

**APPENDIX A
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 ____ ft. ____ in.
Weight _____ lbs. Ethnicity _____
4. Circumstances of threat:

5. Location of threat: _____
6. Date: _____ Time: _____ am pm
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

Supervisor's Signature

Date