



The Counseling Team International
 41750 Rancho Las Palmas Dr. Ste #O-2
 Rancho Mirage, CA 92270
 Ph: (800)651-1021 Fax: (760) 636-0437
 Email: deaeapbilling@thecounselingteam.com



THREAT OF VIOLENCE ACTION FORM

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) Notified	Title/Company/Organization	Telephone:	Time:	Date:	Contacts Made By:
--------------------	----------------------------	------------	-------	-------	-------------------

Check High Risk Factors:

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

Suicide

Homicide

Domestic Violence

Assault

Child Abuse

Sexual Abuse

Threat of Violence to Facilities, Assets, or Equipment

** FOLLOW THREAT OF VIOLENCE PROCEDURES IN MANUAL**

TCTI Administrative Clinician or DEA/EAP Manager Notified:

Name:

Date:

Time:

Clinician:

Date: