COMMUNICATED THREAT WORKSHEET
State of Illinois

Incident Date: _____ **Time:** _____

Type of Threat: ☐ Targeted Physical Violence ☐ Shooting ☐ Bomb/Arson ☐ Chemical ☐ Other

Received VIA:

☐ Phone - Receiving #? _____ Caller ID? _____

☐ Text: Screen-shot the Texts, do not erase or forward text until directed to do so

☐ E-Mail: Do not erase or forward email until directed to do so

☐ Letter/Package: Follow the Suspicious Package Protocol identified in the *Communicated Threat Recognition and Management Guide* or your facility's EAP

☐ Note left on-site: Do not handle the Note or writing, secure the area

☐ Other: _____

☐ In-Person: Provide all information, if known or estimated:

Name: _____ **DOB / AGE:** _____

Address: _____

Phone: _____ **Email:** _____

Height: _____ **Weight:** _____ **Hair:** _____ **Eyes:** _____ **Sex:** _____

Clothes: _____

Carried Items: _____

Vehicle: _____

Speech: **Background Noise:** _____

☐ Slow   ☐ Disguised   ☐ Coughing   _____

☐ Normal   ☐ Slurred   ☐ Accent   **Other** _____

☐ Fast   ☐ Nasally   ☐ Rambling   _____

☐ Exited   ☐ Aggressive   ☐ Stuffy   _____

Person directly receiving or experiencing the incident: _____

Cell Number: _____ **Email:** _____

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QUESTIONS TO ASK: (Ask as many as you can, even if they don't give you an answer)

Why are you doing this (what is the grievance)?

What is it you want/How can we help you?

That sounds threatening, is that a threat?

What do you plan to do? How will you do it? When/where will the attack take place?

For Bomb threats:

What kind of bomb is it?

When/how will it detonate?

Where is it? How did you put it there?

What does it look like?

WHAT WERE THE _EXACT_ WORDS USED:

_____

_____

_____

_____