SRG
SPECIALIZED RESOURCE GROUP
Investigations and Security

Client Information

Company	Requestor		Phone
Address	City	State	Zip Code
E-mail		Fax	
Assignment Date	# of Days	Video Format ☐ VHS ☐ DVD	
		Reports ☐ Mail ☐ E-mail	
Assignment Category: ☐ Surveillance ☐ Background ☐ AOE/COE ☐ Activity Check ☐ Other _____			

Employer Information

Employer	Insured Contact:	May we contact? ☐ Yes ☐ No	
Address	City	State	Zip Code
Phone 1	Phone 2	E-mail	

Claimant Information

Claim #	Type of Claim					
Claimant's Full Name					SS #	
Physical Address	City				State	Zip
Home Phone	Mobile Phone				Other	
Confidential Contact for description					Contact #	
Sex ☐ M ☐ F	DOB	Race	Height	Weight	Hair Color	Hair Style
Glasses ☐ Yes ☐ No	Other Characteristics(facial hair-markings etc)					
Marital Status ☐ Sing ☐ Mar ☐ Div ☐ Sep ☐ Wid	Children ☐ Yes ☐ No	# of Children	Ages			
Known Vehicle Info	Receiving Benefits ☐ Yes ☐ No	Where				

Injury Information

Injury Date	Injury Description	
Scheduled Appointments ☐ Yes ☐ No	Date	Physician
Represented by Attorney ☐ Yes ☐ No	Attorney Name	
Previous Surveillance Conducted ☐ Y ☐ N	Dates/Location	
Previous Surveillance Reports		
Special Instructions		