# **PSB-CY System**

Incident Intake -Updated with drop-down screen information



17 September 2021



# **ADN** to the Warning page – screenshot



#### **USG Warning and Consent Banner**

You are accessing a U.S. Government (USG) Information System (IS) that is provided for USG-authorized use only.

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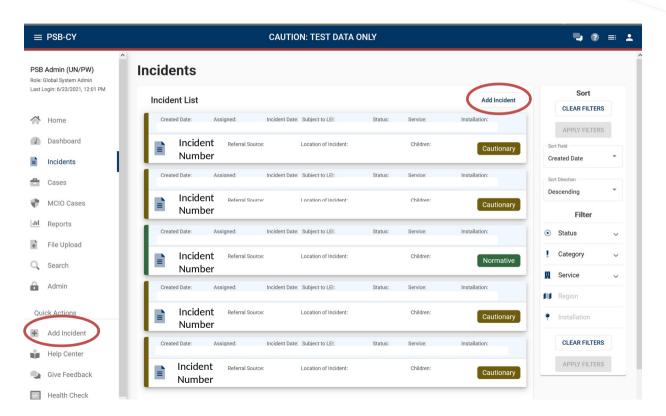
OMB CONTROL NUMBER: 0704-XXXX OMB EXPIRATION DATE: XX/XX/XXXX

#### AGENCY DISCLOSURE NOTICE

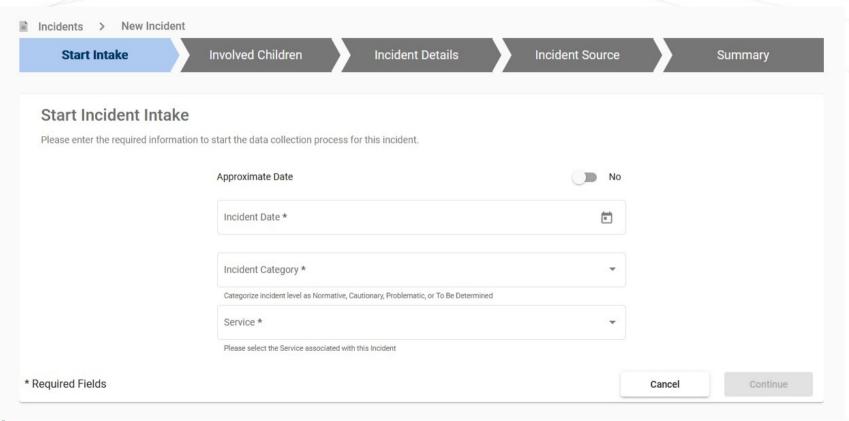
The public reporting burden for this collection of information, 0704-XXXX, is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs. mc-alex.ed.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.



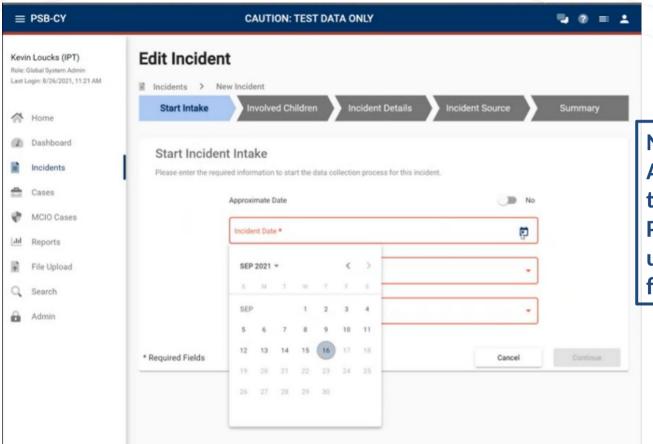
# **Add Incident**





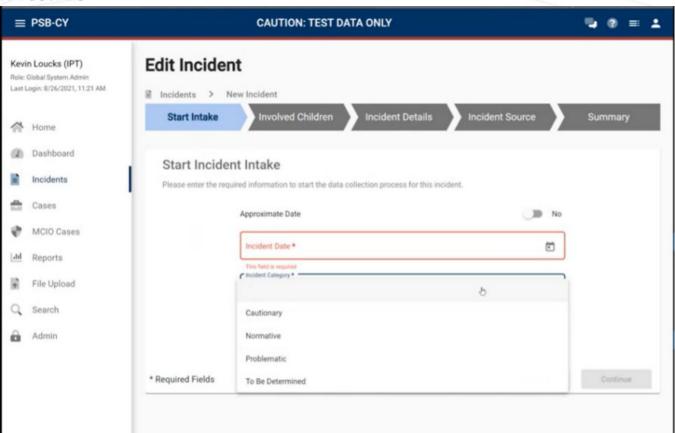




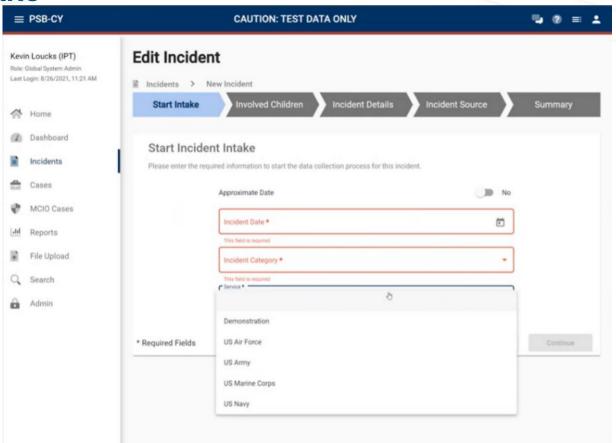


NOTE:
All Date fields
throughout the
PSB-CY System
use the same
format.

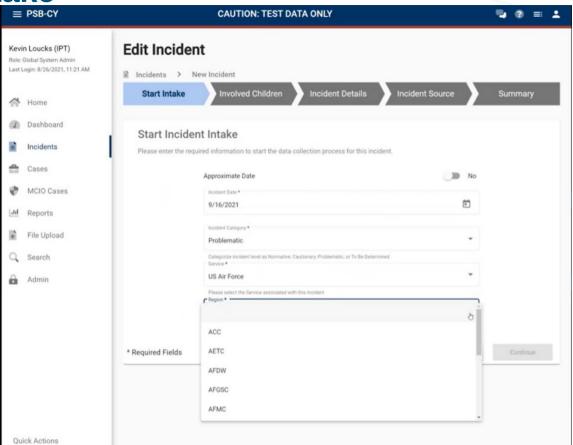






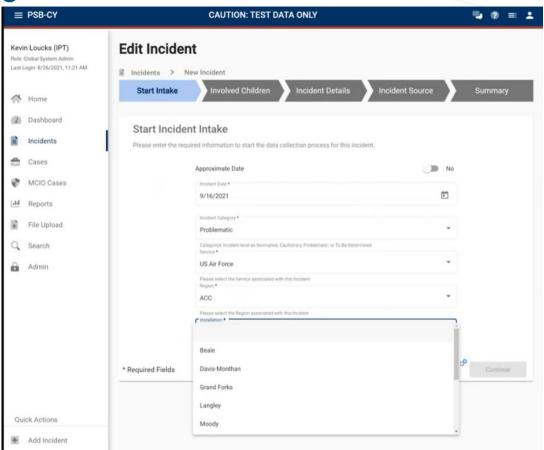




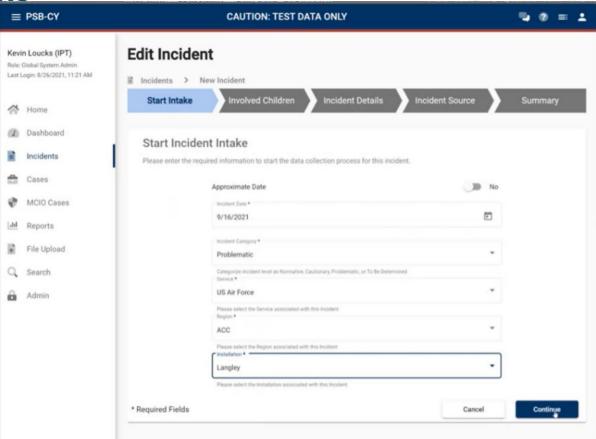




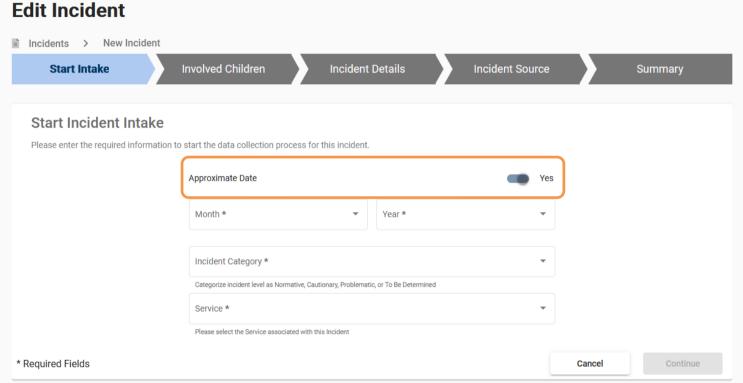
All data shown in this presentation is for demonstration purposes. No real data (PII) from any person has been used.













#### **Edit Incident** Incidents > New Incident Involved Children Start Intake **Incident Details** Incident Source Summary Start Incident Intake NOTE: Please enter the required information to start the data collection process for this incident. All Date fields Approximate Date throughout the Month \* Year \* 2021 February **PSB-CY System** Incident Category \* use the same Categorize incident level as Normative, Cautionary, Problematic, or To Be Determined format. Please Please select the Service associated with this Incident

Cancel

Continue



\* Required Fields

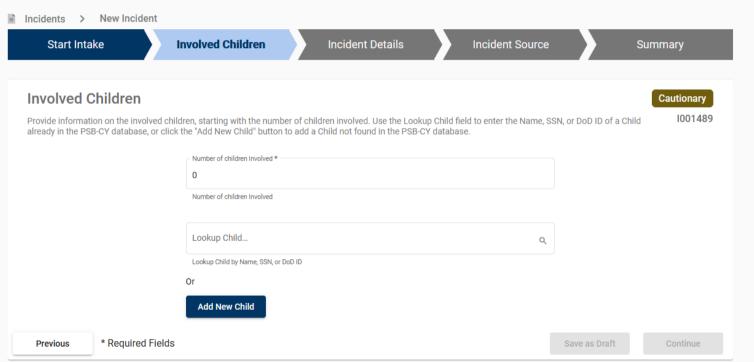
Please select the Region associated with this Incident

Please select the Installation associated with this Incident

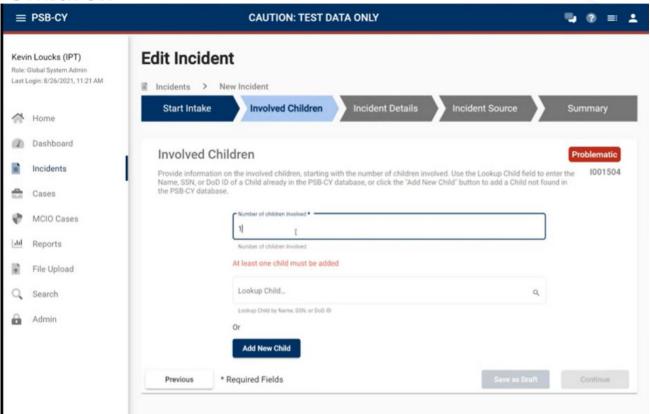
Installation \*

see slide 4.

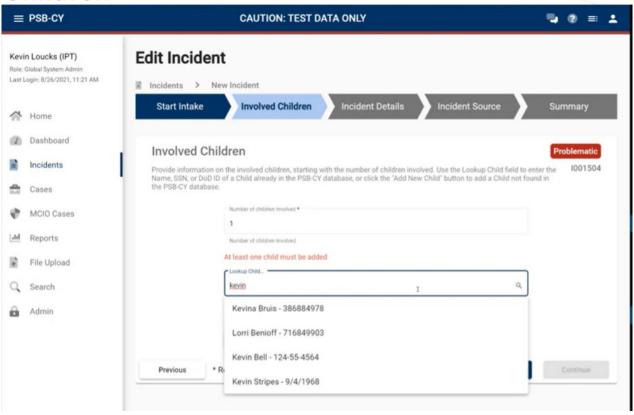
#### **Edit Incident**



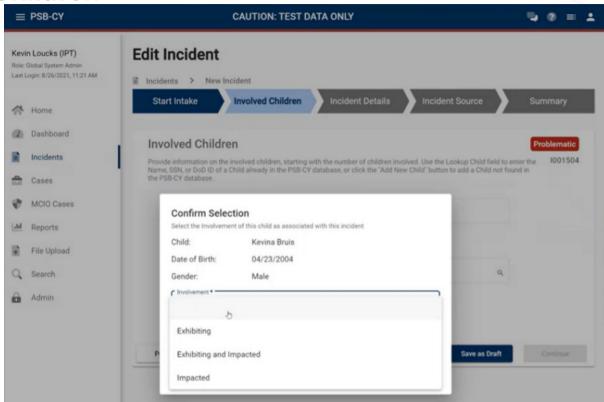




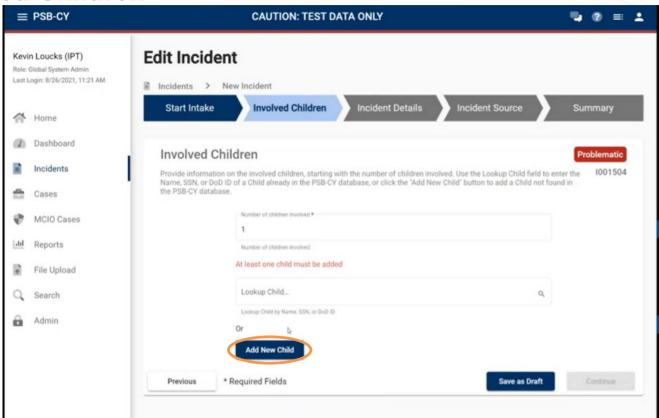




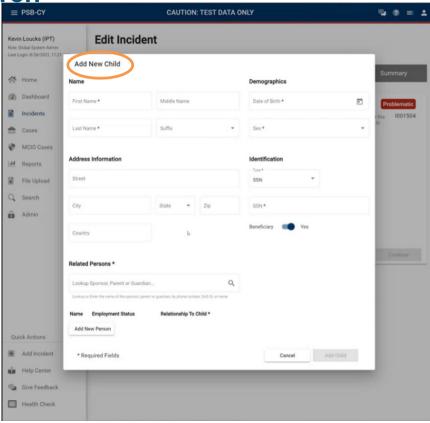








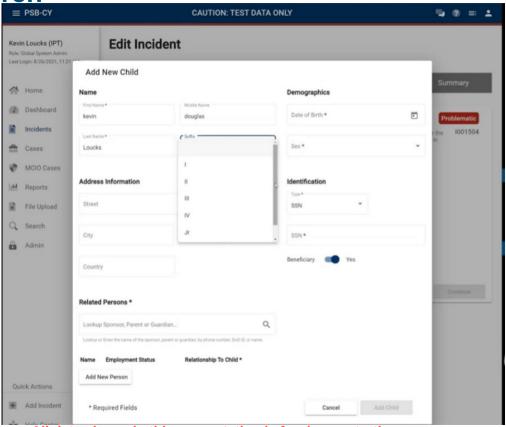






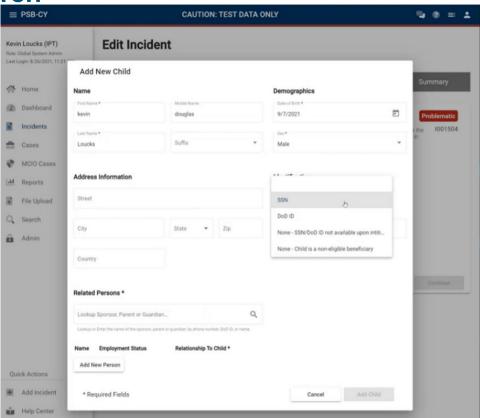
All data shown in this presentation is for demonstration purposes.

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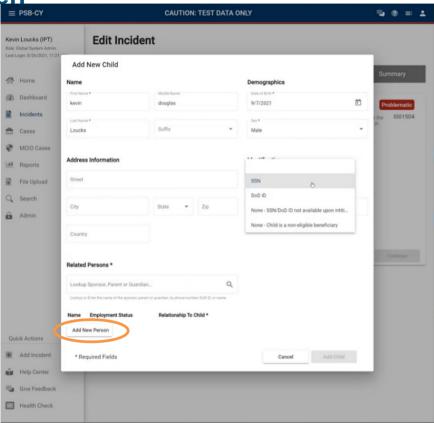


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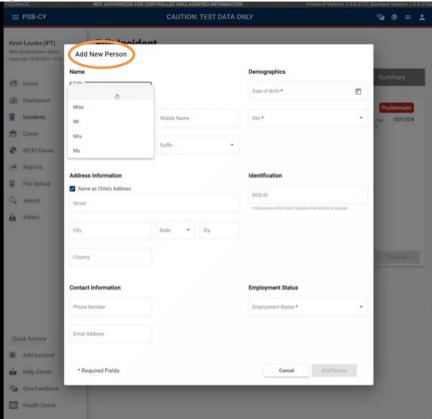


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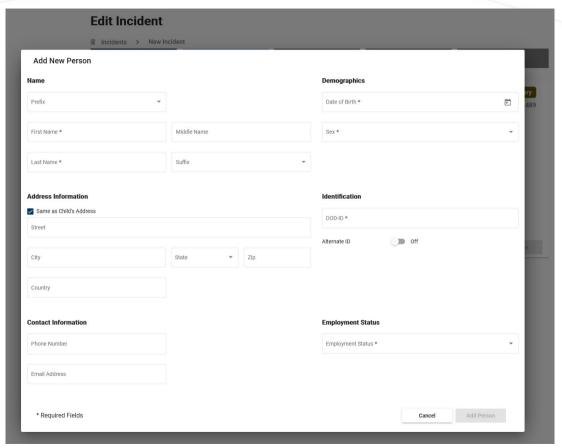


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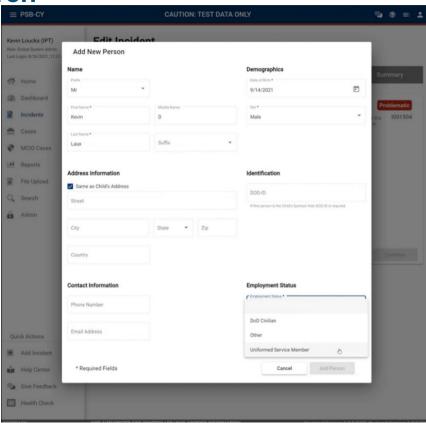


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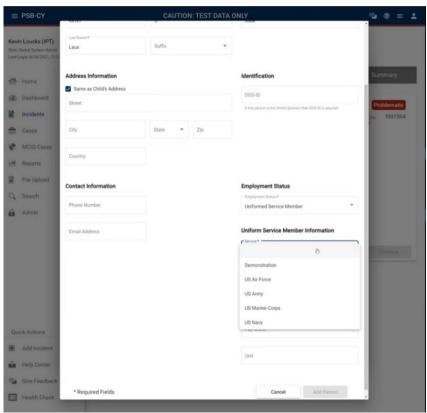


All data shown in this presentation is for demonstration purposes. No real data (PII) from any person has been used.



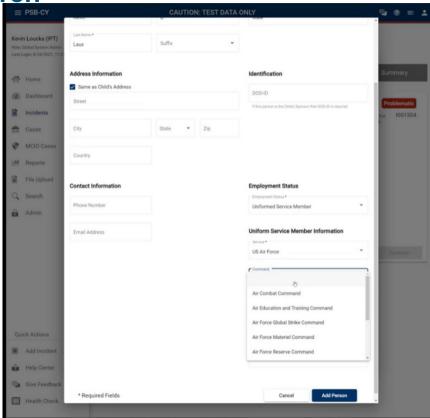


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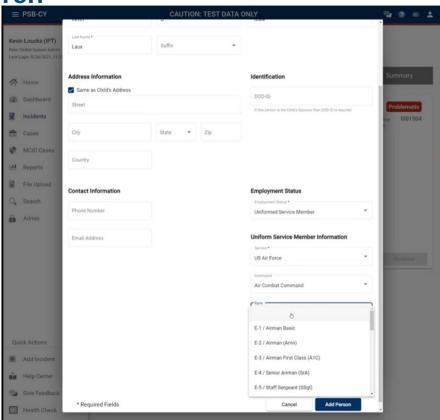


All data shown in this presentation is for demonstration purposes. No real data (PII) from any person has been used.



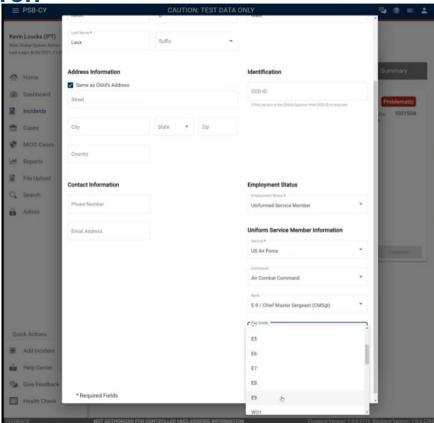


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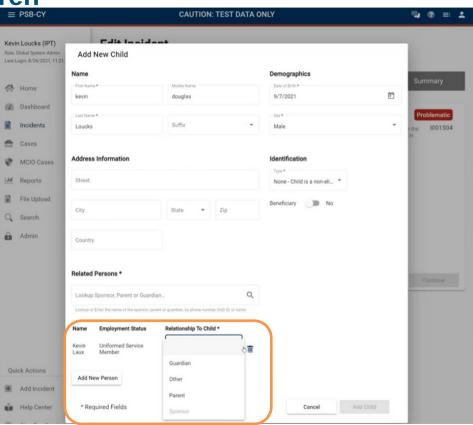
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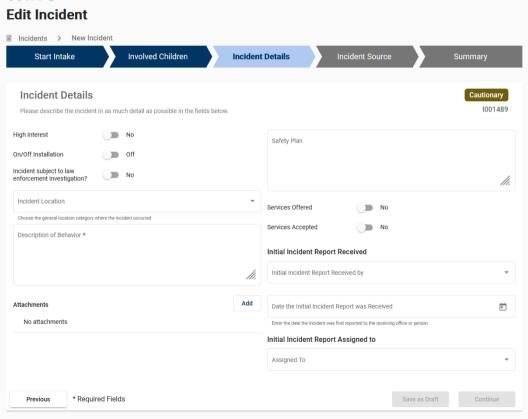
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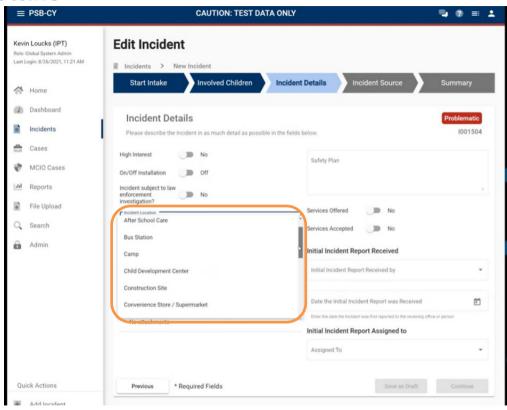




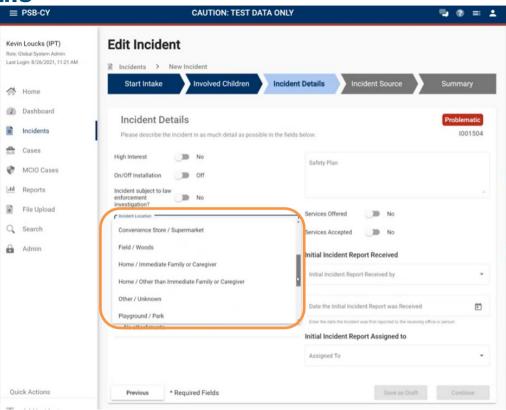
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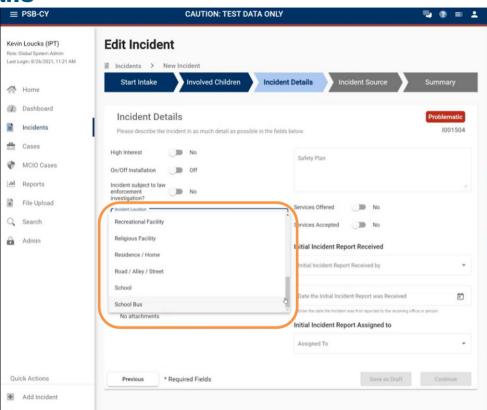




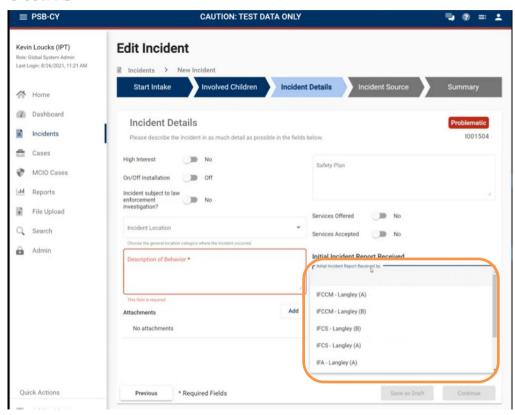




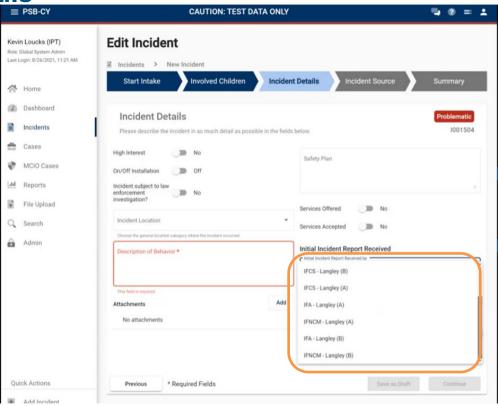




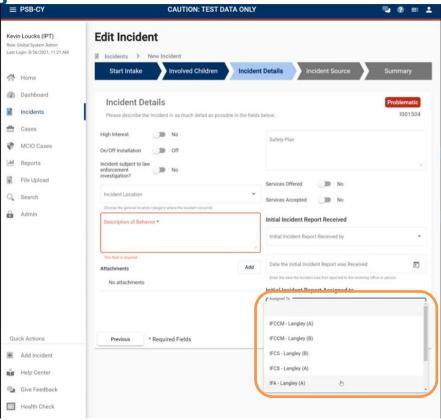






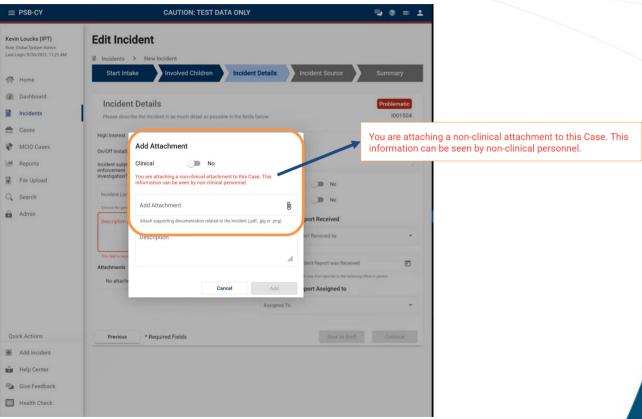






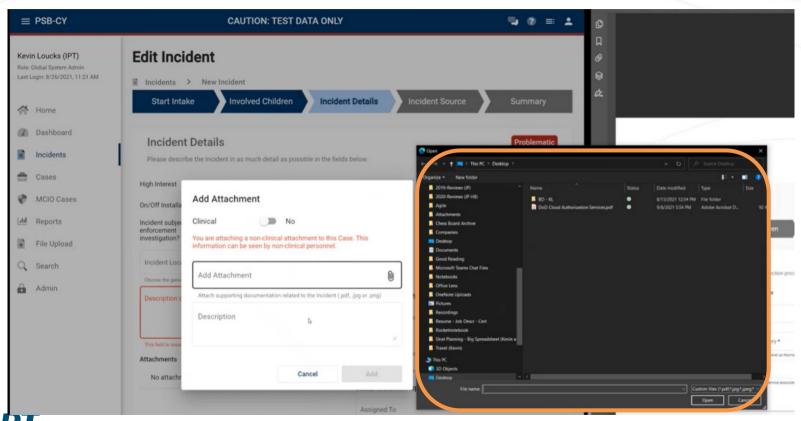


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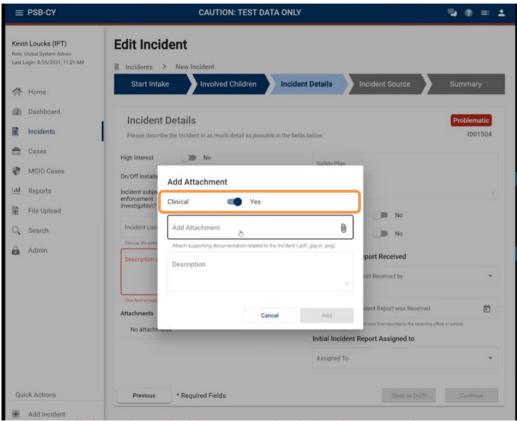




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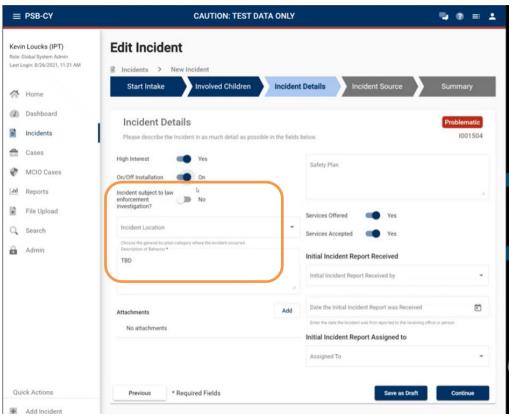






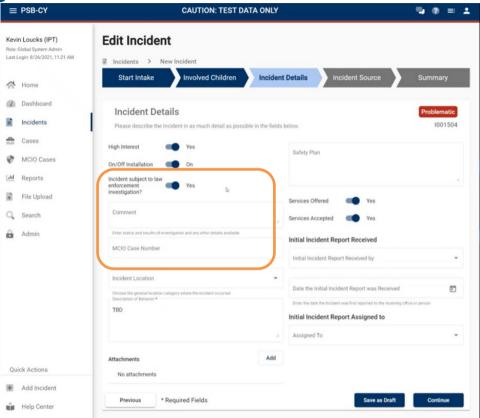


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### **Incident Source**

Initial Report Date \*

Previous

Enter the date the source reported the incident to FAP

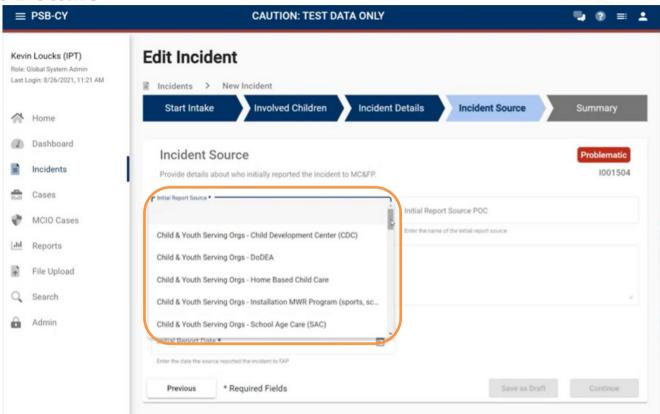
\* Required Fields

#### **Edit Incident** Incidents > New Incident Involved Children Start Intake **Incident Details Incident Source** Summary **Incident Source** Cautionary 1001489 Provide details about who initially reported the incident to MC&FP. Initial Report Source \* Initial Report Source POC Choose a category for the initial report source Enter the name of the initial report source Notes on Initial Report

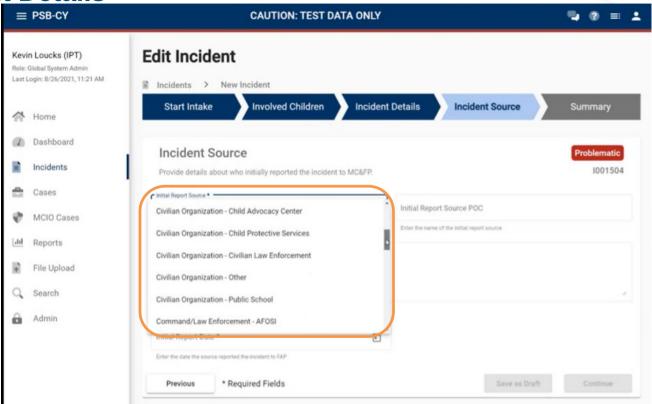


Save as Draft

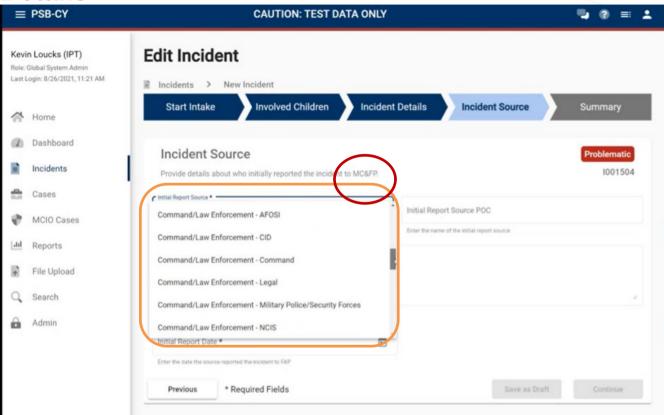
Continue



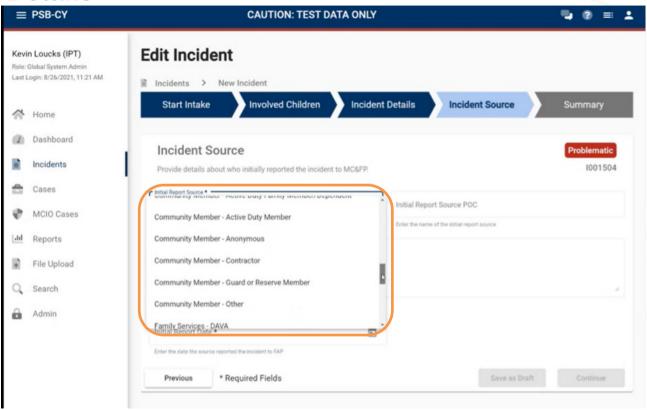




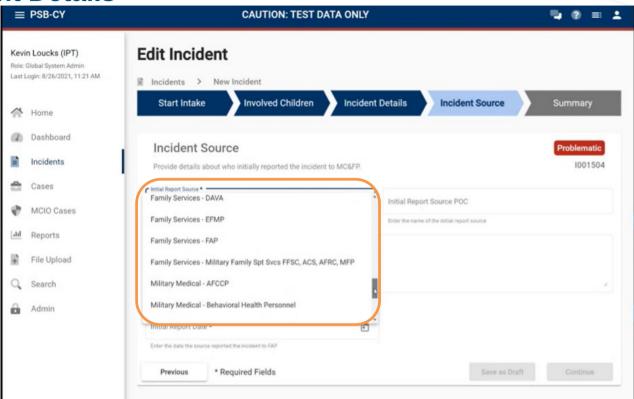




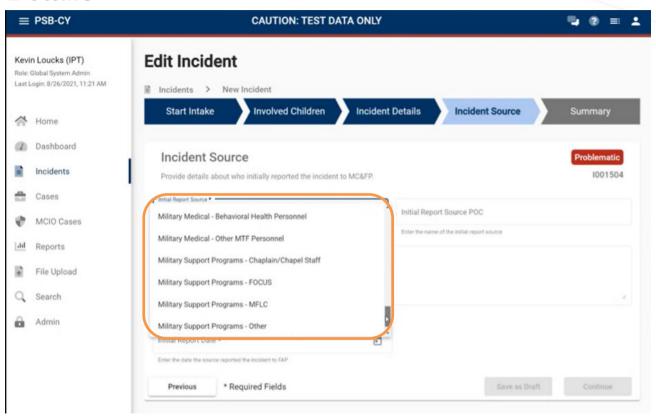














# **Incident Summary**

