

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): _____ | |
| _____ | |
| _____ | |

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

Exact words spoken:

Date: _____

Name: _____

Extension No.: _____

Department: _____