



BOMB THREAT / DEBRIEFING FORM

Your Name: _____ Your Phone Number: _____

Section/Branch/Department/Company: _____

Location and Phone Number at which the call was received: _____

Supervisor or person initially notified of call: _____

Time of Notification: _____

Time of Call: _____ am/pm Date: _____ Duration of Call: _____

Sex of caller: Male _____ Female _____ Accent: _____

Estimated Age of Caller: _____

Did the Caller reveal any identifying particulars (e.g. nickname, familiarity with staff, etc.)

Did the Caller use any common phrase: _____

If the Caller's voice is familiar, who did it sound like: _____

IDENTIFYING CHARACTERISTICS OF THE CALLER – CIRCLE ALL THAT APPLY

Caller's voice –

Calm Slow Ragged Disguised Excited Lisp Cleared Throat Distinct Emotional Raspy
Laughing Slurred Angry Rapid Deep Breaths Intoxicated Nasal Deep Crying Familiar
Stutter Soft Cracking Voice High Pitched Fast Loud Accent (French, English, etc.) _____

Threat Language –

Well-Spoken Educated Vulgar Irrational Incoherent Taped Message read by Caller

Background Noise -

Street Traffic Quiet Kitchen Factory Voices Machinery P.A. System Animals
Music Clear House Noise Static Motors Office Booth Local Long Distance
Airplane Train Other

Remarks: _____

TALK TO NO ONE EXCEPT AS INSTRUCTED BY YOUR SUPERVISOR/SECURITY OFFICER

Review the questionnaire and fill out as completely as possible. Stay focused.