

**POCATELLO/CHUBBUCK SCHOOL DISTRICT NO. 25**

3115 Poleline Road  
Pocatello, Idaho 83201  
(208) 232-3563

**Threats of Violence or Harm Investigative Report**

Student/Employee Name: \_\_\_\_\_ Date of Event: \_\_\_\_\_  
Age (if student): \_\_\_\_\_ Date Filed: \_\_\_\_\_  
Location: \_\_\_\_\_ Report filed with: \_\_\_\_\_  
Grade (if student): \_\_\_\_\_

Person of Concern : \_\_\_\_\_

Statement of Threat of Violence or Harm:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Manner in Which Threat of Violence or Harm was Communicated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consultation with Outside Agencies:

Who: \_\_\_\_\_ When: \_\_\_\_\_  
Input/Discussion/Reporting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preliminary Investigative Assessment of Threat of Violence or Harm:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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\*Persons to be Notified About Any Threat of Violence or Harm Made Against Them:  
(In the case of students under the age of 18, parents must be notified)

|       |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

\*Confirmation of Notification:

|             |
|-------------|
| Who: _____  |
| How: _____  |
| When: _____ |
| _____       |

\*Disciplinary Action Taken Against Aggressor:

|   |
|---|
| What: _____ Date: _____   |
| _____   |
| _____   |
| _____   |
| _____   |
| Parent Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Comment: _____  |
| _____   |
| _____   |

**\*FERPA restricts releasing any personally identifiable information about the person(s) doing the harassing.**

\_\_\_\_\_  
Investigator/Administrator Signature

\_\_\_\_\_  
Date

cc: Principal, Elementary/Secondary Director, Human Resource Director (employees), Pupil Personnel Director (students)