# **Inquiry Checklist**

	STEP 1 – Identify the Person	n of Concern
Name		
Local Address		
City	State	Zip Code
Permanent Address		Zip Code
City	State	Zip Code
Date of Birth	HCC#	
Observed behaviors?	(explain)	
Witnesses to Behavior	? (explain)	
Does person pose a three		
2	Step 2 – Triage Qu  Is this an Emergency?	uestions
Has the person disp	is this all Efficiency?	Yes
	layed a weapon?	
Has the person indi	cated intent to use a weapon?	
Has the person indicates the person has	cated intent to use a weapon? ve access to potential "targets"	
Has the person indicates the person has	cated intent to use a weapon?	
Has the person indicates the person has the person atte	cated intent to use a weapon? ve access to potential "targets" mpted to gain access to weapons or Initial Triage Questions	or potential targets?
Has the person indice.  Does the person has the person atte.  Has there been any	cated intent to use a weapon?  ve access to potential "targets"  mpted to gain access to weapons or  Initial Triage Questions indication of suicidal thoughts, plan	or potential targets?  Yes
Has the person indice.  Does the person has the person atte.  Has there been any Has there been any	cated intent to use a weapon? ve access to potential "targets" mpted to gain access to weapons or  Initial Triage Questions indication of suicidal thoughts, plan mention of thoughts or plans of vio	or potential targets?  Yes  Plence?
Has the person indice.  Does the person has the person atte.  Has there been any Has there been any Do others indicate a	cated intent to use a weapon?  ve access to potential "targets"  mpted to gain access to weapons or  Initial Triage Questions indication of suicidal thoughts, plan	or potential targets?  Yes  ins, or attempts?  plence?
Has the person indice.  Does the person has the person atte.  Has there been any Has there been any Do others indicate a Does the person of oweapons?  Is there an immediate.	cated intent to use a weapon? ve access to potential "targets" mpted to gain access to weapons or  Initial Triage Questions indication of suicidal thoughts, plan mention of thoughts or plans of violence from per	or potential targets?  Yes  ins, or attempts?  olence?  erson of concern?  o gain access to

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### STEP 4 - Situational Assessment

Situational Assessment	Yes	
Are there identifiable behavioral concerns for violence, significant disruption, or the need for assistance?	res	No
Are others concerned about violence or a need for assistance?	-	
Is there any indication about a potential of recurring behavior?	<del> </del>	
Are there foreseeable events that might make the situation worse?	<del>                                     </del>	
Are there identifiable actions to mitigate concerns?		

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## Step 5 – Investigative Questions

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What are the person's motives and goals?	
What first brought him/her to someone's attention?	
Have there been any communications suggesting ideas of intent to attack?	
Are there any factors which will provoke the situation?	
Is there a known or suspected history of mental illness or substance abuse?	
Is there any evidence of serious counterproductive attractions or behaviors?	
Has the person shown any inappropriate interest in campus attacks/attackers, weapons, an incidents of mass violence?	d/or
How does the person of concern manifest their anger?	
Has the person engaged in attack-related behaviors (i.e. planning, obtaining supplies, etc.)?	
Is the person of concern focusing their anger towards a specific person?	

Does the person have the capacity to carry out an act of targeted violence? Is the person experiencing hopelessness, desperation, and/or despair or experienced a personal or financial loss? Does the person have a trusting relationship with at least one responsible person? Does the person of concern have any history of violence or interpersonal conflicts? Does the person of concern have adequate coping skills? Has the person of concern expressed any remorse for past threats or actions? Does the person see violence as an acceptable, desirable, or the only way to solve a problem? Has the person of concern responded positively to defusing efforts by others? Has the person of concern engaged in appropriate problem solving through appropriate means? Are the person's conversations and "story" consistent with their actions? Are other persons concerned about the person's potential for violence? Has the person of concern been offered appropriate services and accessed them? What circumstances might affect the likelihood of an attack? Where does the subject exist along the pathway to violence? (Ideation, Planning, Acquisition, Implementation)

#### **Evaluation of Risk**

Priority	Level of Risk	Description	/
	Extreme Risk	Appears to pose a clear/immediate threat of violence or self-harm and requires immediate containment. Needs law enforcement notification, target protection, and management plan.	
2	High Risk	Appears to pose a threat of violence or self-harm but lacks immediacy or specific plan. Requires threat management plan.	
3	Moderate Risk	Does not appear to pose a threat or violence or self-harm at this time, but does exhibit behavior/circumstances that are likely to be disruptive to the community. Requires referral and/or active monitoring plan.	
	Low Risk	Does not appear to pose a threat of violence or self-harm at this time, nor is significant disruption to the community expected. Requires a monitoring plan.	
5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	No Identified Risk	Does not appear to pose a threat of violence or self-harm at this time, nor is significant disruption to the community expected. Close case after documentation.	

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#### STEP 6 – Threat Management Plan

Question	Yes	No	Δ1.0
Is a Threat Management Plan (TMP) called for?	163	110	NA
<ul> <li>Can you de-escalate, contain, or control the person of concern?</li> </ul>			
<ul> <li>Can you decrease the vulnerabilities of the target?</li> </ul>			
<ul> <li>Can you modify the environment to discourage escalation?</li> </ul>			
Can you mitigate any precipitating events?			

Who will implement the TMP?	
Who will monitor the person of concern on TMP?	
What time-frame will be used to monitor the TMP?	

Potential Resources for TMP			
Student Counseling Center	Yes	No	N.
Referral to local mental health resources	-		
Crisis Intervention/Involuntary admission	1 1		
Pastoral Counseling			
Mentoring Relationship (Identify)	<del> </del>		
Academic accommodations			
Work accommodations			
Dismissal/suspension from institution			
Behavioral contract			
Parental and family involvement			
Law Enforcement intervention			
Other local social service agency notification or assistance			
Social skills training			
Other resources (specify)			

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#### Step 7 -- Documentation

Document*	Pending		
BIT Cover Sheet	Pending	Done	NA
BIT Description of Concerning Behaviors (as appropriate)	-		
Initial Core-BIT Meeting Summary	-		<u> </u>
BIT Follow-up memos (as appropriate)	-	<u> </u>	
BIT Threat Management Plan (when implemented)	<b></b>		
Maxient Case File created			
Clear and Present Danger Reports (as appropriate)			
Name of Person making submission:			
(attach copy of ISP form to Maxient Case file)			1
BIT Inquiry Closure			
Maxient Case File closure	<del></del>		
Remove personal and preliminary notes from file	<del>                                     </del>		

<sup>\*</sup>Reports and forms should be uploaded to Maxient in PDF, but supporting emails and notes are not included in Maxient Case file.

Revised: July 15, 2019

By: KG