

East Georgia College Campus Security

Bomb Threat Report Form

Threatening Phone Call

Time call received: _____ **Date:** _____

Exact words of person making call: _____

QUESTIONS TO ASK

When is the bomb going to explode? _____

Where is the bomb located? What area? _____

Why did you place the bomb? _____

What type of bomb is it? _____

What does it look like? _____

What is your name? _____

Are you a student or employee? _____

Department and Phone number where call was received: _____

Description of Caller's voice: () male () female Tone / Accent _____

Background noises (bells, factory, traffic, etc) _____

BOMB THREAT