



**TELEPHONE ACTION
ACCION TELEFONICA**

Name/Nombre	DOC number/Núm. DOC	Call date/Fecha	Call time/Hora
Name of person called/Nombre de la persona a quien llamó		Number called/Número marcado	
Facility/Institución		Unit/Unidad	
Date difficulty reported/ Fecha problema reportado		Time difficulty reported/Hora problema report	
Physical location of phone/Ubicación del teléfono		Phone identification/Identificación del teléfono	

DESCRIBE DIFFICULTY/DESCRIBA EL PROBLEMA		
<input type="checkbox"/> No dial tone/No tono de marcar	<input type="checkbox"/> Physical damage/Daño físico	<input type="checkbox"/> IPIN
<input type="checkbox"/> Cannot dial out/Llamada no entra	<input type="checkbox"/> Other/Otro _____	
Description/Descripción: _____ _____		

Operator exact message/Mensaje Exacto del Operador: _____ _____
<input type="checkbox"/> This number does not accept collect calls. <input type="checkbox"/> Your call cannot be completed as dialed. <input type="checkbox"/> Este número no acepta llamadas por cobrar. <input type="checkbox"/> No entrará su llamada tal como usted la marcó.
Description/Descripción: _____ _____

Submitted by/Enviado por _____ Signature/Firma _____ Date/Fecha _____

REPAIR EMPLOYEE COMPLETES

Received by _____ Date received _____ Response date _____

Action taken/Response: _____ _____
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Completed by _____ Signature _____ Phone number _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **WHITE** - HQ IPIN Admin. Office **CANARY** - Incarcerated individual **PINK** - Facility Phone Administrator