

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 (including area code): _____

2. Date call attempted: _____

3. Offender telephone from which call was 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): _____

FOR OFFICIAL USE ONLY

Response: _____

Date Returned to Facility: _____

FOR FACILITY USE ONLY

Staff Signature: _____

Date: _____