

Supervisors can complete a Supervisor's Incident Report of Work-Related Injury online through the Helpside Employee Portal.

Go to: helpside.com/incident-report

Enter your username and your password for the Helpside Employee Portal and click **Sign In**.

HELPSIDE

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Helpside Employee Portal

Sign In
Welcome back! Please sign in below with your Helpside account to access the Helpside Employee Portal.

* Helpside Account Username
* Helpside Account Password
 Keep me signed in [forgot username or password](#)
 Show password

SIGN IN

Register
Welcome to the new Helpside Employee Portal! Please fill out the short form below to allow us to find, and link, your PrismHR account with a new Helpside account. We will then send you an email with a link to create your new Helpside account.

* Last Name
* Home Zip Code
* Email Address

REQUEST REGISTRATION EMAIL

After logging in, you will be taken to the Supervisor's Incident Report of Work-Related Injury online form. Choose the injured employee's name from the first dropdown menu.

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Supervisors Incident Report of Work-Related Injury

Disclaimer: All unsubmitted form data will be lost if you leave this page.

Employee Name [Dropdown] ←

Please ensure that your contact information is up to date. Helpside may need to contact you during the claim process.

* Mobile Phone Number
* Home Phone Number
208-794-5094

Incident Information

Time Shift Began
* Date and Time of Incident
* Date and Time Incident Reported
* Location of Incident (Warehouse, kitchen, parking lot, etc.)

Dashboard
Employee Portal
Personal
Payroll
Time Off
Benefits
External Tools
Contact Us
Admin Portal

Verify that the phone numbers listed for the employee are correct.

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Supervisors Incident Report of Work-Related Injury

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Employee Name

Please ensure that your contact information is up to date. Helpside may need to contact you during the claim process.

*** Mobile Phone Number**

*** Home Phone Number**


Incident Information

Time Shift Began

*** Date and Time of Incident**

*** Date and Time Incident Reported**

*** Location of Incident (Warehouse, kitchen, parking lot, etc.)**



Then fill in the additional details about the incident and type your name in the **Supervisor Signature** box. When you click **Submit**, the information will be sent to the Helpside Claims Director for review.

If you have any questions about the Supervisor's Incident Report of Work-Related Injury online form, please contact the Helpside Claims Director at (801) 443-1338 or rontiveros@helpside.com.