

EMERGENCY PLANS/SAFETY DRILLS
(Information Sheet for Threat Calls)

In the event a threat is received, the person receiving the threat should complete this information sheet immediately after implementing emergency procedures.

Type of Complaint: Bomb Threat Personal Threat Obscene Call

Name of Person(s) Threatened: _____

Name of Person Who Received the Call: _____

Date of Call: _____ Time of Call: _____ Time Caller Hung Up: _____

Telephone Number on Which the Call Was Received: _____

Exact Words Spoken by the Caller: _____

Description of the Caller's Voice

Male Female Young Middle-Aged Elderly

Tone of Voice: _____

Description of Accent: _____

Background Noise: _____

Speech Impediments (drunk, lisp, etc.): _____

Attitude (calm, excited, nervous, etc.): _____

Did the voice sound familiar? Yes No

If so, who did it sound like? _____

FILE: EBC-AF
Critical

Bomb Threat Information Record

1. When is the bomb going to explode? _____
2. Where is the bomb right now? _____
3. What kind of bomb is it? _____
4. What does it look like? _____
5. Why was the bomb placed? _____

Other details: _____

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: January 16, 2008

Revised:

Boonville R-I School District, Boonville, Missouri