PSGH Client Report

Case Information		**Property Description**
Case NO:		
Case Manager:		
Site Visit Date:		
Investigation Date:		

Location Information		**Primary Contact**	
Address:		Contact Name:	
City:		Primary Phone:	
State:		Office Phone:	
Postal Code:		Mobile Phone:	
Location Type:		Email Address:	

Client Reported Activity

Investigation Team

Site Visit		**Investigation**	
Position	**Name**		
Team Leader		Team Leader	
Technician		Technician	
Documentarian		Documentarian	
Interviewer		Psychic	

Documents

Client Package		Client Report	
Agreement		Referrals	
Interview Statement		Other	
Other		Other	
Other		Other	

Case Notes

Investigation Notes

Evidence Collected

Recommendations & Referrals