

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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Specific Language:

\_\_\_\_\_

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Physical Conduct That Substantiates Intent to Follow Through With Threat:

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

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Names of Others Directly Involved and Actions They Took:

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Other Relevant Information:

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

Principal \_\_\_\_\_