

Jackson County Security Threat Incident Form

This form is to be completed after a security incident involving a Jackson County employee, department or facility. Types of incidents to be reported are any adverse events that threaten the security of person or property, or causes or may cause significant disruption to functions of Jackson County. This includes but not limited to, threats to harm a person or property, disorderly conduct, physical assaults or any other serious situation that disrupts county business. Return completed forms to Jackson County Emergency Management Office.

Incident Date: _____

Incident Time: _____

AM PM

Person Completing Report: _____

Who was the threat against (individual(s), department, building)?

Please list any witnesses to the incident, if any:

Location of the incident

Courthouse Animal Shelter Forestry and Parks DHHS
 Highway Sheriff's Office UW Extension
 Field Work (Specify): _____ Other (specify): _____

Type of threat (check all that apply):

Physical assault Physical Threat Verbal Threat
 Bomb Threat Disorderly Behavior Hostage Situation
 Other (specify): _____

How was the threat communicated?

In-Person Telephone/Voicemail Electronic (Email, Social media)
 Letter/Package Other (specify): _____

Was a weapon involved?

No Yes, Identify all weapons Involved
 Gun Knife Other (specify): _____

Was law enforcement requested as a result of the incident?

Yes No Unknown

Was this individual arrested as a result of the incident?

Yes No Unknown

Provide a brief description of the incident (Attach additional sheet if needed)

Do Not Fill Out, For EM Use

Date Received: _____ Date Reviewed: _____

Reviewed by: _____

Disposition: _____