

DEPARTMENT OF THE NAVY

TELEPHONIC THREAT COMPLAINT

IF BOMB THREAT, ASK THE CALLER

- WHEN IS THE BOMB TO GO OFF?
- WHERE IS THE BOMB TO GO OFF?
- WHAT KIND OF BOMB IS IT?
- WHAT DOES THE BOMB LOOK LIKE?
- WHERE ARE YOU CALLING FROM?

1. COMMAND			
a. Name & Address	b. Phone No.		
2. COMPLAINANT			
a. Name			
3. PERSON RECEIVING CALL			
a. Name	b. Date & Place of Birth		
c. Command Name & Address	d. Phone Number (Work) (Home)		
4. TELEPHONE CALL RECEIVED ON			
a. Phone Number (Include area code)	b. Location		
c. Phone number listed in ("X" all that apply)			
<input type="checkbox"/> Unlisted <input type="checkbox"/> Other (List) <input type="checkbox"/> Command Directory <input type="checkbox"/> Base Directory <input type="checkbox"/> Local Directory			
5. DETAILS OF CALL			
a. Date	b. Day of Week	c. Time	
6. CONTEXT OF CONVERSATION			
a. Recipient "		"	
b. Caller "		"	
c. Recipient "		"	
d. Caller "		"	
e. Recipient "		"	
f. Caller "		"	
7. BACKGROUND NOISES (Describe street sounds, voices, music, etc. If more space needed, continue on reverse.)			
8. INFORMATION ABOUT CALLER/VOICE CHARACTERISTICS			
a. Sex	b. Age	c. Race	d. Accent
e. Educational Level		f. Attitude (Calm, Nervous, Serious)	
g. Other			
9. WERE THERE ANY WITNESSES TO THE CALL?		10. DO YOU HAVE ANY SUSPICION AS TO THE IDENTITY OF THE CALLER?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (List Name)		<input type="checkbox"/> No <input type="checkbox"/> Yes (List Name)	
11. NOTIFICATION OF AUTHORITY ("X" all notified)			
<input type="checkbox"/> CO <input type="checkbox"/> XO <input type="checkbox"/> OOD <input type="checkbox"/> Security <input type="checkbox"/> NISRA <input type="checkbox"/> Telephone Co. <input type="checkbox"/> EOD <input type="checkbox"/> Fire Dept.			

