| C 26TU DA | COMMUNICATED THREAT WORKSHEET State of Illinois | | | | | |
|--|--|------------------|-----------|--------------|------|--|
| | Incident Dat | te: | Time: | | _ | |
| Type of Threat: Targeted Physical Violence Shooting Bomb/Arson Chemical Other | | | | | | |
| Received VI | A: | | | | | |
| Phone - | Receiving #? | | Caller ID |)? | | |
| Text: Screenshot the Texts, do not erase or forward text until directed to do so | | | | | | |
| E-Mail: Do not erase or forward email until directed to do so. | | | | | | |
| Letter/Package: Follow the Suspicious Package Protocol identified in the Communicated Threat Recognition and Management Guide or your facility's EAP. | | | | | | |
| Note left on-site: Do not handle the Note or writing, secure the area. | | | | | | |
| □ Other: | | | | | | |
| In-Person: Provide all information, if known or estimated: | | | | | | |
| Name: DOB / AGE: | | | | | | |
| Address. | | | | | | |
| Address: | | | | | | |
| Phone: | Phone:Email: | | | | | |
| Height: | Weigh | t: | Hair: | Eyes: S | Sex: | |
| Clothes: | | | | | | |
| Carried Items: | | | | | | |
| Carrieu no | enns | | | | | |
| Vehicle: | | | | | | |
| Speech: | | | Backg | round Noise: | | |
| □ Slow | Disguised | Coughing | | | | |
| Normal | Slurred | □ Accent | Other | | | |
| 🗆 Fast | Nasally | Rambling | | | | |
| Exited | Aggressive | Stuffy | | | | |
| | | | | | | |
| Person direc | tly receiving or ex | periencing the i | ncident: | | | |

Cell Number: _____ Email: _____





<u>QUESTIONS TO ASK</u>: (Ask as many as you can, even if they don't give you an answer)

Why are you doing this (what is the grievance)?

What is it you want/How can we help you?

That sounds threatening, is that a threat?

What do you plan to do? How will you do it? When/where will the attack take place?

For Bomb threats:

What kind of bomb is it?

When/how will it detonate?

Where is it?

How did you put it there?

What does it look like?

WHAT WERE THE EXACT WORDS USED: