



COUNTY OF MONTEREY HEALTH DEPARTMENT

Elsa Jimenez, Director of Health

Administration
Behavioral Health

Clinic Services
Emergency Medical Services
Environmental Health/Animal Services

Public Health
Public Administrator/Public Guardian

Date:

Recipient's Name:

Street Address:

City, State, Zip:

To:

In compliance with State laws, Monterey County Behavioral Health is informing you of a serious threat made against you by one of our mental health clients. The client's name is:

Client's Name:

The client indicated the following:

Content of the threat:

Date and time of threat: _____ at _____

In addition to informing you, we will also notify local law enforcement in both your area of residence and the area of residence of the person who made the serious threats against you.

For additional questions or concerns, contact me at:

Staff Contact Number:

Sincerely,

Staff Signature:

Staff Name/Title:

Date:

Supervisor/Manager Signature:

Supervisor/Manager Name:

Date: