

# Documentation of Homicidal Threat

Student under Investigation \_\_\_\_\_ Student ID # \_\_\_\_\_  
Parent /Guardian: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Grade: \_\_\_\_\_ School: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

How was this threat brought to the interviewer's attention? (Check all that apply)

Add any additional information that would aid in documenting the concern

- Self report: \_\_\_\_\_
- Anonymous: \_\_\_\_\_
- Student: \_\_\_\_\_
- Counselor: \_\_\_\_\_
- Teacher: \_\_\_\_\_
- Parent: \_\_\_\_\_
- Letter/ notes, or drawings : \_\_\_\_\_
- Other: \_\_\_\_\_

When was this threat made? Date: \_\_\_\_\_ Time: \_\_\_\_\_

## Student interview:

What is the threat? (Attach additional information as needed)

Target person[s]:

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

What is the students plan for carrying out the threat? \_\_\_\_\_

What is the student's perceived justification for the threat? \_\_\_\_\_

**Principal:** \_\_\_\_\_ **Date contacted:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**SRO Contacted** \_\_\_\_\_ **Date contacted:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Was police report filed: **Yes** \_\_\_ **No** \_\_\_ (if yes) **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Interviewer signature: \_\_\_\_\_ **Date:** \_\_\_\_\_

## To be completed by Principal:

Parent/Guardian of student making threat:

Name: \_\_\_\_\_ Date Contacted: \_\_\_\_\_ Time: \_\_\_\_\_

### Threatened Person[s]:

Name: \_\_\_\_\_ Date Contacted: \_\_\_\_\_ Time: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date Contacted: \_\_\_\_\_ Time: \_\_\_\_\_

Contacted by: \_\_\_\_\_ Telephone \_\_\_ Personal Contact \_\_\_ SRO/Police

Name: \_\_\_\_\_ Date Contacted: \_\_\_\_\_ Time: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date Contacted: \_\_\_\_\_ Time: \_\_\_\_\_

Contacted by: \_\_\_\_\_ telephone \_\_\_ Personal Contact \_\_\_ SRO/Police

Name: \_\_\_\_\_ Date Contacted: \_\_\_\_\_ Time: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date Contacted: \_\_\_\_\_ Time: \_\_\_\_\_

Contacted by: \_\_\_\_\_ Telephone \_\_\_ Personal Contact \_\_\_ SRO/Police

Principal's signature: \_\_\_\_\_

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