

# THREAT OF VIOLENCE

(Place this card under your phone)

Time: \_\_\_\_\_ a.m. p.m.

## QUESTIONS TO ASK

1. **When** will the threat occur?
2. Where will the threat occur?
3. **What** is the threat?
4. **Why**?
5. What will cause the threat to worsen?
6. What is your name?
7. What is your address?

## VOICE IDENTIFICATION

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Female    |
| <input type="checkbox"/> Calm   | <input type="checkbox"/> Accent    |
| <input type="checkbox"/> Angry  | <input type="checkbox"/> Slurred   |
| <input type="checkbox"/> Excited  | <input type="checkbox"/> Stutter   |
| <input type="checkbox"/> Slow   | <input type="checkbox"/> Lisp      |
| <input type="checkbox"/> Rapid  | <input type="checkbox"/> Deep      |
| <input type="checkbox"/> Soft   | <input type="checkbox"/> Cracking  |
| <input type="checkbox"/> Loud   | <input type="checkbox"/> Disguised |
| <input type="checkbox"/> Intoxicated                                    | <input type="checkbox"/> Nasal     |
| <input type="checkbox"/> Familiar (If so, who did it sound like): _____ |                                    |

\_\_\_\_\_  
\_\_\_\_\_

## Exact words spoken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Extension No.: \_\_\_\_\_

Department: \_\_\_\_\_

## BACKGROUND NOISES

- |                                 |                                    |
|---------------------------------|------------------------------------|
| <input type="checkbox"/> Street | <input type="checkbox"/> Factory   |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Motor     |
| <input type="checkbox"/> Music  | <input type="checkbox"/> House     |
| <input type="checkbox"/> Office | <input type="checkbox"/> PA System |
| <input type="checkbox"/> Animal | <input type="checkbox"/> Static    |
| <input type="checkbox"/> Other  |                                    |

## LANGUAGE

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Foul        | <input type="checkbox"/> Incoherent     |
| <input type="checkbox"/> Irrational  | <input type="checkbox"/> Taped          |
| <input type="checkbox"/> Well Spoken | <input type="checkbox"/> Read by Caller |
| <input type="checkbox"/> Other       |   |

## REPORT CALL IMMEDIATELY TO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_