

**WORKPLACE THREAT INCIDENT REPORT
AGAINST COUNTY OF RIVERSIDE EMPLOYEE**

1. Name of Individual threatening County employee: _____
2. Relationship to County: _____
3. Physical description: Hair _____ Eyes _____ Height _____
Weight _____ Ethnicity _____
Distinguishing characteristics _____

(attach picture if possible)
4. Circumstances of threat: _____

5. Location of threat: _____
6. Date: _____ Time: _____
7. Exact words of threat: _____

8. Threatened County employee's name: _____
9. Department: _____
10. Work address: _____
11. Work telephone: _____ Home telephone: _____
12. Additional Comments: _____

13. Supervisor: _____ Work Phone: _____

I certify under penalty of perjury the above information is true and correct to the best of my knowledge.

Threatened County Employee Signature Date
Date

Supervisor's Signature

Yellow copy will be retained by the Department. All other copies are to be sent to the County Safety Office.