Threat Incident Report
Administrative Procedure 8.40A

Instructions

This form is to be completed as soon as possible after a threat has been made. Please record facts only—not impressions or opinions. Attach all supporting documentation.

Section 1 – Report Details

Person(s) compiling this report: _____

Date Recorded: _____

School: _____

Section 2 – Threat Maker Information

Name of Threat Maker: _____

Relationship to potential victim(s): _____

Section 3 – Context of Incident

1. **Known history leading up to the threat:**

   _____

   _____

2. **Events immediately prior to the incident (trigger):**

   _____

   _____

3. **When did the threat occur?** _____

4. **Where did the threat occur?** _____

Section 4 – Threat Details

5. **Specific wording of the threat (record verbatim):**

   _____

   _____

6. **Did the threat maker take action (e.g., physical violence)?**

   ☐ No

   ☐ Yes – Describe:

7. **Conduct that could substantiate intent to follow through (if any):**

   _____

   _____

Section 5 – Individuals Involved

8. **Name(s) of victim(s) or potential victim(s):**

   _____

9. **Others directly involved (e.g., teachers, EAs, students, volunteers):**

   _____

   - **Actions they took:** _____

10. **Witnesses:**

    _____

Section 6 – Outcomes

11. **How did the incident end?**

    _____

12. **What happened to the threat maker afterward?**

    _____

13. **What happened to other students or employees directly involved?**

_____

14. **What steps have been taken to ensure the threat will not be carried out?**

_____

_____

Section 7 – Supporting Documentation

☐ Social media posts
☐ Surveillance footage
☐ Work samples
☐ Other: _____

Please attach all relevant documentation (e.g., clinical file, school file, justice file, prior incident reports).

Name of person(s) completing this form: _____

Signature of person(s) completing this form: _____

_____

Date: _____