



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
 Commissioner's Office
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 Tel: (207) 287-3707
 Fax (207) 287-3005; TTY: Maine Relay 711

Threat Information Form
(threats to DHHS employees, buildings including bomb threats)

Date and time of threat: _____

Person making threat:		Person being threatened:	
Address:		Title:	
Date of Birth:		Phone number:	
Phone number:			
Person receiving threat:			
Title:			
Phone number:			
DHHS Office and location:			
DHHS Program:			
Other, specify:			

Type of threat: Written By Phone In person Other, specify: _____

Threat Details: Threat against worker Threat against worker's family Against Building

Verbal (Written or Oral)

- To destroy property:
- Used obscenities/name calling:
- Threatened to get/use weapon:
- Voice tone:
- Language/exact words:
- Other Notes:

Non-Verbal (behavioral, physical):

- Gestures:
- Physical contact:
- Pacing:
- Showed/threatened with weapon:

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Non-Verbal (behavioral, physical) - continued

- Used weapon:
- Property damage (specify):
- Other Notes:

Incident description: (please print or type)

Building Security Measures Taken: None Building evacuated Other, specify

Action Taken:

Person(s) Notified (List all individuals who were notified of the event):

PERSON/S NOTIFIED	NAME	DATE	AGENCY	ACTION TO BE TAKEN (DISPOSITION UNKNOWN)
Direct Supervisor				
District Operations Business Manager				
Office Director				
Law Enforcement				
Other				
ALL THREAT REPORTS MUST BE IMMEDIATELY SUBMITTED TO THE COMMISSIONER'S OFFICE (Fax #: 287-3005)				

Staff Member Submitting Report: (PRINT) _____ **Telephone:** _____

Agency Name and Unit: _____

Signature of Person Completing Report: _____

Supervisor's Signature: _____