EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT

THREAT INCIDENT REPORT

This form is to be filled out when an incident has occurred that is a potential or immediate threat as defined in the East Lake Tarpon Special Fire Control District (ELFR) Security policy.

Check one:                               Potential threat                 Immediate threat

1. Name of threat-maker: ________________________________________________________________________________________

2. Relationship to ELFR/recipient: ______________________________________________________________________________

3. When did incident occur? _____________________________________________________________________________________

4. Where did incident occur? _____________________________________________________________________________________

5. What happened immediately prior to incident? _____________________________________________________________________

6. Specific language of threat: ___________________________________________________________________________________

7. Any physical conduct that would substantiate an intention to follow through on the threat?___________

8. How did the threat-maker appear (physically and emotionally)? _________________________________________

9. Names of others who were directly involved and any actions they took: _________________________________

10. How did the incident end (outcome)? _____________________________________________

11. Names of witness(es): _____________________________________________________________________________________

12. What happened to the threat-maker after the incident? ___________________________________________________

13. If threat-maker is an ELFR Department employee, was he/she placed on Administrative Duty at home? _______________________________________________________________________

14. What happened to the other employee(s) directly involved after the incident?__________________________

15. Names of any Supervisory staff involved and how they responded: ______________________________________

16. What events triggered the incident? _______________________________________________________________________

17. Any history leading up to the incident? _______________________________________________________________________

18. The steps which have been taken to ensure that the threat will not be carried out: _______________________

19. Suggestions for preventing workplace violence in the future: _____________________________________________

20. If the threat involves domestic violence, was the ELFR Department Employee advised of confidential channels of reporting the incident? (PCSO Victim Advocate Unit 813-582-6259)  Yes   No

Print Name - Supervisor completing Report/Date  ___________________________  Supervisor Signature/Date  ___________________________

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