# Violence Risk Assessment Form
# GO-MKE: Office of Community Wellness & Safety

## Section 1 – Incident Overview

| | |
|---|---|
| Date | |
| Time | |
| Location | |
| Promise Zone / District | |
| Reported By | |
| Interviewer / Assessor Name | |

## Section 2 – Source of Information

☐Direct witness ☐Self-report by involved party ☐Community tip/anonymous source
☐Partner agency (law enforcement, school, service provider) ☐Other:_____

## Section 3 – Individuals Involved

| Name | Age | Affiliation | Role in Conflict | Known History of Violence |
|---|---|---|---|---|
| | | | | ☐ Yes ☐ No |
| | | | | ☐ Yes ☐ No |

## Section 4 – Nature of the Threat / Concern

☐Direct threat of violence ☐Escalating argument/dispute ☐ Social media threats/taunting
☐Retaliation for prior incident ☐Domestic/intimate partner dispute with community impact
☐Gang/crew conflict ☐Other: _____

## Section 5 – Violence Risk Indicators

| Risk Factor | Score (0-3) | Notes |
|---|---|---|
| Prior acts of violence by involved party | | |
| Known access to firearms or other weapons | | |
| Recent loss, trauma, or triggering event | | |
| Gang or group affiliation with active conflicts | | |
| Public threats (in person or online) | | |
| Intoxication / substance use | | |
| Emotional volatility / agitation | | |
| Peer or group pressure to retaliate | | |
| Escalating pattern of incidents | | |
| Victim's/aggressor's known presence in high-risk area | | |

Total Risk Score: _____/ 30 (0–9 = Low, 10–19 = Moderate, 20+ = High)

**Section 6 – Immediacy of Threat**

☐Imminent (within hours) ☐Short-term (within days) ☐Long-term concern (weeks/months)
☐Ongoing background risk

**Section 7 – Protective & Mitigating Factors**

☐Strong family or community support ☐Willingness to engage in mediation
☐No immediate access to weapons ☐Positive school/work engagement
☐Stable housing ☐ Mental health/counseling in place ☐Other: _____

**Section 8 – Recommended Actions**

☐Deploy violence interrupters for mediation ☐Emergency relocation (hotel or safe site)
☐Notify school or workplace security ☐Partner with law enforcement for deterrence presence
☐Family engagement meeting ☐Referral to mental health or support services
☐Social media intervention/monitoring ☐Other:_____

**Section 9 – Follow-Up Plan**

| Action Step | Responsible Party | Deadline | Status |
|---|---|---|---|
| | | | |
| | | | |

Revised: 09/16/25