

TCTI The Counseling Team International

74-075 El Paseo A-16 Palm Desert, CA 92260

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THREAT OF VIOLENCE ACTION FORM DEA EAP

Name of Person Making Threat: _____

Address: _____ Phone: _____

Employee Classification: _____ Location: _____

Nature of Threat: _____

Potential victim [or note if not identified]: _____

Name: _____

Address: _____ Phone: _____

OFFICIALS NOTIFIED IN CASE OF THREAT TO PERSONS, FACILITIES OR ASSETS:

Person(s) <u>Notified:</u>	Title/Company <u>Organization:</u>	<u>Telephone:</u>	<u>Time:</u>	<u>Date:</u>	Contacts <u>Made By:</u>
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Check High Risk Factors:

- Suicide
- Homicide
- Domestic Violence
- Assault
- Child Abuse
- Sexual Abuse
- Threat of Violence to Facilities, Assets, or Equipment

List Apparent Indicators or Symptoms for each
Checked High Risk Factor Present:

** FOLLOW THREAT OF VIOLENCE PROCEDURES IN MANUAL**

TCTI Administrative Clinician or DEA/EAP Manager Notified:

Name: _____ Date: _____ Time: _____

Area Clinician: _____ Date: _____