

**APPENDIX G**

**THREAT ASSESSMENT REPORT FORM**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

Location/Building:  
\_\_\_\_\_

Name of Threat-maker: \_\_\_\_\_  Male  Female

Relationship to school/recipient:  
\_\_\_\_\_

Exact Words of threat:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

—  
How the threat-maker appeared (physically and emotionally):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

—  
Names/Actions of others directly involved:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

—  
When incident occurred:  
\_\_\_\_\_

Where incident occurred:  
\_\_\_\_\_

Name(s) of potential victims:  
\_\_\_\_\_

Physical conduct that would substantiate intent to follow through on the threat (tone of voice, actions):  
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Events prior to incident:

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Any history leading up to the incident:

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What event(s) triggered the incident:

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Names/Positions of responding staff:

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Consequences or impact of incident:

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Conclusion of incident:

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Status of threat-maker:

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Steps taken to ensure the threat will not be carried out: \_\_\_\_\_

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Person Completing Form:

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**Forward Completed Form to Building Administrator Immediately**