

TURTLE MOUNTAIN SCHOOL DIVISION	4-S.1
--	-------

RISK/THREAT ASSESSMENT INCIDENT REPORT

DATE: _____

Background Information

Name of Threat Maker: _____

Male

Female

DOB: _____

Grade: _____

School: _____

Address: _____

Telephone: _____

Parents Contacted: Yes

No

Details of the Incident

Name/s of Victims or Potential Victims:

Parents Contacted: Yes

No

Reason if No: _____

~~~~~

Date of Threat: \_\_\_\_\_

Location: \_\_\_\_\_

Approximate Time: \_\_\_\_\_

Approximate Duration: \_\_\_\_\_

Precipitating Events: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

~~~~~

Specific Language:

~~~~~

Physical Conduct That Substantiates Intent to Follow Through With Threat:

---

---

---



Appearance of the Threat Maker: (Physical and/or Emotional)

---

---

---



Names of Others Directly Involved and Actions They Took:

---

---

---



Other Relevant Information:

---

---

---



Completed By: \_\_\_\_\_

Principal \_\_\_\_\_