

BOMB THREAT CALL FORM

Date:	_ Time call was	received:	AM/PM How R	eceived	
Name of the Caller: _				□ Male	□ Female
Exact words of the thr	eat:				
Time the caller hung u	ıp:	AM/PM			
Questions to ask:					
1. WHEN is the device	e expected to go	off?			
2. WHERE is the devi					
3. WHAT kind of devi					
4. WHAT does it look5. WHY are you doing					
6. WHAT is your phor	· · · · · · · · · · · · · · · · · · ·				
7. WHERE are you ca					
Description of caller's					
☐ Young ☐ Mid	•	□ Old			
Tone of Voice (calm,	excited)	Acce	ent (type)		
Background Noise: Yo	es/No. If yes, wh	nat does it sound	l like?		
Other relevant remark	is:				
Name of the person the	nat received the	call:			
Department:		Te	elephone Number: _		
Home Address:					