Procedure: Threatening Incidents - Employee Response
References: RCEDA Emergency Action Plan

This procedure is intended to provide guidelines and basic steps for Bitterroot College faculty and staff to deal with violent or threatening incidents. Employees should be flexible in their response based on the situation. Communication is critical to the successful handling of any disaster, emergency, or incident.

**CONTACT PERSON** - Person involved in conflict

- Assess the situation and defuse if possible. Maintain low tones of voice, speak slowly, and use active listening techniques.
- If the threat is immediate call 911.
- If person makes a verbal threat or if you feel threatened in anyway, let the person know that you are ending the conversation and call out “Staff Meeting at (your location)”. All staff should report to your location immediately.
- If the threat is life threatening, follow Active Shooter Response Procedures.

Note: the above items are not steps, but a listing of possible actions. Each situation will need to be assessed independently by the employee. Employees will need to take the appropriate action(s) based on their assessment and training.

The purpose of an Emergency Action Plan is to assure the safety of employees, students and visitors in the event of a workplace violence incident.
Violent Incident Report Form

Date: ________________

Type of Incident:

Location: ________________ City: ________________ County: ________________

Threatened party: _______________________________________________________

Signature: _____________________________________________________________

Incident Details

Date: _________ Time: _________ AM/PM Repeat occurrence: ________________

Witness 1: ___________________________ Phone Number: ________________

Witness 2: ___________________________ Phone Number: ________________

Other witnesses: _______________________________________________________

Describe Incident:

Attached Pages: Y or N
Suspect’s Name:_______________________________________

Student/Staff/Faculty/Other_____________________________________

Physical Description: 

Address: 

Gun/drug/alcohol use suspected: Y or N 

Vehicle: 
License #:_______ State:_____ Year:_____ Model:______ Color:_______

Vehicle Description: 

Accomplices: Names/Group: ________________________________

Supervisor Notified: 
Name_________________ Date:__________ Time:__________

Law Enforcement Notified: 
Station_________________Date:__________ Time:__________