INCIDENT REPORT/THREAT ASSESSMENT REFERRAL FORM

Report Information

	Day of Week: 🗌 Monday 🗌 Tuesday 🗌	
	Wednesday	Time: 🗆 AM
Date of Report:	🗌 Thursday 🛛 Friday 🔲 Saturday 🗌 Sunday	🗆 PM
Report Taken by:	Position:	

Incident Information

	Day of Week: 🗌 Monday 🗌 Tuesday 🗌	
	Wednesday	Time: 🗆 AM
Date of Incident:	🗌 Thursday 🔲 Friday 🗌 Saturday 🗌 Sunday	D PM
Incident Location:		

Reporting Party Information

Last Name:	First	Name:		MI:
AKA:	Sex: 🗆 🛛	Vale 🗌 Female	DOB:	AGE:
Ethnicity: Black/African America			Native American Other:	
Home Address:			Home Pho	ne:
City:	State:	ZIP Code:	Mobile Pho	one:
Employer:	Position:		Classification:	aching Faculty
Work Address:			Work Phone:	
Student's Campus:				

Victim Information (if different from Reporting Party)

Last Name		First	Name:			MI:
AKA:		Sex: 🗆 🛛	/lale 🗌 Female	DOB:		AGE:
Ethnicity:	Black/African American Asian/Pacific Islander	☐ White/Cau ☐ Hispanic/L		☐ Native ☐ Other:	American	
Home Add	ress:				Home Phone	e:
City:		State:	ZIP Code:		Mobile Phor	ne:
Employer:	F	Position:		Classif	ication: Stud	ching Faculty
Work Addr	ess:			Work P	hone:	
Student's 0	Campus:					

Subject Information

Last Name:		First	Name:			MI:
AKA:		Sex: 🗆 N	lale 🗌 Female	DOB:		AGE:
	Black/African American Asian/Pacific Islander	U White/Cau		□ Native □ Other:	American	
Home Addres	SS:				Home Phon	e:
City:		State:	ZIP Code:		Mobile Phor	ne:
Employer:	P	Position:		Classif	i cation: Stud	ching Faculty
Work Addres	SS:			Work P	hone:	

Student's Campus:	

Witness Information

Name	Position	Address	Phone

Describe the incident in detail/Explain concerns

Imminent Warning Signs (Check all that may app	ly.)
Possession and/or use of firearm or other weapon	Severe rage for seemingly minor reasons
Suicide threats or statements, gestures, recent attempts	Severe destruction of property
Detailed recent threats of lethal violence (time, place,	Serious physical fighting with peers, family, others
method, hit list)	Rehearsing an attack or ambush
Troubling Behavior (Mark items, then elaborate in	n section IV.)
Social withdrawal or lacking interpersonal skills	Intolerance for differences, prejudicial attitudes
Excessive feelings of isolation & being alone	Drug & alcohol abuse
Excessive feelings of rejection	Inappropriate access to, possession/use of firearms
Being a victim of violence, teasing, bullying	Threats of violence (direct or indirect)
Feelings of being picked on	Talking about weapons or bombs
Low school interest, poor academic performance	Ruminating over perceived injustices
Expressions of violence in writings & drawings	Seeing self as victim of particular individual
Uncontrolled anger	General statements of distorted, bizarre thoughts
Patterns of impulsive & chronic hitting & bullying	Feelings of being persecuted
History of discipline problems	Obsession with particular person
History of violent, aggressive & antisocial behavior across	Depression
settings (i.e., fighting, fire setting, cruelty to animals,	Recent loss or disappointment (e.g., grade, relationship, death
vandalism, etc.)	Marked change in appearance
	Other:
	tail (what was said/done, who was involved, when
Explain checked items; describe incident in de	tail (what was said/done, who was involved, when og events or other concerns person making referra
Explain checked items; describe incident in de where, why, and how or any known precipitatir	tail (what was said/done, who was involved, when og events or other concerns person making referra
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Does subject have any prior history of violence? No Yes Unknown **Describe known history of violence or weapons concerns:**

Does subject have any prior criminal or disciplinary problems? No Yes Unknown **Describe history:**

Is subject struggling with or facing any other known stressors?
No Yes Unknown
Describe:

For Threat Assessment Team Use:			
Date received:	Case Number:*		
TAT members assigned	to case:		

* The following convention will be used in assigning case numbers:

- Two digits will indicate the calendar year, then a dash followed by a three-digit sequential number starting with "001" for each calendar year.
- A letter will indicate the organizational location:
 - \circ D = District Administration
 - N = Norfolk Campus
 - V = Virginia Beach Campus
- A letter will indicate the subject's status:
 - \circ E = Employee
 - \circ T = Third Party

Thus, if the subject in the first case in calendar year 2010 were a student at the Norfolk Campus, the case number would be 10-001-N-S.

- C = Chesapeake Campus
- \circ P = Portsmouth Campus

 \circ S = Student