

ALPHA PUBLIC SCHOOL

Threat Assessment Reporting Form

This form should be used to report any actions, statements, communications, or responses that are unusual for a person or situation; or actions which could lead to violence toward self or others; or are reasonably perceived as threatening or causing concern for the well-being of the person. Behaviors that may elicit concern can include unusual interests in violent topics, premeditated act of violence, increased anger, increased substance use, or other noteworthy changes in behavior (e.g., depression or withdrawal from social activities). This may also include unusual, bizarre, threatening, or violent communication made by an individual or a group that elicit concerns for the safety or wellbeing of the individual or others. All reports will be kept confidential to greatest extent possible. Should you have any questions, please contact the school principal.

Directions

Complete the form below to provide as much information as possible. If some fields are not applicable or if you are uncertain of the response, you may skip those fields. This form may be submitted anonymously.

Form

School Information

School: _____

Individual Completing Form

If you prefer to remain anonymous, leave this section blank.

Name of individual completing this form: _____

Relation to individual involved in alleged threat
(e.g., parent, guardian, grandparent, etc.): _____

Phone number: _____ Email address: _____

Incident Information

Incident date (mm/dd/yy): _____ Approximate time of the incident: _____

Describe the incident with as much detail as possible. (What was the incident? Who was involved in the incident? How you were made aware of the incident? What happened at the time of the incident? How did the incident occur?)

Specific incident location(s) (e.g., on the morning school bus, in the science wing hallway, online via social media, etc.)

Alleged Offender(s)

Name(s) of alleged offender(s):

Based on your knowledge, select all that apply about the alleged offender(s):

- ☐ Alleged offender(s) attends the above-named school.
- ☐ Alleged offender(s) attends another school.
- ☐ Alleged offender(s) works for the school/school district.
- ☐ Alleged offender(s) does not work for the school/school district.

Alleged Victim(s)

Name(s) of alleged victim(s):

Based on your knowledge, select all that apply about the alleged victim(s):

- ☐ Victim(s) attends the above-named school.
- ☐ Victim(s) attends another school.

Witnesses

Complete this section with the names of any potential witnesses.

Student Names:

Staff Names:

Parent Names:

Other Names (specify title or position for each):

Director of School & Pupil Safety and Superintendent Section

To be Completed by Director of School & Pupil Safety and Superintendent

Note: The completed form must be kept on file in the school. The Director of School & Pupil Safety must promptly submit a copy of this form to the superintendent.

Question for the Director of School & Pupil Safety

1. Was a preliminary determination made not to initiate a Threat Assessment Case File based on the results of the screening protocol?

Yes ☐ No ☐

Question for the Superintendent

2. If the answer to question 1 is yes, will you require the Director of School & Pupil Safety to initiate an investigation?

Yes ☐ No ☐

Incident Tracking

Insert the incident number. Incident number:
