

DEPARTMENT OF SOCIAL SERVICES

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: _____

