

RECEIPT of THREAT

Date and time of threat:

- **Be calm and polite!**
- **Keep the line open!**
- **Ask questions!**
- **Keep the conversation going!**



DESCRIPTION OF THREAT:

Take as detailed notes as possible::

- **WHAT** will happen?
- **WHERE** will it happen?
- **WHEN** will it happen?
- **WHO** is threatened?
- **WHO** is threatening?
- **WHY** is the threat made?



ONLINE THREATS

- Make a printscreen/photo of the message
- Send to vaktalarm@admin.uio.no



The PERPATRATOR/THREATENER

- | | | | | |
|------------------------------|------------------------------------|--|-------------------------------------|-----------------------------------|
| Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Age? | |
| Voice | <input type="checkbox"/> Strong | <input type="checkbox"/> Soft | <input type="checkbox"/> Light | <input type="checkbox"/> Dark |
| | <input type="checkbox"/> Loud | <input type="checkbox"/> Low | <input type="checkbox"/> Sniffled | <input type="checkbox"/> High |
| Speak/Tone | <input type="checkbox"/> Polite | <input type="checkbox"/> Angry | <input type="checkbox"/> Calm | <input type="checkbox"/> Agitated |
| | <input type="checkbox"/> Slow | <input type="checkbox"/> Fast | <input type="checkbox"/> Distorted | <input type="checkbox"/> Affected |
| | <input type="checkbox"/> Stutter | <input type="checkbox"/> Luscious | <input type="checkbox"/> Slang | |
| Language/
Dialect | <input type="checkbox"/> Norwegian | <input type="checkbox"/> Dialect?..... | | |
| Attitude | <input type="checkbox"/> Foreign | <input type="checkbox"/> Country/region)?..... | | |
| Background
noises | <input type="checkbox"/> Nervous | <input type="checkbox"/> Calm | <input type="checkbox"/> Omnious | <input type="checkbox"/> Drunk |
| | <input type="checkbox"/> Outdoors | <input type="checkbox"/> Office noises | <input type="checkbox"/> Voices | <input type="checkbox"/> Party |
| | <input type="checkbox"/> Inside | <input type="checkbox"/> Machinery | <input type="checkbox"/> People | <input type="checkbox"/> Quiet |
| | <input type="checkbox"/> Laughter | <input type="checkbox"/> Street noises | <input type="checkbox"/> Traffic | <input type="checkbox"/> Other |