

Form 4



Completed by:
• P/VP or Supervisor

Threat Synopsis

Date: _____ Site/School: _____

Principal/Vice Principal or Supervisor's Name: _____

Signature: _____

Aggressor's Name: _____

If a Student,
Grade: _____ DOB: _____

Please place photo of Aggressor here, if available.

Specific Threat	Corrective Measure/Staff Response*

**If you are directly working with the aggressor please check with P/VP regarding level of risk to determine if there is a student specific plan.*

If this person directs the above or any other aggressive activities towards you, please inform your P/VP or Supervisor.

Provide copies to: - Student File - JOHS Committee (redacted document) - HR (cmerner@sd61.bc.ca)
- District Behavioral Consultant (dmarchant@sd61.bc.ca)

File this completed form in the Threat Synopsis binder in the school office.