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