



## AP 2-322 – THREAT INCIDENT REPORT

The following information is valuable in recording and assessing the level of risk posed by student threats. Please be careful to record facts, not impressions or opinions, as soon as possible after the threat has been made.

Name of student who made the threat: \_\_\_\_\_

School: \_\_\_\_\_ Date Recorded: \_\_\_\_\_

Threat-maker's relationship to the victim(s) (potential or real): \_\_\_\_\_

\_\_\_\_\_

Name(s) of victim(s) (potential or real): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When did the threat occur (date & time)? \_\_\_\_\_

Where did the threat occur? \_\_\_\_\_

What happened immediately prior to the threat? What events triggered the threat?

\_\_\_\_\_

\_\_\_\_\_

What was the specific wording of the threat? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did the threat-maker appear? Circle all that apply:

|                |                                 |                          |        |
|----------------|---------------------------------|--------------------------|--------|
| Red face       | Avoids eye contact / hard stare | Voice – shaky/aggressive | Other: |
| Tears          | Leaning forward or back         | Swinging legs/feet       |        |
| Muscle tension | Hiding within clothing          | Sighing                  |        |
| Fidgeting      | Argumentative                   | Silence                  |        |
| Crossed arms   | Short, shallow breathing        | Clenching teeth          |        |

How is this different from the person's usual demeanor? \_\_\_\_\_

\_\_\_\_\_



What physical conduct of the threat-maker was present that could substantiate intent to follow through on the threat?

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Events contributing to the incident: \_\_\_\_\_

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What is the known history leading up to the threat? \_\_\_\_\_

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What are the names of others who were directly involved (e.g., teachers, educational assistants, students, custodian, volunteer, etc.) and what actions did they take?

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How did the incident end? \_\_\_\_\_

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Names of witnesses: \_\_\_\_\_

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What happened to the threat-maker after the incident? \_\_\_\_\_

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What happened to the other students or employees directly involved after the incident?

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What steps have been taken to ensure the threat will not be carried out? \_\_\_\_\_

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What suggestions for preventing school violence come to mind as a result of this incident?

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Note: If the threat was made in writing, please attach it to this form. If the threat is displayed on the internet, give its address or URL: \_\_\_\_\_



Principal's Use:

|                  |             |               |             |                  |
|------------------|-------------|---------------|-------------|------------------|
| Type of Threat:  | Direct ____ | Indirect ____ | Veiled ____ | Conditional ____ |
| Level of Threat: | Low ____    | Medium ____   | High * ____ |                  |

*All medium and high level risk threats are to be reported to the Superintendent as soon as possible. Other school division personnel may also be informed (list all names and phone numbers for future references):*

|                              | Name | Phone Number | Date Contacted |
|------------------------------|------|--------------|----------------|
| Superintendent               |      |              |                |
| Assistant Super.             |      |              |                |
| Student Services Coordinator |      |              |                |
| School Psychologist          |      |              |                |
| Crisis Counsellor            |      |              |                |
| Guidance Counsellor          |      |              |                |
| Resource Teacher             |      |              |                |
| Teaching Staff               |      |              |                |

*In the case of high-level threats, the following individuals should also be informed (list names and phone numbers for future reference):*

|                             | Name | Phone Number | Date Contacted |
|-----------------------------|------|--------------|----------------|
| RCMP / Police               |      |              |                |
| Mental Health Worker        |      |              |                |
| Parents of threat-Maker     |      |              |                |
| Potential Victims / Parents |      |              |                |

Send copy of this report to Student Services Coordinator