GEORGIA DEPARTMENT OF CORRECTIONS OFFENDER TELEPHONE TROUBLE REPORT

To quickly identify a problem with the offender telephone system, fill out the following necessary information completely and legibly. If the completed form is not legible, it will be discarded.

FOR OFFENDER USE ONLY - PLEASE PRINT IN BLACK INK			
Offender Name		GDC ID #:	Date:
Facility Name:	Building:	Dorm:	Cell:
Telephone Call/Billing Issues:			
1. Telephone number calling (includ	ing area code):		
2. Date call attempted:			
4. Recorded message received when the call did not go through:			
5. Have calls gone through to this number before? If so, when?			
Additional Info:			
Description of any current PIN issues:			
Description of any other telephone problems or any other information which will help identify the problem:			
Description of any physical problems or issues with the offender telephone(s):			
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FOR OFFICIAL USE ONLY

Date Returned to Facility:

FOR FACILITY USE ONLY

Staff Signature:

Response:

Date:

Retention Schedule: Upon completion, the original of this form will be maintained by **the** Offender Phone System Facility Point of Contact for one (1) year for audit purposes and then destroyed. A copy shall be returned to the offender, informing them of the status of the problem reported.