THREAT OF VIOLENCE

(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

☐ Male ☐ Female
☐ Calm ☐ Accent
☐ Angry ☐ Slurred
☐ Excited ☐ Stutter
☐ Slow ☐ Lisp
☐ Rapid ☐ Deep
☐ Soft ☐ Cracking
☐ Loud ☐ Disguised
☐ Intoxicated ☐ Nasal
☐ Familiar (If so, who did it sound like): ___________________________ 

BACKGROUND NOISES

☐ Street ☐ Factory
☐ Voices ☐ Motor
☐ Music ☐ House
☐ Office ☐ PA System
☐ Animal ☐ Other
☐ Other

LANGUAGE

☐ Foul ☐ Incoherent
☐ Irrational ☐ Taped
☐ Well Spoken ☐ Read by Caller
☐ Other

REPORT CALL IMMEDIATELY TO

___________________________________________

___________________________________________

___________________________________________

Exact words spoken:

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

Date: _______________________________________________________

Name: _______________________________________________________

Extension No.: _______________________________________________

Department: _________________________________________________

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