

Telephone Threat Report Form

This form may be used to report any threat received anonymously by telephone (i.e. bomb threat or threat of violence).
 Please attach this completed form to your Incident Report Form.

Completed By: _____ **Date:** _____

Date of Incident: _____ **Time of Incident:** _____

Nature of Threat: _____

Characteristics of the Caller (Check all that are applicable)

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| <p>Caller's identity</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Adult</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Juvenile</p> | <p>Caller's approximate age</p> <p>_____</p> | <p>Originating Phone Number</p> <p><input type="checkbox"/> Known: (____) _____ - _____</p> <p><input type="checkbox"/> Unknown</p> |
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| <p>Voice characteristics</p> <p><input type="checkbox"/> Deep</p> <p><input type="checkbox"/> High Pitch</p> <p><input type="checkbox"/> Intoxicated</p> <p><input type="checkbox"/> Loud</p> <p><input type="checkbox"/> Pleasant</p> <p><input type="checkbox"/> Raspy</p> <p><input type="checkbox"/> Soft</p> <p><input type="checkbox"/> Other (define)</p> | <p>Speech</p> <p><input type="checkbox"/> Distinct</p> <p><input type="checkbox"/> Distorted</p> <p><input type="checkbox"/> Fast</p> <p><input type="checkbox"/> Nasal</p> <p><input type="checkbox"/> Slow</p> <p><input type="checkbox"/> Slurred</p> <p><input type="checkbox"/> Stutter</p> <p><input type="checkbox"/> Other (define)</p> | <p>Communication style</p> <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Fair</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Poor</p> <p><input type="checkbox"/> Swearing</p> <p><input type="checkbox"/> Use of slang</p> <p><input type="checkbox"/> Other (define)</p> |
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| <p>Accent/Culture</p> <p><input type="checkbox"/> Local</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Religion</p> <p><input type="checkbox"/> Not local (define)</p> | <p>Manner</p> <p><input type="checkbox"/> Angry</p> <p><input type="checkbox"/> Calm</p> <p><input type="checkbox"/> Coherent</p> <p><input type="checkbox"/> Deliberate</p> <p><input type="checkbox"/> Emotional</p> <p><input type="checkbox"/> Incoherent</p> <p><input type="checkbox"/> Irrational</p> <p><input type="checkbox"/> Laughing</p> <p><input type="checkbox"/> Rational</p> <p><input type="checkbox"/> Other (define)</p> | <p>Background Noises</p> <p><input type="checkbox"/> Airplanes</p> <p><input type="checkbox"/> Animals</p> <p><input type="checkbox"/> Factory</p> <p><input type="checkbox"/> Machines</p> <p><input type="checkbox"/> Music (what kind?)</p> <p><input type="checkbox"/> Office</p> <p><input type="checkbox"/> Party</p> <p><input type="checkbox"/> Quiet</p> <p><input type="checkbox"/> Street/Traffic</p> <p><input type="checkbox"/> Trains</p> <p><input type="checkbox"/> Voices</p> <p><input type="checkbox"/> Other (define)</p> |
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Was the caller familiar with the building, based on his/her description of bomb location? Yes No