

Dropped Call Investigation Form

Inquiry form for all dropped calls billed by Securus Correctional Billing Services (SCBS)

I _____ (Print Full Name), am the customer of record and party responsible

for telephone service: _____ (Telephone Number)

located at: _____ (Complete Address);

Email Address: _____

Dropped call disputes must be submitted within 90 days of the date of the call in order to be eligible to receive a call credit. I hereby affirm that the following calls initiated in the last 90 days were disconnected prematurely before I or the other party completed the collect call. I am disputing the following calls billed to my above referenced telephone account:

Date: _____ Time: _____ From: _____

Date: _____ Time: _____ From: _____

Date: _____ Time: _____ From: _____

This document authorizes SCBS to conduct a complete investigation to determine why these calls terminated. I understand that in order to fully investigate this matter, SCBS may access call records, call recordings or other records pertaining to my telephone account, and I authorize SCBS this access.

SCBS will solely credit calls placed to landline or cell numbers if the calls terminated for reasons SCBS is able to verify. Calls are verified to determine reason for disconnect. Calls will not be credited if any of the following occurred:

When Securus Correctional Billing Services has completed their investigation, my account will be updated with actions taken to address these disputes. The investigation could take up to 5 days to complete upon receipt of form. I understand and agree that completing this form does not absolve me from financial responsibility should the above charges be sustained at the completion of the investigation. This form provides the authorization for SCBS to research and investigate the calls listed above.

If SCBS determines that the calls under investigation was terminated due to either party disconnecting the call, I understand I will be responsible for the call charges. If SCBS determines the calls were prematurely disconnected at no fault of either party, adjustments will be made to my telephone account.

- | | |
|---|--|
| <input type="checkbox"/> Music before the call is answered | <input type="checkbox"/> Cupping a hand over the phone when speaking |
| <input type="checkbox"/> Calls over 90 days old | <input type="checkbox"/> Customized or special call routing |
| <input type="checkbox"/> Calls terminated for fraud attempts | <input type="checkbox"/> Calls dropped due to 3-way calling attempts |
| <input type="checkbox"/> Calls dropped due to call transfer/call forward attempt | <input type="checkbox"/> Calls placed on hold by called party |
| <input type="checkbox"/> Calls placed to cordless or speaker phones | <input type="checkbox"/> Calls interrupted by using /answering call waiting |
| <input type="checkbox"/> Calls dropped due to line silence (stopping or pausing) | <input type="checkbox"/> Excessive background noise and/or yelling into the receiver |
| <input type="checkbox"/> Calls dropped due to dialing of additional digits on phone keypad (DTMF) | |

Customer of Record Printed Name: _____

Customer of Record Signature: _____

Date: _____

Submit your form via our website by attaching your form through our Ask A Question page

Fax your form to 972-277-0714

Mail form to PO Box 1109, Addison, Texas 75001 Attn: Inquiry Department