

Ascension Public Schools

THREAT REPORT FORM

Complete this form honestly and accurately. Submit this form to the principal or other administrator. This form may be completed by the person reporting the threat or by the school employee to whom the threat is being reported.

Date of report: ____/____/____

Name of person reporting the threat (PLEASE PRINT): _____

(Check/Circle):

Student

Parent/Guardian

School Employee

Other

DESCRIPTION OF THREAT: INCLUDE NAME OF SCHOOL, PERSON, OR GROUP THREATENED

Name of student, individual or group threatening violence: _____

Date and time threat was made: ____/____/____

Method by which threat was made (Check/Circle):

Social Media

Phone

Mail/Printed Material

Verbal

Names of any witnesses to the threat:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ATTACH AS MUCH EVIDENCE TO THIS DOCUMENT AS POSSIBLE. For example: Screenshots, recordings, written words, pictures, social media outlets or websites.

I, (PRINT NAME) _____, agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature of person reporting incident: _____ Date: ___/___/___

Signature of person receiving form: _____ Position: _____ Date: ___/___/___

ACTION(s) TAKEN BY ADMINISTRATOR (Check/Circle):

- Notified Law Enforcement
- Submitted Disciplinary History if Appropriate
- Notified Level Director/Superintendent
- Parental Notification Made

Explain: _____

- Disciplinary Action Taken

Describe: _____

