Threat Assessment Referral Form

Members of the campus community concerned about an individual making threats or posing a risk of campus violence are encouraged to contact the Threat Assessment Team (TAT) via Marcia Brown or Gerald Massenburg in the Office of the Chancellor at (973) 353-5541 (or via email at mwbrown@rutgers.edu or geraldm@andromeda.rutgers.edu).

If you do not perceive an immediate threat, please complete this incident form, which can be downloaded at http://www.newark.rutgers.edu/campusstatus/emergency and submitted to your college administrator or your supervisor.

If you perceive an immediate threat to safety of persons or property, please notify campus police immediately at Extension 5111 or dial 80 from any campus phone (see below for immediate threat warning signs).

Individual(s) under concern ____________________________________________

(Check whether student ( ) or employee ( )

Student’s College ___________________________ Date of referral ______________________
Employee’s Workplace ___________________________ Date of referral ______________________

Name and Title of Person completing this form:
__________________________________________________________________________

Room/phone ___________________________ Email ____________________________

I. **Reason for Referral** (explain your concerns) _______________________________________

Check all that you think may apply.

II. **Imminent Warning Signs**

☐ 1. Possession and/or use of firearm or other weapon
☐ 2. Suicide threats or statements, gestures, recent attempts
☐ 3. Detailed recent threats of lethal violence (time, place, method, hitlist.)
☐ 4. Severe rage for seemingly minor reasons
☐ 5. Severe destruction of property
☐ 6. Serious physical fighting with peers, family, others
☐ 7. Rehearsing an attack or ambush

III. **Troubling Behavior** (mark items, then elaborate below)
- Social withdrawal or lacking interpersonal skills
- Excessive feelings of isolation & being alone
- Excessive feelings of rejection
- Being a victim of violence, teasing, bullying
- Feelings of being picked on
- Low school interest, poor academic performance
- Expressions of violence in writings & drawings
- Uncontrolled anger
- Patterns of impulsive & chronic, hitting & bullying
- History of discipline problems
- History of violent, aggressive & antisocial behavior across settings (i.e., fighting, fire setting, cruelty to animals, vandalism, etc., especially begun before age 12)
- Intolerance for differences, prejudicial attitudes
- Drug & alcohol use
- Affiliation with gangs
- Inappropriate access, possession, use of firearms
- Threats of violence (direct or indirect)
- Talking about weapons or bombs
- Ruminating over perceived injustices
- Seeing self as victim of a particular individual
- General statements of distorted, bizarre thoughts
- Feelings of being persecuted
- Obsession with particular person
- Depression
- Recent loss or disappointment (e.g. grade, relationship, death)
- Marked change in appearance

Explain checked items; describe any known Precipitating Events or other concerns you may have *(use back if needed)*

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**FOR THREAT ASSESSMENT TEAM USE:**

Date Received:________ Person assigned to follow up:_________________________________________