

**ASSINIBOINE REGIONAL HEALTH AUTHORITY
THREAT FORM**

PHONE THREAT

Time threat received: _____ hrs Time caller hung up: _____ hrs

THREATENING CALLS

1. What does the person want? _____

2. Demands made: _____

DESCRIPTION OF CALLERS VOICE

Voice

1. Gender: Male Female Unknown
2. Age: Young Older Middle Age Unknown
3. Tone of voice: Calm Excited Broken Other
4. Accent: Caucasian Black Hispanic Other
5. Was voice familiar: Yes No Describe: _____

Speech

- Slurred Incoherent Garbled Articulate Other _____

Describe: _____

OTHER SOUNDS

Sounds heard in background (music, bells, singing, traffic, yelling, etc)

Describe: _____

BOMB THREAT

Questions to ask:

1. When is bomb going to explode? _____

2. Where is the bomb? _____

3. What kind of bomb is it? _____

4. What does it look like? _____

5. Why did you place the bomb? _____

Exact words of person placing call: _____

Signed: _____ Date: _____