**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** |
| [ ]  No dial tone/*No tono de marcar* [ ]  Physical damage/*Daño físico* [ ]  IPIN[ ]  Cannot dial out/*Llamada no entra* [ ]  Other/*Otro*  |
| Description/*Descripción*:    |

|  |
| --- |
| Operator exact message/*Mensaje Exacto del Operador*:         |
| [ ]  This number does not accept collect calls. [ ]  Your call cannot be completed as dialed.[ ]  Este número no acepta llamadas por cobrar. [ ]  No entrará su llamada tal como usted la marcó. |
| Description/*Descripción*:    |

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

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| --- |
| **REPAIR EMPLOYEE COMPLETES** |

Received by Date received Response date

|  |
| --- |
| Action taken/*Response*: |

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