

Bomb Threat -School Report

(Completed by person receiving the call)

Date _____ Time of call _____

Bomb threat was received on telephone number _____

Exact language/wording used by the caller _____

Record the following information as provided:

What time is it set for? _____ Where is it? _____

What does it look like? _____

Why are you doing this? _____

What is your name? _____

Additional Information (check/fill in):

Gender: Male Female Describe _____

Age: Adult Child Describe/estimate age _____

Speech: Normal Excited Describe _____

Speech: Slow Fast Describe _____

Did the caller have an accent? Describe: _____

Did you recognize the caller's voice? Describe: _____

Background noises: music traffic machine voices/talking
 airplanes typing children TV/radio
 other _____

Other Notes: _____

Person receiving call:

Name _____ Home Phone _____

Address _____

Notification:

School Principal _____ Time _____

Police _____ Time _____