

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