

INCIDENT REPORT/THREAT ASSESSMENT REFERRAL FORM

Report Information

Date of Report:	Day of Week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Report Taken by:		Position:

Incident Information

Date of Incident:	Day of Week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Incident Location:		

Reporting Party Information

Last Name:		First Name:		MI:
AKA:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	AGE:
Ethnicity: <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other: _____				
Home Address:			Home Phone:	
City:	State:	ZIP Code:	Mobile Phone:	
Employer:	Position:	Classification: <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Teaching Faculty <input type="checkbox"/> Other: _____		
Work Address:			Work Phone:	
Student's Campus:				

Victim Information (if different from Reporting Party)

Last Name:		First Name:		MI:
AKA:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	AGE:
Ethnicity: <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other: _____				
Home Address:			Home Phone:	
City:	State:	ZIP Code:	Mobile Phone:	
Employer:	Position:	Classification: <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Teaching Faculty <input type="checkbox"/> Other: _____		
Work Address:			Work Phone:	
Student's Campus:				

Subject Information

Last Name:		First Name:		MI:
AKA:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	AGE:
Ethnicity: <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other: _____				
Home Address:			Home Phone:	
City:	State:	ZIP Code:	Mobile Phone:	
Employer:	Position:	Classification: <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Teaching Faculty <input type="checkbox"/> Other: _____		
Work Address:			Work Phone:	

Was a weapon involved? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	Type of weapon? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
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Does subject have any prior history of violence? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Describe known history of violence or weapons concerns:

Does subject have any prior criminal or disciplinary problems? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Describe history:

Is subject struggling with or facing any other known stressors? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Describe:

<i>For Threat Assessment Team Use:</i>
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:
 - D = District Administration
 - N = Norfolk Campus
 - V = Virginia Beach Campus
 - C = Chesapeake Campus
 - P = Portsmouth Campus
- A letter will indicate the subject's status:
 - E = Employee
 - T = Third Party
 - S = Student

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.