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)* ☐ Command Directory ☐ Base Directory ☐ Local Directory

☐ Unlisted ☐ Other *(List)*

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? ☐ No

☐ Yes *(List Name)*

10. DO YOU HAVE ANY SUSPICION AS TO THE IDENTITY OF THE CALLER? ☐ No

☐ Yes *(List Name)*

11. NOTIFICATION OF AUTHORITY *("X" all notified)*

☐ CO ☐ XO ☐ OOD ☐ Security ☐ NISRA ☐ Telephone Co. ☐ EOD ☐ Fire Dept.

CLEAR

CLEAR