



Threat Assessment Incident Report

Completed by: _____ Title: _____ Date: _____

Threat-Maker's Name: _____ Circle One: Student Parent Staff Other

If a Student: School: _____ Grade _____ Program Area: _____

Person(s)/site threatened: _____

Name of Reporting Party: _____ Relationship to Student: _____

Other Students involved as witnesses or participants: _____

Date of Incident: _____ Time of Incident: _____

Date School Official was Notified of Concern: _____ Time: _____

Content of Threat: _____

Incident

Describe the facts of the incident. Include the language of the threat and the sequence of events.

Where and when did this take place? _____

Who was there? Include any witnesses: _____

What happened immediately prior to the incident? _____

What was the Teacher/Administrator/Staff/ Student response? _____

Describe the immediate impact/result of what happened? _____

What is the current status of the person making the threat? _____