



**COUNTY ADMINISTRATIVE OFFICE
RISK MANAGEMENT DIVISION
COUNTY OF HUMBOLDT**

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THREAT REPORTING FORM

Reporting Employee: _____

Department: _____ Work Number: _____

Against whom was the threat made: _____

Date/Time of Incident: _____ Location: _____

Witness: _____ Phone Number: _____

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A. Fully describe incident (attach additional sheets if necessary):

B. What is the alleged perpetrator's relationship with the victim:

C. What was the specific language of the threat:

D. Was there any physical contact that would lead you to believe the threatening person will follow through and why:

E. Is there any physical evidence of the threat (recorded message, letters, etc):

F. If know, identify the person posing the threat (give name and address if known, or describe physical appearance):

G. What steps did you or the department take as a result of the incident:

H. Are you concerned about a continuing threat from this person:

I. What suggestions do you have to improve security where you work:

J. Is there any other information or any suggestions that would help in the investigation: