

Threat Assessment Team Incident Referral

LACC - Confidential

Your Name:

Your Title or Position:

Your Phone Number:

Your E-mail Address:

Person(s) of Concern's Full Name (First, Middle, Last):

Person(s) of Concern's I. D. or Employee # (if available):

Person(s) of Concern's E-mail Address (if available):

Date of Incident:

Time of Incident:

Location of Incident:

Today's Date:

Please provide a brief but detailed description of the incident using specific, concise, and objective language (Who, What Happened, Where, What was said or done, Witnesses). Forward all documentation relating to the incident to the LACC Threat Assessment Team and/or the LACC Sheriff's Department, Admin 115 (if you believe this is an urgent/emergency matter).