



## **POTENTIAL SECURITY THREAT REPORT FORM**

Use this form to report any security situation that you are involved in or have witnessed which could have resulted in injury or damage to property.

**POTENTIAL SECURITY THREAT:** Is anything you are involved in or have witnessed in which no injury or property damage occurred as a result of the actions; however, under slightly different circumstances, injury or property damage is likely. (Example: faulty equipment/facilities, unauthorized person enters into a secured area).

**SECURITY INCIDENT (CALL 911):** (e.g. someone making intimidating threats, active shooter, unattended bag, etc.)

**DESCRIBE THE SECURITY INCIDENT BELOW:**

Location of incident: \_\_\_\_\_

Time/Date of Occurrence: \_\_\_\_\_

Please describe in detail the situation including any potential failure of security measures.

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Please indicate the recommended corrective action which you believe should be taken to reduce or remove the potential security threat.

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Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Optional)

\*\*If you do make an anonymous report, the Safety Committee can act on your report but will be unable to follow up with you directly.