Global intake for non-WWOS Amazonians to raise incidents

Purpose and Background

This document presents the proposed solution for Amazon-wide non-WWOS to raise incidents at EMT via Amazon AtoZ. The objective is for stakeholders, product managers, SDMs, and leaders to align the proposed UX solution and workflow. Currently, there is no standardized process for non-WWOS Amazonians to report incidents. There is a need for a new user experience (UX) solution and workflow for incident reporting in the form of a new Global Intake Form.

The project scope encompasses a wide range of Amazon employees. While the Global Intake Form will be directly used by non-WWOS Amazonians such as fulfillment and delivery associates, security guards, site HR, operations managers, and retail store managers, it will also be beneficial down the line to WWOS employees such as GSOC employees, S&LP field teams, MVP users, and SDS associate, by improving the intake process.

Vision

The UX team envisions providing ONE clear, centralized channel for non-WWOS Amazon employees to report incidents. This unified approach will eliminate intake issues, reduce time spent by GSOC employees on incidents, and ensure consistent, accessible incident reporting for all employees.

To achieve this vision, the UX team designed and implemented a user-friendly incident reporting system that is both accessible and well-communicated to all employees. The system will feature a simple form, clear guidance, and improved workflows that make incident reporting simple and efficient regardless of an employee's role.

Problem / Opportunity

The current incident reporting system faces several critical challenges that hinder efficient and secure incident management. The main problems are lack of a secure channel for reporting sensitive information, inconsistencies in reporting methods, and the overwhelming volume of calls to the Global Security Operations Center (GSOC). With 90,458 incidents reported to GSOC, these issues not only compromise the security of sensitive information but also lead to inefficiencies in incident management and resource allocation.

Lack of Secure Channel to report theft and fraud incidents

Non-WWOS Amazonians currently lack a dedicated, secure channel for submitting theft and fraud tips to Loss Prevention Field and regional investigation teams. This gap in security protocol has led to employees sharing sensitive information through less secure means such as email, Chime, Slack, or CMS mini. This practice is far from ideal for handling confidential information and potentially compromises the integrity of investigations. The proposed solution aims to confine all incident and investigation discussions within a secure case management system.

Reporting Inconsistencies

There is a notable lack of standardization in incident reporting across different teams and roles within Amazon. Security guards and retail operations staff, for instance, are reporting incidents to S&LP without using a standardized incident intake form. For example, as of May 2025, only 13.1% of On the Road (OTR) incidents were captured in EMT and up to 70% OTR incidents worldwide are missing from Austin ([Appendix A](#)). This inconsistency in reporting methods can lead to incomplete or inaccurate information, making it challenging for security teams to effectively assess and respond to incidents. The proposed solution seeks to implement a standardized incident intake form to ensure consistency and completeness in reporting across all departments.

GSOC Challenges

The Global Security Operations Center (GSOC) is currently grappling with high call volumes of low SEV Incidents and limited resources for phone-based incident reporting. On average, GSOC receives 1,344 calls per day from Amazonians reporting incidents (Appendix B), leading to long wait times and potential delays in addressing critical issues. Moreover, a significant portion of these calls are deemed "out of scope," further straining GSOC resources. Each out-of-scope call requires approximately 15 minutes for escalation specialists to process, resulting in an estimated 264.8 hours spent daily on these calls alone, which is 80% of the 336 of all hours spent on calls. This inefficiency translates to a substantial financial impact, with an estimated cost of $3.3 million per year for GSOC to handle these calls. The proposed solution aims to alleviate this burden by implementing a web-based incident reporting system and an automated triage system, which would allow for more efficient handling of incidents and free up GSOC resources for high-priority cases.
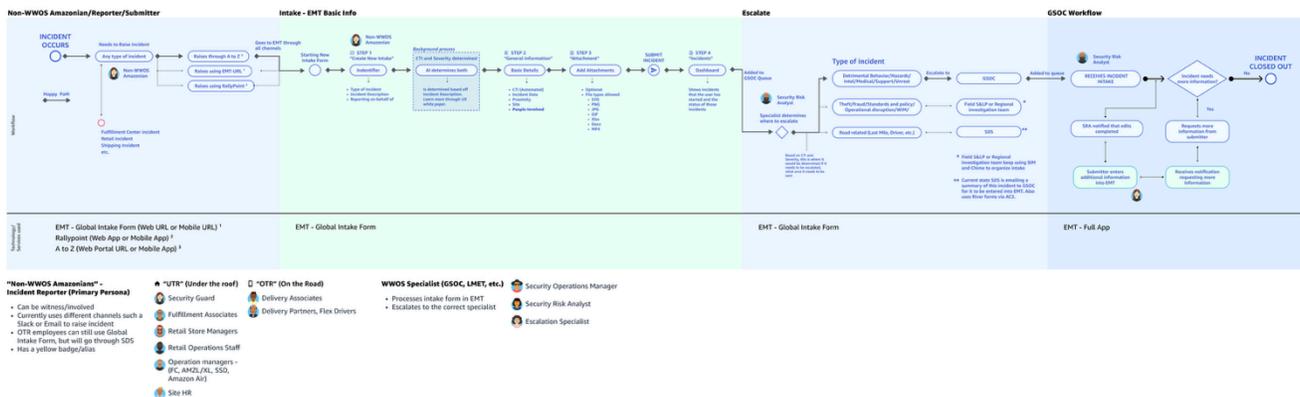
Recommendations

The user journey of raising an incident through the Global Intake Form at EMT Via Amazon AtoZ, along with proposed designs for the solution.

User Journey Map

This user journey maps out the process of an incident occurring, a non-WWOS Amazonian raising the incident, and the process of the incident being escalated. View full User Journey in Figma

Proposed Solutions

Solution Steps

- Step 1 – "Create New Intake"
    a) Background process: CTI and Severity determined
- Step 2 – "General Information
    a) Date, Proximity, Site
    b) People Involved
- Step 3 – "Attachment"

Prototype Link

Step 1 – "Create New Intake"

When non-WWOS users create a new incident using the Global Intake Form, they first select the incident category from a dropdown menu labeled "What are you reporting today?" (examples shown include "Life Safety" and "Theft/Fraud") and provide a detailed incident description. The interface then presents three reporting options via radio buttons: "Reporting anonymously", "Reporting for myself", or "Reporting on behalf of someone

else". The system uses AI to analyze the description to determine the appropriate Category, Type, Item (CTI), and Severity level. This is a background process. User information is captured when selecting either of the non-anonymous reporting options. CTI and user information is auto-populated in inputs on the next step (see Step 2).

For anonymous reporting, non-WWOS Amazonians can select "Reporting anonymously" if they prefer not to disclose their identity when reporting an incident they witnessed. "Reporting anonymously" will show incidents of Theft/Fraud. The interface remains consistent with the standard reporting flow, but users choosing this option should note that providing comprehensive incident details is crucial. If insufficient information is provided in an anonymous report, the incident may not be escalated and could be closed, as Security Risk Assessment teams cannot follow up with the reporter for additional details.

Step 2 – "General Information" Part A - Date, Proximity, Site

In the last step, the AI determines the CTI based on the description, so the CTI will automatically be filled and the inputs will be disabled. The user will fill out "Incident Started" date, choose "Proximity, choose "Site", and select multiple (if needed) People involved. Note, "People involved" will not be used in "Reporting Anonymously".

Step 2 – "General Information" Part B – People Involved

Multiple "People Involved" can be selected. The dropdown is a combobox that allows users to search for members by group.

Step 3 - Attachments

Users can add supplemental attachments to the incident before submitting. When the user is finished they will click the "Submit Intake" button. File types allowed are SVG, PNG, JPG, GIF, Xlsx, Docx, MP4

≡ **Incident Reporting for Non-WWOS Users Intake**   Department name
                                                                                         Role

Incident Records

✓ Identifier ———— ✓ Basic Details ———— ③ Attachments

Attachments

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Back   Submit Intake

Event Management Tool | WWOSTech Product   Contact Us   Documentation   Feedback

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Attachments

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List of Attachments

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08/11/2024, 03:56 PM

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08/11/2024, 03:57 PM

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Back   Submit Intake

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Step 4 - Dashboard

When the incident has been successfully submitted, the user will be brought back to the dashboard where they can view other incidents that they have reported

No alias

This flow will not require any new or different screens. The only change would be how the user enters "People involved" (see Default Flow Step 2 Part B). This will also not be part of P0.

Frequently Asked Questions (FAQs)

FAQ1 What are some edge use cases?
- Submitting anonymously: Non-WWOS Amazonians may have the need to submit an incident anonymously. E.g. A Fulfillment Associate witnesses harassment of another Fulfillment Associate and wants to submit an incident without alerting the harasser.
    - o Useful for those reporting incidents where the POI is their manager/Loss Prevention - so they can bypass being identified from traditionally reporting through them
- Submitting without an alias: Non-WWOS Amazonians, such as contractors, may not have aliases, but still need the ability to report incidents

FAQ2 Who are the main personas/who has this problem?

- GSOC Employees
    - o SRA (Security Risk Analyst)
    - o ES (Escalation Specialist)
- Security and Loss Prevention field team (S&LP) and regional investigation teams
- Movement Verification Portal (MVP) intake form users (Appendix A)
- SDS associates
- Fulfillment Associates
- Delivery Associates (DAs)
- Delivery Partners (DPs), Flex drivers
- Security guards
- Site HR
- Operation managers - (FC, AMZL/XL, SSD, Amazon Air)
- Retail store managers

FAQ3 What is the main evidence that this problem exists?
- The Global Security Operations Center (GSOC) receives an average of 1,344 calls per day from Amazonians reporting incidents. According to 2024 metrics, 80% of calls received are deemed "out of scope". Each out-of-scope call requires around 15 minutes for escalation specialists to enter a LMET low severity SIM form.
- In 2024, there were 2,424 unique cases escalated through Security Incident Management System (SIMs) within the EMEA Security & Loss Prevention investigations folder (emea-slp-investigations)." (

FAQ4 What are some similar projects?

- MVP Intake submission. App URL was live late Dec 2024 and Figma file was designed during Sep 2024
- Dragonfly AtoZ: https://atoz.amazon.work/safety_observations
- CMS mini(retired soon)
- Rapid App
- AUSTIN
- Amazon Ethics line (hotline) https://secure.ethicspoint.com/domain/media/en/gui/44171/index.html
- Report online: https://secure.ethicspoint.com/domain/media/en/gui/44171/issues.html?clientid=44171&locationid=-1&override=yes&agreement=no
- Report by phone
- Example of a river flow: https://river.amazon.com/workflow/SEA29/run/wfss-dbca9d13-70c5-461f-8c88-b340faa7dfda;jsessionid=B17FA057EA1CA5373DBAFE8B271E2DA3?org=SDSInternal&q0=02f93722-ec37-4f29-b567-671ec85cf6b3

FAQ5 What is the project scope and timeline?

Source: PRFAQ

Phase 0: Phase one of this project focuses on providing the GIF solution to all global Amazonians of all levels in the Operations organization who have an alias or access to Amazon A to Z.

Phase 1: Phase two focuses on expanding the form's accessibility to all Operations personnel no matter if they have an alias or not. This will require more complex authentication methods. If authentication is easily solvable using a similar approach Nexus uses for Salesforce authentication of contract workers, Phase 1 and 2 can be merged.
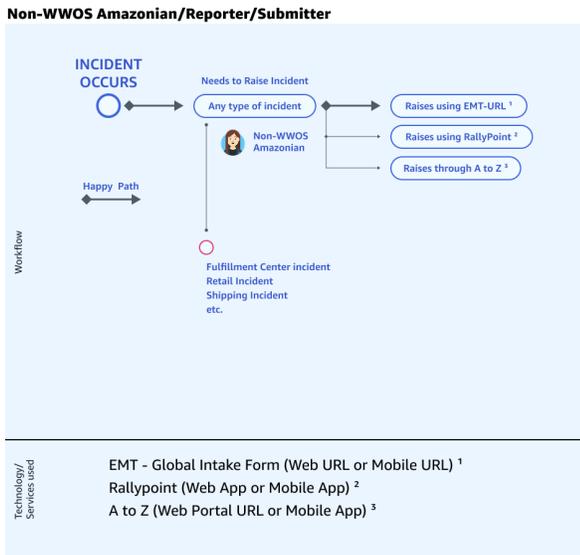
Phase 2: Phase three focuses on expanding the users to Amazonian's world-wide also in the Amazon Corporate Services (ACS) and Amazon Web Service (AWS) organizations. Additionally, the insurance claim intake will be merged with GIF in the long term. More detailed available in flowcharts. [OBJ]
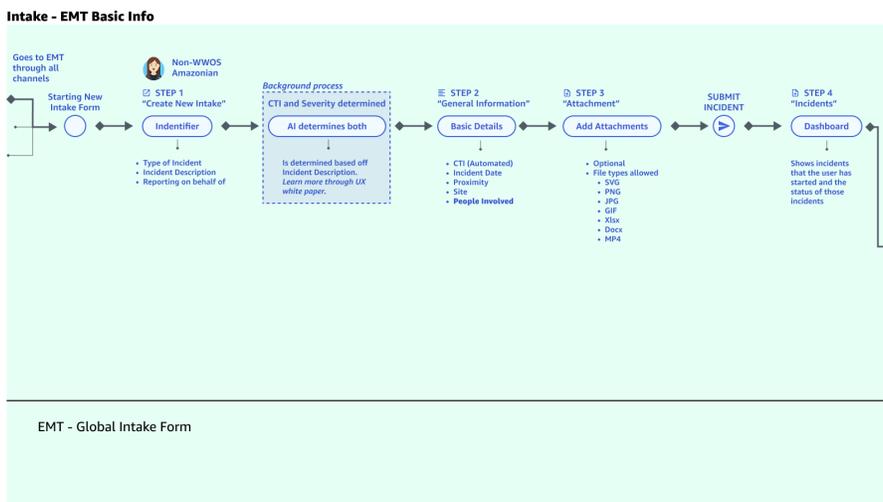
Appendices

Appendix A: Individual User Journey Sections

Section 1 – Non-WWOS Amazonian and the Incident
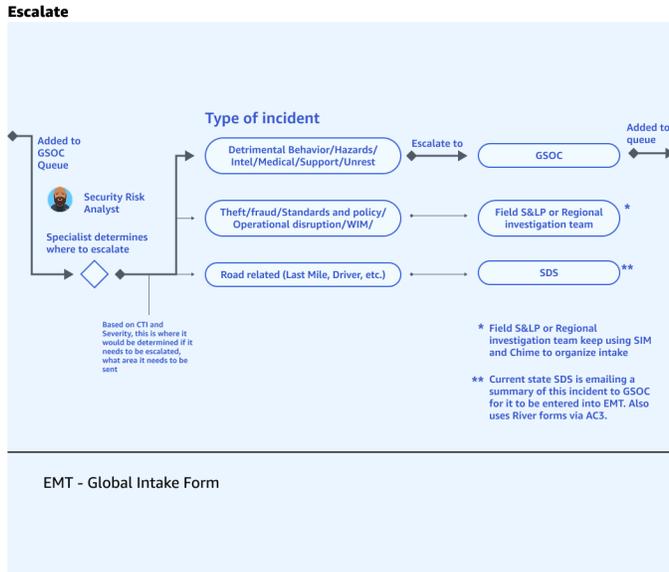
The workflow for when the incident occurs.

Non-WWOS Amazonian/Reporter/Submitter

INCIDENT OCCURS

Needs to Raise Incident

Any type of incident → Raises using EMT-URL [1]

Non-WWOS Amazonian → Raises using RallyPoint [2]

Raises through A to Z [3]

Happy Path

Fulfillment Center incident
Retail Incident
Shipping Incident
etc.

Workflow

Technology/ Services used

EMT - Global Intake Form (Web URL or Mobile URL) [1]
Rallypoint (Web App or Mobile App) [2]
A to Z (Web Portal URL or Mobile App) [3]

Section 2 – Basic Info

The workflow for the basic info being captured in the Global Intake Form

Intake - EMT Basic Info

Goes to EMT through all channels

Non-WWOS Amazonian

Starting New Intake Form

Background process
CTI and Severity determined

☰ STEP 2 "General Information"

▤ STEP 3 "Attachment"

SUBMIT INCIDENT

▤ STEP 4 "Incidents"

☑ STEP 1 "Create New Intake"

Indentifier — AI determines both — Basic Details — Add Attachments — (➤) — Dashboard

• Type of Incident
• Incident Description
• Reporting on behalf of

Is determined based off Incident Description.
Learn more through UX white paper.

• CTI (Automated)
• Incident Date
• Proximity
• Site
• **People Involved**

• Optional
• File types allowed
  • SVG
  • PNG
  • JPG
  • GIF
  • Xlsx
  • Docx
  • MP4

Shows incidents that the user has started and the status of those incidents

EMT - Global Intake Form

Section 3 – Specialist

The workflow for the Global Intake Form going to the correct place for escalation

Escalate

EMT - Global Intake Form

Section 4 – GSOC

The workflow for when the intake form is escalated to a specialist at GSOC (SRA or ES) and is fully filled out.

EMT - Full App
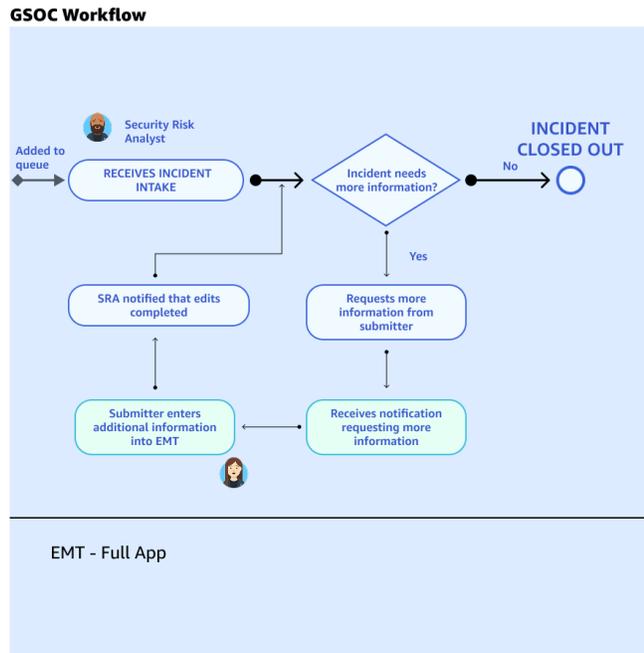
Appendix C: Personas - Who will be a part of the Global Intake Form workflow
- "Non-WWOS Amazonians" - Incident Reporter
  - ▪ Can be witness/involved
  - ▪ Currently uses different channels such a Slack or Email to raise incident
  - ▪ OTR employees can still use Global Intake Form, but will go through SDS

- ▪ Has a yellow badge/alias
  - o "UTR" - Under The Roof, employees working in warehouses, retail locations, etc.
    - ▪ Fulfillment Associates
    - ▪ Security Guard
    - ▪ Retail Operations Staff
    - ▪ Retail Store Managers
    - ▪ Operation managers - (FC, AMZL/XL, SSD, Amazon Air)
    - ▪ Site HR
  - o "OTR" - On The Road, road related employees
    - ▪ Delivery Associates
    - ▪ Delivery Partners, Flex Drivers
- WWOS Employee (GSOC, LMET, etc.)
    - ▪ Processes intake form in EMT
    - ▪ Escalates to the correct specialist
  - o Security Risk Analyst
    - ▪ Is the main processor of incidents through Global Intake Form
  - o Security Operations Manager
  - o Escalation Specialist

Appendix D: MVP and Austin

Austin is used for Environmental, Health and Safety. They use their own intake method similar to EMT.

MVP (Movement Verification Portal) is used for supply chain incidents. For example, MVP has its own similar intake form. The Global Intake Form will eliminate different intake forms across different areas.

Appendix E: Supplemental Statistics

A) Overall EMT Adoption

- 55.37% of all incidents (250,858 out of 453,017) are currently managed outside the EMT system.
- This presents a substantial opportunity to consolidate incident management within EMT.

B) Non EMT incidents distribution across System Year Trends (2023-2025)

- Total non-EMT incidents remained relatively stable (54.1% to 56.4%).
- Non EMT incidents from SDS increased significantly (5.7% to 22.6%)
- Non EMT incidents from ARC fluctuated but remained high (64.0% to 55.1%).
- Non EMT incidents from Austin declined sharply (21.7% to 11.0%).
- Non EMT incidents from TPA and SIR showed slight increases.

C) Guard reported stats

Statistics pulled from guard reports in GCMS since March 1, the date guards went live on GCMS

- 6.8%[1] of all incidents (2.7k out of 39k) reported by guards in GCMS didn't have a site documented,
- 31.3%1 were missing an incident date,
- 35%1 were missing a business segment.
- This missing data could make that incident inaccessible to field Security and Loss Prevention (S&LP) due to how permissions are set up.

- Overall, 72%1 of all incidents (28k of 39k) reported by Guards in GCMS are incorrectly transferred to the corresponding S&LP department
- as of May 2025, only 13.1% of On the Road (OTR) incidents were captured in EMT and up to 70% OTR incidents worldwide are missing from Austin.

D) Out of scope stats

- 264.8 hours on out of scope calls for GSOC, around 80% of total 2024 calls costing the company $3.3 million per year. The price per contact was $17.61. [VS1]

E) SDS to GSOC

"SDS LMIR learns of incidents through many ingress points, and often times the incident did not come to us from GSOC (~40/wk during Peak). In current state SDS is emailing a summary of this incident to GSOC for it to be entered into EMT. Our SLA is 4 hours so these are relatively delayed from when the incident is reported (compared to a call to LMET). We seek to have an EMT number generated, but typically do not require further support from GSOC. In some cases though these have spun into Incident Rooms. The current process is manual where a SDS CSA transcribes information from multiple sources into an email (minus PII), email is received by GSOC and must me manually processed/transcribed into EMT." *(from Shrikant)*

D) Percentage of Undefined

GSOC Department – Initial "The initial GSOC department that started the process"

Undefined: 3,506

Amer S&LP: 5,729

Global Incident Management: 21,137

Global Emergency Escalations: 62, 713