

DEPARTMENT OF CHILDREN AND FAMILIES
THREAT ASSESSMENT CHECKLIST

Name of Individual Making Threat: _____

Employee: Non-Employee

Present Location of Individual Making Threat: _____

Who / What Is At Risk:

Type of Threat: _____

Specific Language, Actions, Gestures, Etc. of Threat:

Clear / Immediate Danger: Yes No

Motive / Background:

Prior History of Violence / Threats: Yes No

Details (If Known):

PLAN OF ACTION:

State Police Notified:	Yes	No
Local Police Notified:	Yes	No
Building Security Notified:	Yes	No

Actions Taken:

Threat Assessment Team Members (Print name):

_____	_____
_____	_____
_____	_____
_____	_____

Date: _____