



Maryland Department of Public Safety & Correctional Services
II Telephone System Discrepancy Form

Appendix F – OPS.200.0002

PLEASE PRINT CLEARLY

Name: _____ Date: _____

SID # (7 digits): _____

Facility Name: _____ Housing Location: _____

Calling Problems – check only one per form that apply:

- | | |
|--|---|
| <input type="checkbox"/> Incorrect / Invalid PIN Number | <input type="checkbox"/> Incorrect / Invalid SID Number |
| <input type="checkbox"/> Voice does not match | <input type="checkbox"/> Called party cannot accept call |
| <input type="checkbox"/> Call was not accepted | <input type="checkbox"/> Cannot complete call |
| <input type="checkbox"/> Call was dropped / disconnected | <input type="checkbox"/> Insufficient / Invalid Debit Funds |
| <input type="checkbox"/> Other (please describe): _____ | |

Number(s) Dialed:

Date/Time of Call(s):

Circle a calling option that applies: **DEBIT** or **COLLECT**

Technical Problems – check only one per form that apply:

- | | |
|--|--|
| <input type="checkbox"/> No Voice Prompts / Dial tone | <input type="checkbox"/> Conversation sounds garbled |
| <input type="checkbox"/> Noise on line | <input type="checkbox"/> Wires exposed |
| <input type="checkbox"/> Broken Handset | <input type="checkbox"/> Call volume too low |
| <input type="checkbox"/> Broken Keypad / Sticking Keys | |

☐ Other (describe): _____

Specific location of phone: _____

Please use the space below to provide any additional information or details:

DO NOT WRITE BELOW - System Administrator Use Only

Comments:

Received Date: _____

Reply Date: _____