

**RVCRP Security Incident Report**  
*Important Information Regarding this Assessment  
& the Roanoke Valley Crisis Response Program*

**Purpose of this assessment:**

This guide is provided by the Roanoke Valley Crisis Response Program (RVCRP) as an initial resource for evaluating concerning information/incidents and suggesting appropriate courses-of-action. This guide is separate from, yet complimentary to, more thorough analyses used by the RVCRP, internal risk-management mechanisms, and/or other similar resources.

This form is intended to serve as a *recommended* guide for determining the most appropriate course-of-action an organization may take upon receiving information concerning a possible threat of violence or harm towards that organization or its employees.

This form is *not* a directive by any person, group, or agency; public or private; and does not assert any legal authority over any party.

The courses-of-action included in this form are not exhaustive, nor are the criteria used to tabulate those *recommended* actions. Regardless of the *recommended* course-of-action indicated through completing this form, if there exists an imminent concern for the safety of any party or an active incident requiring immediate assistance contact 911 immediately.

**Using this assessment:**

Upon receipt of information which could possibly concern the safety of an organization or one of its employees from harm or violence, identify any of the pre-selected criteria on the following page which may apply. If any of those criteria apply to the situation being evaluated refer to the corresponding *suggested* course-of-action for next-step guidance. If multiple criteria apply in more than one category, refer to the category of more serious concern.

If none of the pre-selected criteria apply to the situation being evaluated and/or additional consultation is desired, please e-mail your inquiries to the RVCRP.

Please complete all applicable fields based on all available information. All reports must include the name of the report submitter **and** valid contact information (phone number or e-mail address) for the RVCRP to follow-up with. **Anonymous submissions will not be accepted.**

## **RVCRP Security Incident Report** **Complete Upon Initial Receipt/Notification of Potential Threat**

### Basic Information

Date Received:		Time Received:	
Threat Received by:		Method of Threat Delivery:	
Report Submitted by:			
Submitter Contact Info:			
Target of Threat:			
Threat Suspect/ Originator:			

### Tier 1: Imminent Threat

If **any** criteria apply **immediately dial 911** and request police response.

Threat involved specific language to kill, bomb, burn, shoot, or otherwise cause great harm:	<input type="checkbox"/>
Threatening suspect is currently on-scene and causing disturbance/ escalating volatile behavior:	<input type="checkbox"/>
Threat involved specific use of weapons (guns, knives, bombs, etc.):	<input type="checkbox"/>
Threat involved specific & quickly-approaching timeline for harmful action:	<input type="checkbox"/>
Other threat or action resulting in <b>immediate</b> concern for potential harm or violence:	<input type="checkbox"/>

### Tier 2: Credible Threat of Physical Harm- Not Imminent

If any criteria apply please contact a BRPWVP representative as soon as possible.

Multiple <b>documented</b> incidents of escalating hostile/violent behaviors within or outside of the workplace, accumulated over a reasonable amount of time:	<input type="checkbox"/>
Concerning writings, internet postings, reported discussions with co-workers/supervisors, and/or other corroborated reports of violent/threatening behavior (bearing some connection to the workplace/employer, co-workers, supervisors/management, or the field/manner/organization of their employment):	<input type="checkbox"/>
Behavior of an employee's spouse or other third party which raises concerns for targeted violence/retaliation towards employee while at the workplace:	<input type="checkbox"/>
Verbalized threat to harm (with violence) the organization, an employee, supervisor/administrator using details beyond flippant/casual/in-jest consideration (account the context in which the statement was made):	<input type="checkbox"/>
Other articulable and/or documented concerns of possible workplace violence the organization is not able to confidently or sufficiently address internally:	<input type="checkbox"/>

### Tier 3: Threat of Harm Not Credible/ Threat of Workplace Disruption Only

If **only** these criteria apply incident should be assessed further through organization's internal mechanisms (internal threat assessment team, management/administration, human resources)

Concerning employee attitude or behaviors <u>without</u> indicators of violence or desire to do harm:	<input type="checkbox"/>
Noticeable decline in employee morale or work performance:	<input type="checkbox"/>
Unsubstantiated rumors of anger or hostility towards other employees:	<input type="checkbox"/>
Unsubstantiated rumors or concerns regarding employee's actions/behaviors outside of workplace:	<input type="checkbox"/>
Isolated displays of anger not resulting in harm or threats to harm towards others:	<input type="checkbox"/>
Routine matters of discipline:	<input type="checkbox"/>