Grande Yellowhead Public School Division

HIGH RISK THREAT INCIDENT REPORTForm 340-01

(to be completed by school principal or designate)

Name of Individual(s):

Date of Incident: School/Class Location:

Nature of Threat:

Name(s) of Witnesses:

Category of Threat: ☐ Imminent ☐ Moderate ☐ Low

Victim(s) Name(s):

Others involved in the incident and the nature of their involvement (staff, students, others):

Details of the Incident – when and where it occurred, the behaviour and specific language of the threat-maker:

Action taken:

Threat Assessment Team Intervention and Recommendations:

Conditions to return to and/or remain in school:

Recommendations of others involved in incident

Report Completed by: Position Date:

c: Superintendent of Schools; Threat Assessment Team Leader; & copy retained at school