THREAT ASSESSMENT TEAM INCIDENT REPORT

Please provide information about the Person of concern (presenting or making an alleged threat) or the threatening situation:

Person's Name:	ID Number:		
Last	MI	First	
Driver's License #:	Vehicle Tag #		
Phone:	Person's Email Address:		
Address (if known):			
VSU Affiliation: Student	_FacultyS	StaffLocal R	esident Unknown
Based on your visual observation:			
Gender Age	Race/E		African/AmericanHispani Asian Other:
****	******	*****	*****
Your Name:			
Last	MI	First	Department
Your Phone Number:		Your email Addr	ess:
VSU Affiliation: Student	Faculty	Staff	_Other
Date of Incident:	Time of Ir	ncident:	
Location of Incident:			

INCIDENT INFORMATION:

Please specify with as much detail as possible, what was said (verbatim) or done, observed and to whom it was directed:

(Please give as much information as possible, i.e. residence hall/academic building name, address). Please take any supporting documents to the VSU Police station on Carter G. Woodson Drive.

Other offices or persons this incident has already been reported to: _____