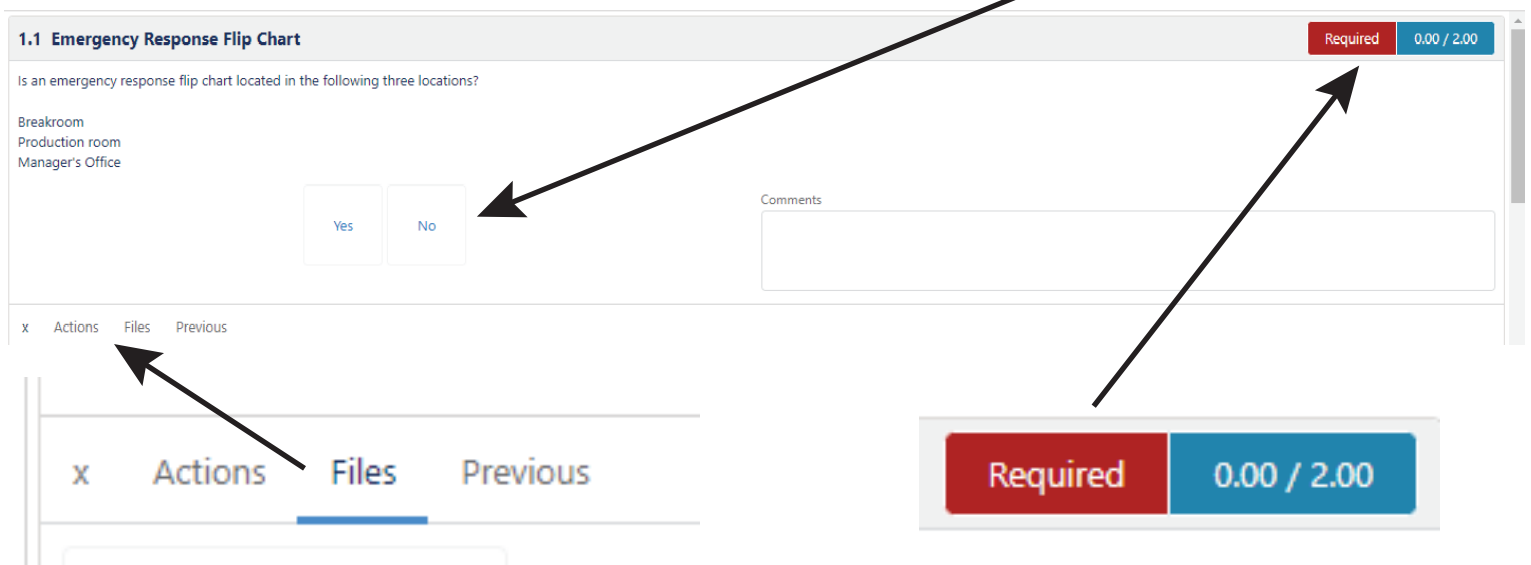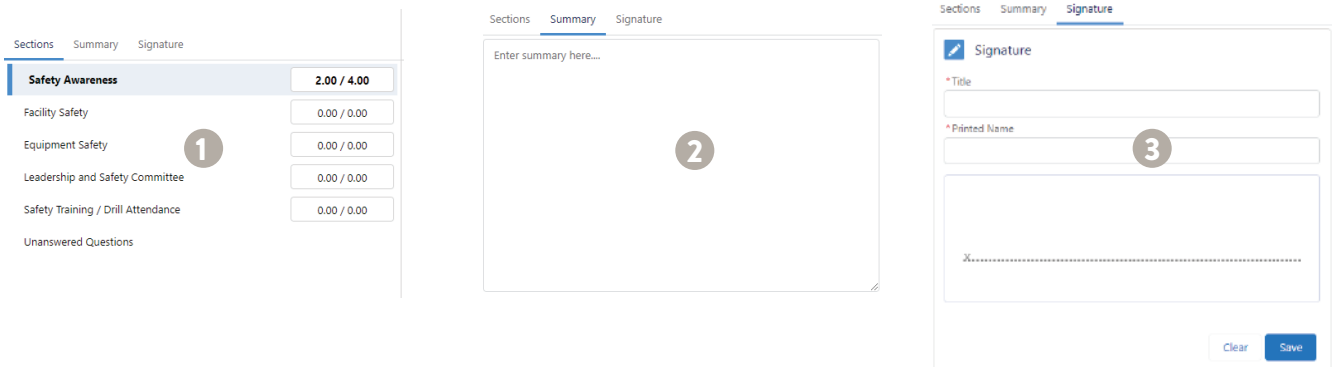**3. Signature -** Here you will type in your Title, your name and sign the audit. Click Save when you are done.

When you have completed the audit and signed the document, click Submit in the upper right corner. You can also Save the document to complete later.

To start your Monthly Safety Audit, search for your location by 6 digit code, 110+ location number or search by location name. Next click Monthly Safety Audit.

On the right side of the page are questions for the audit. Answer each question Yes or No, if you mark a question no, you are required to add comments in the box supplied.

Below the questions you have a button for:
Actions and Files
You will make note of any actions needed based on the answer you have for the question. Actions include:

    Due Dates
    Who the action was assigned to
    Priority
    Status
    Descriptions
    Actions taken

The Files button is to upload any images or files to attach to the question or to update the status.

For each question the upper right corner has a box showing if the question is required to answer, and how many 'points' the question has assigned to it.   Mark the question Yes or No and type in any comments.

Score: 0.00/0.00 (%)

As you complete each section of questions click the right arrow on the bottom of the page to continue to the next section.

In the upper left part of your screen is the score for each section. These scores will update as you answer each question.
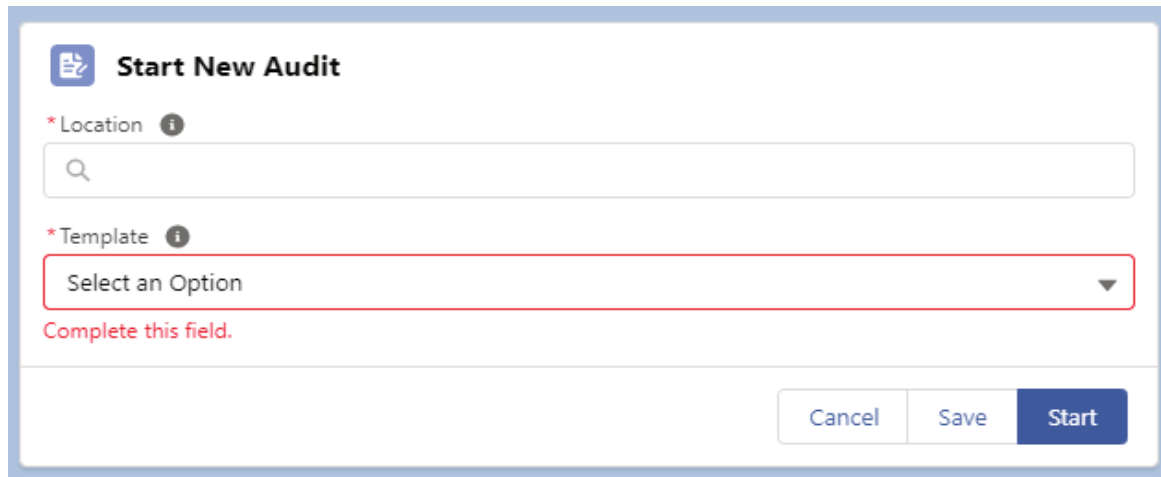

You have menu option for:

1. Sections - This shows your score for each section, these scores update as you answer questions on the audit.

2. Summary - This area is provided for you to type in an overall summary of the Safety Audit results.

3. Signature - Here you will type in your Title, your name and sign the audit. Click Save when you are done.

When you have completed the audit and signed the document, click Submit in the upper right corner. You can also Save the document to complete later.
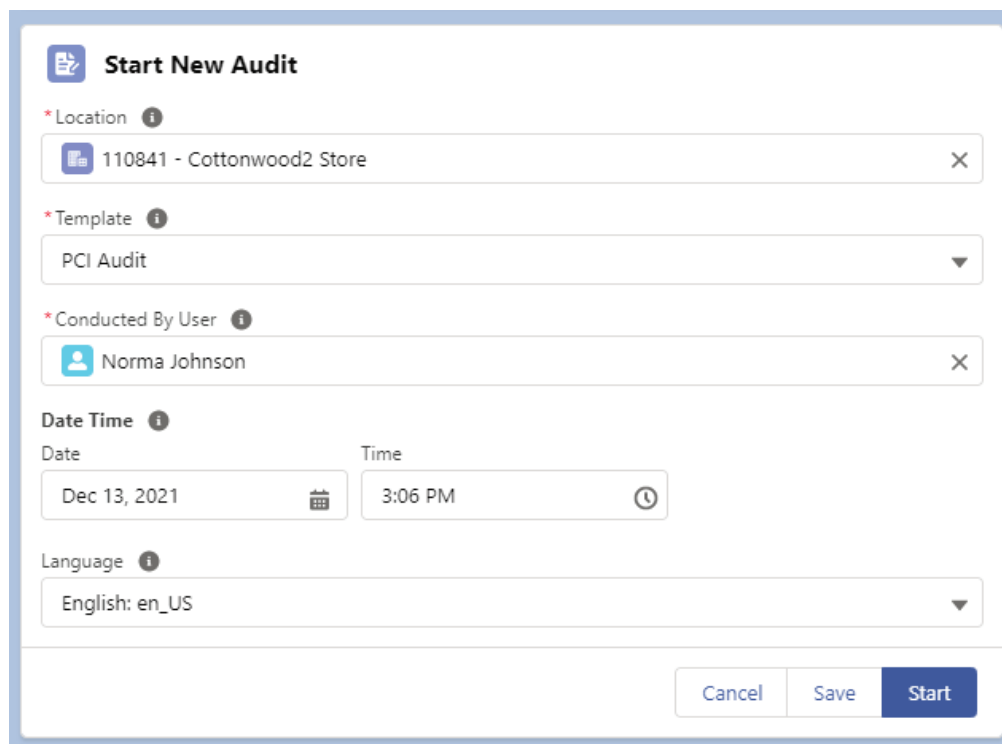
The PCI Audit is a compliance audit on our card payment equipment. The PCI audit is mandated by credit card companies to help ensure the security of card transactions. You will be conducting this audit on every card payment terminal at your location. The audit will confirm the seals, terminals, and cabling for our payment devices are in place and not damaged.

To start your PCI Audit, search for your location by 6 digit code, 110+ location number or search by location name. Next Select PCI Audit from the template options.
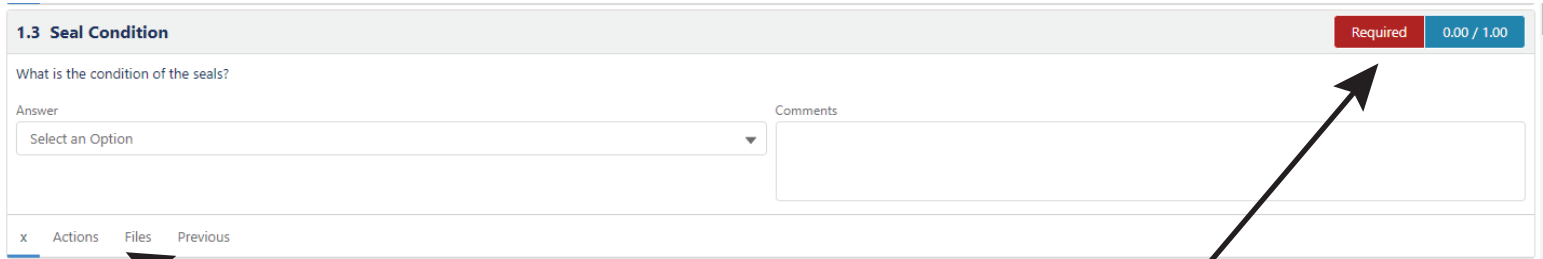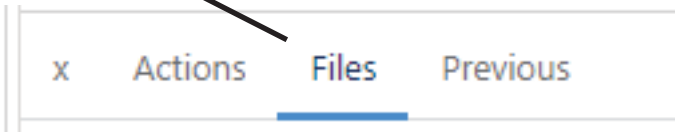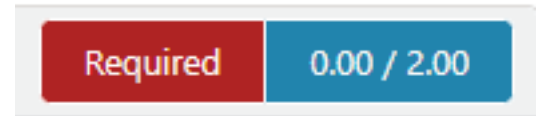
After you select PCI Audit additional boxes will populate to indicate who is conducting the audit, the date and time of the audit, and an option for the language. Next, click Start.

On the right side of the page are questions for the audit.

Below the questions you have a button for:
Actions and Files

You will make note of any actions needed based on the answer you have for the question.

Actions include:
  Due Dates
  Who the action was assigned to
  Priority
  Status
  Descriptions
  Actions taken

The Files button is to upload any images or files to attach to the question or to update the status.

For most question the upper right corner has a box showing if the question is required to answer, and how many 'points' the question has assigned to it. Type in your answer to the questions and type in any comments.

In the upper left part of your screen is the score for each section. These scores will update as you answer each question.

You have menu option for:

1. Sections - This shows your score for each register, these scores update as you answer questions on the audit.

2. Summary - This area is provided for you to type in an overall summary of the PCI Audit results.

3. Signature - Here you will type in your Title, your name and sign the audit. Click Save when you are done.

When you have completed the audit and signed the document, click Submit in the upper right corner. You can also Save the document to complete later.