Gulf Coast Regional 911 ECD
Discrepancy Report Form

*Indicates Required Fields – this information is required for an investigation of the discrepancy.
Please fill out the information below and return to Lera Robinson @ lera.robinson@gulfcoast911.org
For questions regarding this form and process, please call Lera Robinson at 713-476-1594
An ALI Screen Shot is required for all discrepancy submission.

Section 1: Report/Call Information

Report Type(s): ___Incorrect Address ___Misroute ___No Record Found (NRF) ___Other

Call Taker: ___________________________ Your PSAP Name: ___________________________

Call Taker Comments: ________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Section 2: Displayed ALI Information

Displayed PSAP Name: ___________________________ Date of Call: __________ Time of Call: __________

Class of Service: ___________________________________________ (see table #1 on back of page).

*TN: ___________________________ Main Number: ___________________________

Customer Name: ___________________________________________ COID 1: _______________________

House #: ___________________________ Suffix: __________

Dir: ___ (see table #2) Street: ______________________________________________________________

Community: ___________________________ County: __________ ESN: __________

Location: ______________________________________________________________________________

TN Comment: ___________________________________________
Section 3: Proposed ALI Information

Correct PSAP Name: ________________________________

*TN: ________________________

Customer Name: _____________________________________________________
    COID 1: ___________________

House #: _______________  Suffix: __________

Dir: ___ (see table #2)  Street: ___________________________________________

*Community: ________________________________  County: ______________________
    ESN: _______________

Location: ________________________________________________________________

TN Comment: ___________________________________________________________

*Comments: __________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Table #1: Class of Service Menu:

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business with off premise ext</td>
<td>Residence</td>
<td>Business</td>
<td>Residence PBX</td>
<td>Business PBX</td>
<td>Centrex</td>
<td>Coin (out-going only)</td>
<td>Coin (two way)</td>
<td>Wireless/Mobile</td>
<td>Residence with off premise ext</td>
</tr>
<tr>
<td>A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

A - Customer Owned Coin  C - Toll Free  D - Business  E - Business PBX  F - Centrex  G - Coin (out-going only)  H - Coin (two way)  I - Wireless/Mobile  J - Residence with off premise ext

Table #2: DIR (Directional):

<table>
<thead>
<tr>
<th>N</th>
<th>S</th>
<th>E</th>
<th>W</th>
<th>NE</th>
<th>NW</th>
<th>SE</th>
<th>SW</th>
</tr>
</thead>
<tbody>
<tr>
<td>N-North</td>
<td>S-South</td>
<td>E-East</td>
<td>W-West</td>
<td>NE-Northeast</td>
<td>NW-Northwest</td>
<td>SE-Southwest</td>
<td>SW-Southwest</td>
</tr>
</tbody>
</table>

For GCRECD Use Only:

Investigation Start Date: ________________  Investigation Completion Date: ________________

GCRECD Employee Signature: __________________________________________________________