

Call # _____

Incident # _____



Jamestown Police Department

Harassing Phone Call Complaint Form

Date _____ Time _____ Officer _____

Complete the following information as required.

Name _____ Date of Birth _____

Address _____ SS # _____

Occupation _____

Phone # _____ Work # _____

I, _____ voluntarily make the following statement to the Jamestown Police Department. I certify that the following information is true and correct to the best of my knowledge.

Exact location in Jamestown where calls are being received

Phone number(s) of location where calls are being received

Account name and phone number as it appears on phone bill

Have you initiated any of the following?

Call trace (*57) _____ Caller ID _____ Line Trap _____

Answering Machine _____ Tape Recorder _____ Other (type) _____

Have you notified the phone company? _____ When? _____

How long have you been receiving these calls? _____

Call # _____

Incident # _____

Is there any pattern to these calls? (ie; same time of day, hang ups, etc)

—

Jamestown Police Department Harassing Phone Call Complaint Form (cont.)

Have you kept a dated log or taped the calls? _____

Is the caller known to you? _____ How? _____

Caller's name, date of birth, address, & phone number, if known _____

Do you wish to press charges at this time? (Explain in full) _____

Describe in detail the context of the calls received and the events surrounding the calls. Provide any information that you believe would be of assistance.

Note: Trace information supplied by the phone company will be released ***only*** to the police department after two or more calls are traced back to the same phone number and a formal complaint has been filed.

For calls placed to business or Centrex phone lines, you must dial 1-800-227-1169 instead of *57 to place a trace on the call.

For further information concerning annoying phone calls, consult the Customer Information Section of your phone book or your phone company's Customer Information Center.

Call # _____

Incident # _____

Signature _____

Date _____

Office Taking Statement _____

Badge # _____