
Threat Assessment Form

OVERVIEW

Review the **Threat Assessment Guidelines** prior to completing this form. If there is an imminent threat of violence or a violent attack has occurred, call 911 immediately and follow emergency procedures. For all other threats, follow directions as outlined below:

1. Complete the [Initial Assessment](#) with the Threat Assessment Team.
2. Complete the [Assessed Risk Level](#), and [Actions Required](#) sections.
3. Based on the Assessed Risk Level
 - a. If risk level is determined to be Low, complete the [Risk Mitigation Plan](#)
 - b. If risk level is determined to be Moderate or High, complete the [Detailed Assessment](#) and [Risk Mitigation Plan](#)
4. Ensure Threat Assessment meeting notes are logged in the [Review Schedule](#) section.

Person of Concern	
Date	
Threat Assessment Team Members (Name, Position)	

INITIAL ASSESSMENT

QUESTIONS: PERSON OF CONCERN	COMMENTS
Communication and Behaviours What behaviours of concern brought the individual to our attention? What specifically has been communicated?	
Motivation Are they inappropriately venting frustration? Are they intentionally trying to motivate someone to stop	

<p>something or do something or are they truly planning for violence?</p>	
<p>Precipitating Stressors</p> <p>Has the person experienced a significant event, change or loss recently?</p>	
<p>Preparation</p> <p>Is there evidence of preparation of an attack, and if so to what extent?</p>	
<p>Limit Setting and Redirection</p> <p>What has been their previous response to limit setting and redirection?</p>	
<p>Personality</p> <p>What is their baseline level of behaviour?</p> <p>What is it now?</p>	
<p>Mental Health</p> <p>Is the person actively showing symptoms of a mental illness?</p> <p>How have they presented in the past when they have been symptomatic?</p>	
<p>Substance Abuse</p> <p>To what extent does the person use drugs and/or alcohol?</p> <p>What role did it play in the threat or behaviour of concern?</p> <p>What role does it play now?</p>	
<p>Past Violence</p> <p>Do they have a history of violence?</p> <p>Do they have a past criminal history?</p>	
<p>Pre-occupation with Violence</p> <p>Do they talk excessively about past violent events?</p>	

<p>Do they identify with others who've perpetrated violence?</p> <p>Do they identify with a known violent group?</p>	
<p>Personality Disorder</p> <p>Do they have a history of disregard for social norms and the law?</p> <p>Do they show or lack empathy?</p> <p>Do they show a lack of remorse for wrongdoing?</p> <p>Do they have a strong sense of entitlement?</p>	
<p>Stabilizing Forces</p> <p>What are the supportive elements in the person's life?</p> <p>Who are their close friends or colleagues?</p>	

QUESTIONS: TARGET	COMMENTS
Who is the target?	
Why are they the target?	
How familiar is the individual with the target's work and lifestyle patterns?	
How vulnerable is the target?	
Are there other possible targets? If so, who are they?	
Was anyone who associates with the target absent during this time? If so, why were they absent?	
Who are their close friends or colleagues?	

QUESTIONS: INFORMANT	COMMENTS
Who reported the threat?	
Is there an ulterior motive for reporting the threat? <i>The credibility of the informant must be considered.</i>	

ASSESSED RISK LEVEL

- ☐ **Low Risk** *Violence is unlikely to occur.*
- ☐ **Moderate Risk** *Violence could occur if certain conditions take place.*
- ☐ **High Risk** *Violence will likely occur if there is no intervention.*

ACTIONS REQUIRED

- ☐ **No Further Action Required**
- ☐ **Detailed Assessment Required**
- ☐ **Other**

COMMENTS	
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DETAILED ASSESSMENT

TASK	COMMENTS	ASSIGNED TO	DATE ASSIGNED	DATE COMPLETED
Meet with the Person of Concern				

Meet with the Target				
Meet with the Informant				
Review Records				
Review Technology				
Contact Authorities				
Contact Security				
Contact Legal				
Contact Mental Health Professional				
Other				

RISK MITIGATION PLAN

TASK	ASSIGNED TO

REVIEW SCHEDULE

DATE	COMMENTS	STATUS
