

## Threat Assessment Report

### Part I – Initial Assessment

Student: \_\_\_\_\_ ID: \_\_\_\_\_

Dean Completing Report: \_\_\_\_\_ Date: \_\_\_\_\_

Campus/MPSS Program: \_\_\_\_\_

Threat: \_\_\_\_\_

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1. Immediate Threat – Police notified on \_\_\_\_\_. Proceed to 3.

2. Unfounded because: \_\_\_\_\_

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Action: \_\_\_\_\_

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Close case and report to Security to file an IMC information report.

3. Founded. Proceed to Part II.

**Threat Assessment Report**  
**Part II – Threat Inquiry**

Threat assessment team members who were notified:

Name: _____	Date/Time: _____
Name: _____	Date/Time: _____
Name: _____	Date/Time: _____
Name: _____	Date/Time: _____
Name: _____	Date/Time: _____
Name: _____	Date/Time: _____
Name: _____	Date/Time: _____
Name: _____	Date/Time: _____

If student is a minor, was the parent or guardian of the student in question notified of the concern?

\_\_\_\_\_ Yes, Mr. Mrs. Ms. \_\_\_\_\_ Was notified on \_\_\_\_\_ (date) at \_\_\_\_\_ (time).

\_\_\_\_\_ No, the parent or guardian was not notified because: \_\_\_\_\_

1. Was this founded and reported to Police for Investigation.    \_\_\_\_\_ Yes    \_\_\_\_\_ No

2. Unfounded because: \_\_\_\_\_  
\_\_\_\_\_

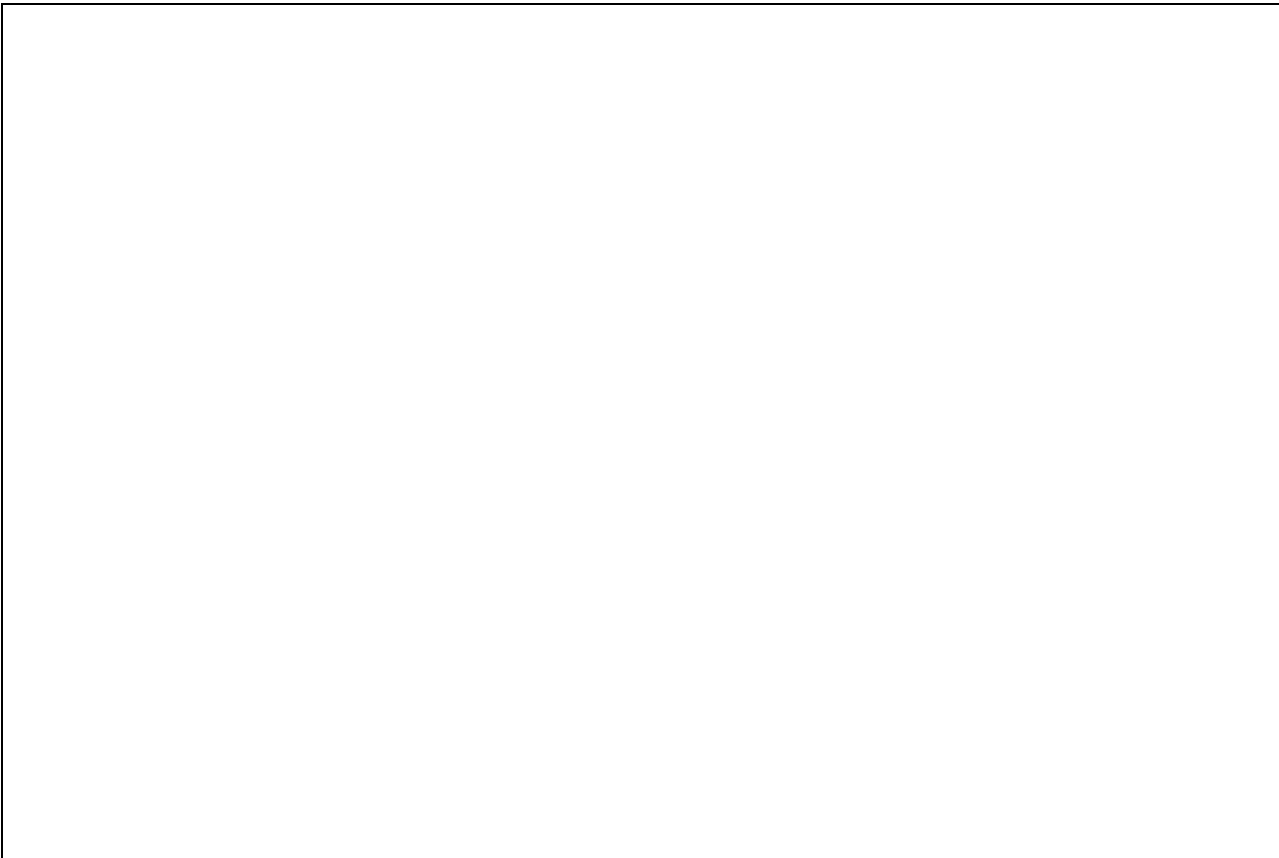
3. Action or Follow-up Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Threat Assessment Report**  
**Part III – Report Summary**

Provide a summary of the Threat Assessment findings, referrals, and documentation including a narrative detailing initial reporting, incidents involving the student of concern, interviews and inquiries, summary of meeting minutes, submitted documents and records, team findings, recommendations, referrals to law enforcement, response plans and notification. Attach all pertinent documents.

ORIGINAL REPORT FORM AND ALL DOCUMENTATION SHALL BE FILED WITH THE DEAN OF STUDENT SUCCESS. A CONFIDENTIAL IMC REPORT SHALL BE MADE NOTING THE NAME OF THE STUDENT AND WHERE THE THREAT ASSESSMENT REPORT IS ON FILE.

Report Summary:



Signatures of Threat Assessment Team members:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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