

HIGH RISK THREAT INCIDENT REPORT

Name of Individual(s): _____

Date of Incident: _____ School/Class Location: _____

Nature of Threat: _____

Name(s) of Witnesses: _____

Category of Threat: Imminent Moderate Low

Victim(s) Name(s): _____

Others involved in the incident and the nature of their involvement (Staff, Students, others):

Details of the Incident – when and where it occurred, the behaviour and specific language of the threat-maker:

Action taken:

Threat Assessment Team Intervention and Recommendations:

Conditions to return to and/or remain in school:

Recommendations of others involved in incident:

Report Completed By: _____ Position: _____ Date: _____

C: Superintendent of Schools; Threat Assessment Team Leader; & copy retained at school